



Mattress & Box Spring Collection, Removal & Recycling

Estimated Cost - \$360,000.00

RQSW1600001 - Verification of Availability

May 6, 2016

SBD is attempting to place a Small Business Measure on RQSW1600001. Please review this document to determine if your firm would be able **provide the contract's scope of services and is willing to participate on this solicitation.** If your firm is interested, please include **a copy of your firm's resume or list of projects or list 3 similar projects on the last page of this document.**

The deadline to respond to this Verification of Availability is 9:00 AM, Monday, May 9, 2016.

Caesar Suarez

SBD Capital Improvement Project Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
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"Help stimulate Miami's economy by supporting Small Businesses"

Please familiarize yourself with the Project Review Process Website:
<http://www.miamidade.gov/smallbusiness/projects-under-review.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

CONTRACT SPECIALIST: **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: Mattress & Box Spring Collection, Removal & Recycling

PROJECT NUMBER: RQSW1600001

Estimated Contract Amount: \$360,000.00

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

NAME OF FIRM

ADDRESS CITY ZIP CODE

Certification Expires: _____
DATE

Telephone: (____) _____ - _____

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: Mattress & Box Spring Collection, Removal & Recycling
PROJECT NUMBER: RQSW1600001
ESTIMATED CONTRACT AMOUNT: \$360,000.00

SCOPE OF SERVICE

The work and services to be provided will include furnishing labor, materials, equipment and transportation necessary to perform all operations in connection with the collection, removal and recycling of materials listed below:

- a. Mattresses for: Cribs, Mini Singles, Small Single, Modern Cot, Twin, Twin XL, Double, Full XL, Three Quarter, Queen, California Queen, King, California King and Super King. Material maybe damp or moist. The County will not segregate any piles of mattresses and box springs. The vendor's quotation is for the commingled materials.
- b. Box Springs: Box Springs that fit the above types of mattresses.

Can your firm satisfy the scope of work of this solicitation?

Yes _____ **No** _____

Vendors will be invited to participate in spot market competitions via a Request for Quotation that will outline the goods and services to be purchased on an as needed basis.

LOCATIONS

a. Mattresses and Boxes Springs:

West Little River 1830 NW 79 th Street	Eureka Drive 9401 SW 184 Street
Sunset Kendall 8000 SW 107 Ave.	Moody Drive 12970 SW 268 Street
North-Dade Landfill 21500 NW 47 Ave.	South-Dade Landfill 23707 SW 97 Ave.

The County reserves the right to add other locations as needed.

PICK-UP REQUIREMENTS

- a. Mattresses: Vendors must have the ability to pick-up materials from various locations (excluding weekends). It is the vendor's responsibility to ensure that all stacks of mattresses are removed entirely by the end of the week except for the material that arrives on that day. All pick-ups must be placed in a truck with side rails, trailer or closed container trailer. Hauling mattresses and box springs that are being removed from the designated locations must meet the requirement to secure solid waste or recyclable material as stipulated in Miami Dade County Code Section 15-7. The number of mattresses and box springs will be documented accordingly and signed for by an authorized County representative at the pick-up location.
- c. Box Springs: Same requirements as above.
- d. The successful vendor(s) shall meet with the County to discuss scheduled pick-up days for mattresses. Pick-up hours are between the 7:00 AM and 4:00 PM, Monday

through Friday. The vendor shall have the necessary equipment to load the mattresses onto/into their trailer/vehicle.

MINIMUM QUALIFICATION REQUIREMENTS

- a) Vendors are required to demonstrate that their firm has been providing recycling services as requested in this solicitation and outlined in Section 3, Technical Specifications. To demonstrate this past experience, bidder(s) are required to provide three (3) client references. Reference information shall include the following:
- Dates of service
 - Type of recycling services performed
 - Client contact information

Can your firm demonstrate that it has been providing recycling services as requested in this solicitation and provide three (3) client references to include: 1. Dates of service, 2. Type of recycling services performed and 3. Client contact information?

Yes _____ No _____

- b) Vendors shall have a General Hauler Permit issued by the Miami-Dade County Department of Public Works and Waste Management Department. A copy of the General Hauler Permit should be submitted with the bid submittal.

Does your firm possess a hauling permit issued by the Miami-Dade County Department of Public Works and Waste Management?

Yes _____ No _____

- c) Vendors shall have a representative available to respond to spot market quotes Monday through Friday from 8:00 AM until 5:00 PM. Contact information shall include the following:
- Contact name
 - Email address
 - Phone number

The County reserves the right to request additional information as to the bidder's ability and qualification as it deems necessary to ensure competent and satisfactory service.

REQUIRED REPORTS/RECEIPT

Mattresses & Box Springs: The vendor shall submit a monthly report by the tenth (10th) calendar day of the month. The report shall be in the form of a spreadsheet and should provide the following information: date of the report, solicitation number, date when the service was provided, number of mattresses and box springs removed. The report must be submitted to: Miami-Dade County Public Works & Waste Management Department, 2525 NW 62nd Street, 5th Floor, Miami, FL 33147.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that can provide the aforementioned good(s)/service(s). 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 of the PROPOSER (if any) and can perform the work as required.

_____ PRIME **DOES NOT** have experience providing the required good(s) and/or services required by this solicitation.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

Name of Firm: _____ Certification #: _____

Representative's Name: _____

Title: _____ Signature: _____

Please respond by **9:00 AM, Monday, May 9, 2016.**

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

**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 attach a copy of your firm's resume or list your firm's history of "Projects with Similar Scopes of Services" below:

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
