



July 21, 2020

Project No: **RPQ No. 418861 – Metrorail Platform Cabling Replacement**

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-CON) 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 **12:00 PM, FRIDAY, JULY 24, 2020.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to 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

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Please access the Project Review Process at <http://www.miamidade.gov/smallbusiness/projects-under-review.asp>

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Metrorail Platform Cabling Replacement

PROJECT NUMBERS: RPQ No. 418861

ESTIMATED CONTRACT AMOUNT: \$1,850,000.00

PROJECT DESCRIPTION:

The project is located at various Metrorail Stations and involves the furnish, construction, permitting, removal and installation of the infrastructure and cabling necessary to support the Emergency Transfer Switch, Emergency Telephone, End Gate Intrusion Alarm and Blue Light at these seventeen (17) Metrorail Stations: Okeechobee, Hialeah, Tri-Rail, Brownsville, Earlington Heights, Allapattah, Civic Center, Culmer, Overtown, Government Center, Brickell, Vizcaya, Douglas Road, University, South Miami, Dadeland North and Dadeland South. The contractor is responsible to coordinate with suppliers in the most effective manner to diligently complete the work and meet the project schedule. All work that affects Metrorail operations such as connecting the emergency button and/or installing duct banks on or near the tracks requires two weeks advance notice to obtain track allocation from DTPW. This work is required to be accomplished after revenue service hours as necessary to meet the project schedule or sequencing of the work shall be performed by the Contractor at no additional cost.

EXPERIENCE REQUIRED:

This project requires specialized equipment and license requirements to include a State of Florida Electrical Contractor. In addition, the Prime Contractor is required to have a minimum of 10 years of experience in the installation of electrical projects of similar scope and complexity as described in the project's Summary of Work. The Contractor shall provide documentation that demonstrates its ability to satisfy the minimum qualification requirements.

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 or via fax (305) 375-3160 attention Jhonnatan Escalante.

_____ Proposer (PRIME) can perform the Scope of Work outlined and have the license required

_____ Proposer (PRIME) meets the experience requirements listed: minimum of ten 10 years of experience in the installation of electrical projects of similar scope and complexity

_____ Proposer (PRIME) has enough bonding capacity for this project

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

