



July 23, 2020

Project No: **W-948**

Project Title: **WATER SERVICE CONVERSION FROM REAR WATER SERVICES TO FRONT WATER SERVICES AT 2,733 LOCATIONS IN MIAMI-DADE COUNTY**


The above-referenced contract is being considered for small business Set-Aside contract measure. **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 **5:00 PM, MONDAY, JULY 27, 2020.**

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

Sincerely,

**Caesar Suarez**  
SBD Capital Improvement Project Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
111 NW 1<sup>st</sup> Street, 19<sup>th</sup> Floor, Miami, FL 33128  
☎Office: (305) 375-3141 | 📠Fax: (305) 375-3160  
Email: [caesars@miamidade.gov](mailto: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" 

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





**LICENSES:** The types of licenses required are: State General Contractor, General Engineering Contractor, Certified Plumbing Contractor, Registered Electrical Contractor and/or other categories as applicable by Chapter 489 of the Florida Statutes or Chapter 10 of Miami- Dade County Code.

**Does your firm possess any of the license types referenced above?**

**YES** or  **NO**

**CONSIDERATIONS FOR ANALYSIS:**

1. The project predominantly involves relocation of consumer water line services at residences throughout Miami-Dade County.
2. This project will also include support from local plumbers, electricians, or specialty contractors, all of which are required to be Certified SBE firms.
3. It shall be the contractor’s responsibility to have the owner sign permits and gain access to the homeowner’s property, coordinating and obtaining necessary inspections from the Building Office of the municipality in which the work is to be performed.

**Please indicate which scope of services your firm can perform by selecting YES or NO below:**

| SBE Construction  | YES/NO  |
|---|---------|
| 1. Relocation of existing water services in Comm. District 1:                   | 1. Y/N  |
| 2. Relocation of existing water services in Comm. District 2:                   | 2. Y/N  |
| 3. Relocation of existing water services in Comm. District 3:                   | 3. Y/N  |
| 4. Relocation of existing water services in Comm. District 5:                   | 4. Y/N  |
| 5. Relocation of existing water services in Comm. District 6:                   | 5. Y/N  |
| 6. Relocation of existing water services in Comm. District 7:                   | 6. Y/N  |
| 7. Relocation of existing water services in Comm. District 8:                   | 7. Y/N  |
| 8. Relocation of existing water services in Comm. District 9:                   | 8. Y/N  |
| 9. Relocation of existing water services in Comm. District 10:                  | 9. Y/N  |
| 10. For furnishing and installing backflow preventers for irrigation            | 10. Y/N |
| 11. For furnishing and installing backflow preventers for commercial properties | 11. Y/N |

## 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](mailto: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

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