

**Requests For Proposals for Retail Consultant Services**

**Estimated Cost - \$900,000.00**

**RFP No. MDAD-05-14 - Verification of Availability**

**October 10, 2014**

Find attached the “**Scopes of Work/Background**” and “**Minimum Qualifications**” for an upcoming **Request for Proposal (RFP)**. Please review to determine if you would be able to **satisfy the minimum qualifications** (as applicable), and are **interested in responding**; if so, please check the appropriate areas below and respond to this email confirming the same. Please pay “**CLOSE**” attention to the **GENERAL DESCRIPTION/SCOPE OF SERVICES** section and the “**MINIMUM**” qualifications section, before confirming your **ability** and **availability** to satisfy “**ALL**” sections/scopes.

Please be diligent in your review of the information and respond accordingly, based on your ability to meet **ALL** the applicable qualifications.

**Are you able to satisfy the scope of the attached document (RFP)?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Do you have prior experience consistent with the scope of services for this (RFP)?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Are you able to perform the Baseline Activities (as listed on pg. 2-3)?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**See Minimum Requirements (as indicated by MDAD)**

**Be able to demonstrate three (3) years of continuous experience within the last five (5) years in providing consulting work for an airport with at least 10 Million enplanements per year. (such work shall include airport master concession planning consulting work)**

**Are you able to satisfy the above requirements?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Will you be proposing as INDIVIDUAL or PARTNERSHIP? (see Min. Qual. section)**

**INDIVIDUAL** \_\_\_\_\_ **PARTNERSHIP** \_\_\_\_\_

**Will you be relying on the experience of an affiliated company?**

**YES** \_\_\_\_\_ (if yes, see page 4 of 4) **NO** \_\_\_\_\_

\_\_\_\_\_ I am “NOT” interested in this solicitation.

**Name of Firm:** \_\_\_\_\_ **SBE Exp. Date:** \_\_\_\_\_

**Owner’s Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please respond by **2:00pm, Wednesday October 15, 2014.**

Any questions, feel free to contact me at the number below.

(Respond to the “**Verification**” whether you are interested or not (choosing “**Yes**” or “**No**”), as this helps SBD in the determination of measures).

**Tyrone White**

Contract Certification Specialist

Small Business Development Division

Miami-Dade County Internal Services Department

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**“Help stimulate Miami’s economy by supporting Small Businesses”**

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Please complete the following “**Reference Requirements**”:

**Project Title:****Client Name****Contact No.:****Scope Description:**

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