



June 22, 2021

Project No: **ITB 21-20874-SW – JHS North Campus Elevator Modernization Program**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **5:00 PM, THURSDAY, JUNE 24, 2021.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov)**. If you have any questions, please contact me at (305) 375-3192.

Sincerely,

**Jhonnatan Escalante**  
**Capital Improvement Project Analyst**  
Miami-Dade County Internal Services Department  
Small Business Development Division  
111 NW 1st Street #19 Floor, Miami, FL 33128  
☎Office: (305) 375-3192 | 📠Fax: (305) 375-3160  
Email: [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov)

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**VERIFICATION OF AVAILABILITY TO BID**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111   **FAX: 375-3160**

PROGRAM ANALYST: **Jhonnatan Escalante**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

**CONTRACT TITLE:**               **JHS North Campus Elevator Modernization Program**

**PROJECT NUMBER:**           **ITB 21-20874-SW**

**Estimated Contract Amount:**   **\$750,000.00**

**(Scope of work and minimum requirements for this project is attached.)**

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expires: \_\_\_\_\_  
DATE

Telephone: \_\_\_\_\_   **\*\*\*Bonding Capacity:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

## VERIFICATION OF AVAILABILITY TO BID

**CONTRACT TITLE:** Jackson Memorial Freestanding Emergency Department

**PROJECT NUMBER:** ITB 21-20057-TC

**ESTIMATED CONTRACT AMOUNT:** \$750,000.00

### SCOPE OF WORK:

The project scope of work will consist of the modernization of three (3) elevators on the Jackson North Medical Center. The intent of the solicitation is to award one (1) qualified State of Florida licensed elevator contractor to accomplish this. The elevators are manufactured by Dover. All elevators are hydraulic passenger elevators. The modernization of the elevators will include all engineering, equipment, labor, machines, control systems, devices and accessories as required for safely operating the specified elevators.

- Installation of all hoist-way equipment.
- Elevator car and hoist-way signal equipment.
- Operation and control systems.
- Accessibility provisions for physically disabled persons.
- Delivery, staging, and hoisting of new equipment.
- Required hoisting, hoisting permits and traffic coordination and/or permits with local jurisdictions and the State of Florida as required.
- Required permits and coordination and/or permits with local jurisdictions, Office of Elevator Safety and the State of Florida as required.

The elevator contractor(s) shall include all scope of work required by other building contractors required for a complete turnkey project.

### Minimum Qualifications:

Bidders shall provide evidence that the firm has actively and normally been engaged in the maintenance, service, repair and replacement of materials and equipment in elevators and/or escalators for at least the past ten (10) years. Bidders shall provide two (2) references of similar modernization projects performed in the past three (3) years.

Each supervisor who will perform work under the contract shall have at the time of submission of bid a Certificate of Competency either as a Certified Elevator Technician or Certified Elevator Inspector, issued by Florida Department of Business Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety and shall renew it continuously. The bidder shall use only skilled, competent, trained elevator and/or escalator personnel having a minimum experience of three (3) years as an elevator and/or escalator mechanic in maintaining elevator and/or escalator systems similar to those in the specifications. The mechanic shall possess a current Certificate of Competency issued by the State of Florida, as a Certified Elevator Technician, or as a Certified Elevator Inspector as required by Florida Statute Chapter 399. Bidders must provide information with bid response or immediately upon request by the Procurement Staff.

## Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: [jescalante@miamidade.gov](mailto:jescalante@miamidade.gov) or via fax (305) 375-3160 attention Jhonnatan Escalante.

\_\_\_\_\_ Proposer (PRIME) possess the required license and can perform the Scope of Work Outlines above.

\_\_\_\_\_ Proposer (PRIME) meet the experience and Key Personnel Requirements and qualifications outlined above.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: \_\_\_\_\_

NAME OF REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(S) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE**

# SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Services":

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Scope of Service(s):  
\_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Scope of Service(s):  
\_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Scope of Service(s):  
\_\_\_\_\_  
\_\_\_\_\_

## REASONS & COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_