



November 24, 2021

Project No: P0260
Estimated Contract Amount: \$1,462,263.00
Project Title: ONE-YEAR COUNTYWIDE CONTRACT FOR REHABILITATION OF MANHOLES, INFLOW AND INFILTRATION REPAIR (2022)


The above-referenced contract is being considered for small business SBE/Construction 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, MONDAY, NOVEMBER 29, 2021.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160** or **via email to caesars@miamidade.gov**. If you have any questions, please contact me at (305) 375-3141.

Sincerely,

Caesar Suarez
 SBD Capital Construction Projects Specialist
 Small Business Development Division
 Miami-Dade County Internal Services Department
 111 NW 1st Street, 19th Floor, Miami, FL 33128
 ☎Office: (305) 375-3141 | 📠Fax: (305) 375-3160
 Email: caesars@miamidade.gov
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ATTENTION! Small Business Development is here to assist our small businesses with your COVID-19 resources and updates. Please visit <https://mdcsbd.gob2g.com/Default.asp?> and click on "View Outreach opportunities" 

<http://www.miamidade.gov/internalservices/small-business.asp>

VERIFICATION OF AVAILABILITY TO BID

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

PROGRAM COORDINATOR: **Caesar Suarez**

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: ONE-YEAR COUNTYWIDE CONTRACT FOR REHABILITATION OF MANHOLES, INFLOW AND INFILTRATION REPAIR (2022)
PROJECT NUMBER: P0260
ESTIMATED CONTRACT AMOUNT: \$1,462,263.00

(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

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: ONE-YEAR COUNTYWIDE CONTRACT FOR REHABILITATION OF MANHOLES, INFLOW AND INFILTRATION REPAIR (2022)

PROJECT NUMBER: P0260

ESTIMATED CONTRACT AMOUNT: \$1,462,263.00

DESCRIPTION OF PROJECT:

The Project consists of furnishing all labor, material and equipment for rehabilitation of approximately 500 manholes anywhere within the limits of Miami-Dade County, Florida, as ordered by the Department during a one-year period. The work of the manhole rehabilitation shall include, but not be limited to, furnishing and installing concrete protective coating; high pressure cleaning; pre-resurfacing and post-rehabilitation video inspection; surface preparation; sealing leaks with chemical injection grout by drilling thru the manhole; sand blasting, if required; concrete repair and restoration; restoring manhole to the original shape or as otherwise approved by the Engineer; grouting voids; cleaning and restoring exposed reinforcing; applying cement underlayment; restoring manhole bench and flow channels; removing broken steps and repairing holes in manholes with broken steps; rehabilitate underside of flat-top manholes; replace misaligned, broken or missing frame seals; furnishing and installing plugs, thru plugs and thru pipeas required; bypass pumping of sewage, if necessary; traffic control; legal disposal of debris; furnishing and utilizing all required safety equipment; and all other miscellaneous and appurtenant work for a complete manhole rehabilitation.

The manholes to be rehabilitated are located throughout Miami-Dade County. Approximately 60 of these manholes were coated with a coating system that have failed. The failed coating systems shall be completely removed before repairs are made to the manholes.

This is a non-exclusive contract and as such, the Department does not guarantee that the full amount of the Contract will be issued to the Contractor. The actual amount of Work Orders assigned will be the prerogative of the Department in its sole discretion and dependent only upon its needs.

QUALIFICATIONS OF BIDDERS:

The Contractor shall have completed a minimum of 200 manhole rehabilitations or similar structures within the past 10 years. Verifiable references are required with Project Name, Organization Name, Contact Person, Phone Number, Date of Work and Work Performed. Submit experience history with references on the two most recent Contracts along with the bid. The work shall have been completed with the Contractor's own forces or key personnel with any applicable permits secured by the Contractor.

Has your firm completed a minimum of 200 manhole rehabilitations or similar structures within the past 10 years and can provide Verifiable references required with the Project Name, Organization Name, Contact Person, Phone Number, Date of Work and Work Performed on the two most recent contracts with the bid? Yes or No. **IF YES PLEASE LIST ON LAST PAGE.**

The experience of key senior personnel with other firms may be counted toward the experience requirement, if acceptable to the Engineer. Should such evidence not be satisfactory to the Engineer, whose decision shall be final, the bid will be considered non-responsive, and the second low bidder will be considered for award.

In the event a firm consists of executives, supervisors and other senior field staff (key employees) that would have met these minimum experience requirements with a prior firm, the Miami-Dade Water and Sewer Department reserves the right to qualify the firm based on WASD's sole determination and evaluation of the knowledge and prior experience of these key employees employed by the new firm.

LICENSES REQUIRED: The types of licenses required are General Engineering, Pipelines Engineering Contractor, Underground Utility and Excavation and/or other categories as applicable by Chapter 489 of the Florida Statutes or Chapter 10 of Miami-Dade County Code.

Does your firm or subcontractor possess any of the requisite licenses referenced previously?
_____ Yes or _____ No.

CONSIDERATIONS FOR ANALYSIS:

1. The main element of the project includes the rehabilitation of manholes that are experiencing inflow and infiltration conditions.
2. The work shall be executed on existing sanitary sewer structures. The extent of the rehabilitation shall be established in the field after the structure has been high pressure cleaned and televised.
3. It is required that active leaks be treated as part of the repair. The contractor shall drill through the structure and inject chemical grout to seal the manhole.

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: caesars@miamidade.gov or via fax (305) 375-3160 attention Caesar Suarez.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the work as required.

_____ Subcontractor (SUB) has experience similar scopes of work and can perform portions of the required work as required.

_____ PRIME/SUB **DOES NOT** have experience completing projects with similar size and scope as this project and **DOES NOT** meet the requirements as indicated in the contract.

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

