



January 22, 2016

Project No: **RPQ 15R014**

Project Title: **Resources Recovery Cell 19 Closure**

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 **3:00 PM, WEDNESDAY, JANUARY 27, 2016.**

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
Capital Improvement Projects Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3141
Fax: (305) 375-3160
Email: caesars@miamidade.gov



<http://www.miamidade.gov/smallbusiness/>

Please familiarize yourself with SBD's Website: <http://www.miamidade.gov/smallbusiness/>

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: **Resources Recovery Cell 19 Closure**

PROJECT NUMBER: **RPQ 15R014**

Estimated Contract Amount: **\$2,200,000.00**

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

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

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: **Resources Recovery Cell 19 Closure**

PROJECT NUMBER: **RPQ 15R014**

ESTIMATED CONTRACT AMOUNT: **\$2,200,000.00**

PROJECT DESCRIPTION:

Scope of Work:

The work consists of obtaining all permits and furnishing materials, labor, services, supervision, tools and all other items necessary for closure of Cell 19 at Resources Recovery Facility (RRF) located at NW 69th Street and 97th Avenue in Miami-Dade County, Florida. Closure of the cell consists, but is not limited to procuring, installing and testing all layers of the cover system. The closure also includes installation of the storm-water drainage system.

Cell 19 is a ten (10) acre ash monofill cell, of which approximately 7.2 acres will be closed under this project. It is located to the north of Cell 18 and to the south of Cell 20. The majority of Cell 19 is no longer being actively utilized; however, ash is still being placed on the north face of Cell 19. The Contractor should be aware that this is an active landfill facility and that the Work shall be scheduled so as to continuously maintain landfill operations, and shall not unduly restrict landfill access or circulation.

The final cover will consist of the following layers from bottom to top as depicted in the Construction Drawings prepared by Kimley-Horn and Associates:

- 6-inch Foundation Soil Layer
- Textured LLDPE Geomembrane
- Geocomposite Drainage Layer
- 18-inch Protective Soil Layer
- 6-inch Topsoil and Vegetative Layer (Topsoil and Sod)

The Contractor shall be responsible for the successful and complete construction of the landfill cover system in accordance with the Construction Drawings and Technical Specifications. The Contractor shall be responsible for obtaining the services of an independent qualified testing firm. The Contractor shall be responsible for the work of his Subcontractors and for coordination of all project activities.

The work of this Contract requires highly specialized skills in both the manufacture and installation of the landfill cover components. Consequently, there is a need to establish continuity of responsibility and quality control of both manufacturing and installation. Therefore, the following is required under this contract and any deviation from these requirements must have prior written approval from the Owner.

The Geomembrane Manufacturer/Installer shall also install all other geosynthetic materials specified and shall have responsibility for assuring quality workmanship for all geosynthetic materials installed as components of the landfill cover system.

The Geomembrane Manufacturer shall install the LLDPE geomembrane as a direct subcontractor to the Contractor, using his own crews or crews certified by the Geomembrane Manufacturer to install the LLDPE geomembrane provided.

Qualifications & Experience Requirement:

1. The Contractor shall have a minimum of five (5) years of experience in landfill projects involving construction of storm water drainage improvements, installation of geosynthetic liner or cover systems.
2. The Contractor must have experience on at least two (2) previous landfill projects in Florida of a type and magnitude similar to closure of Cell 19 at the RRF.

Does your firm have a minimum of five (5) years experience in landfill projects involving construction of storm water drainage improvements, installation of geosynthetic liner or cover systems?

_____ Yes or _____ No

Does your firm have at least two (2) previous landfill projects in Florida of a type and magnitude to this project?

_____ Yes or _____ No (If YES, please include on last page)

Additional Info:

Can your firm perform the following scopes of work? (if yes, please attach a resume or fill out last pg)

Description	Estimated Quantity	Units	Estimated Cost	Yes/No
6-inch Limerock Foundation Soil Layer	L.S.	L.S.	\$ 160,991.00	
40-mil Textured LLDPE	L.S.	L.S.	\$ 187,950.00	
300-mil Geocomposite Drainage Material	L.S.	L.S.	\$ 325,500.00	
18-inch Protective Cover Soil Layer	L.S.	L.S.	\$ 483,000.00	
4-inch Topsoil Layer	L.S.	L.S.	\$ 239,736.00	
Sod	L.S.	L.S.	\$141,750.00	
Rip Rap	L.S.	L.S.	\$60,600.00	
Bench Terrace Drainage Inlet Structures	L.S.	L.S.	\$16,081.00	
Energy Dissipators	L.S.	L.S.	\$22,786.00	
HDPE Toe Drains	L.S.	L.S.	\$157,488.00	
18-inch Corrugated HDPE Drain Pipe	L.S.	L.S.	\$121,260.00	
Miscellaneous Limerock Work (Access Roads, etc.)	L.S.	L.S.	\$29,760.00	
Mobilization	L.S.	L.S.	\$155,752.00	
Bond	L.S.	L.S.	\$58,407.00	
Insurance	L.S.	L.S.	\$38,938.00	
Total Estimated Cost			2,200,000.00	

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform 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 qualifications/experience requirement, bonding requirement and can perform the scope of work as required.

_____ Proposer (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

Please list your firm’s history of “**Projects with Similar Scopes of Work**”:

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Work:

REASONS & COMMENTS
