



November 25, 2014

Project No: **BP #14 – TRAFFIC COATINGS**

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/GOALS TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a CSBE 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 **11:00 AM, MONDAY, DECEMBER 1, 2014 (DUE TO THE NATURE OF THE PROJECT).** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160** or **via email to [twj@miamidade.gov](mailto:twj@miamidade.gov)**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

**Tyrone White**  
Contract Certification Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
Phone: (305) 375-3123  
Fax: (305) 375-3160  
Email: [twj@miamidade.gov](mailto:twj@miamidade.gov)



<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.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, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Tyrone White**

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: TRAFFIC COATINGS**

**PROJECT NUMBER: BP #14**

**Estimated Contract Amount: \$672,000.00**

**(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

<b>Currently Awarded Projects (Name of Project and Owner)</b>	<b>Project Completion Date</b>	<b>Contract Amount</b>	<b>Anticipated Awards</b>

**VERIFICATION OF AVAILABILITY TO BID**

**CONTRACT TITLE:** TRAFFIC COATINGS  
**PROJECT NUMBER:** BP #14  
**ESTIMATED CONTRACT AMOUNT:** \$672,000.00

**REQUIREMENTS:**

See pages 1 & 2 of the attached document. **Pay Attention to "EXPERIENCE & LICENSES" Section.**

**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: [twj@miamidade.gov](mailto:twj@miamidade.gov) or via fax (305) 375-3160 attention Mr. Tyrone White. (you may select more than one option)

- \_\_\_\_\_ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements as indicated in the attached document and can perform the work as required.
  
- \_\_\_\_\_ Sub-consultant (SUB) has experience working on projects with a similar size and scope to this project, meets the requirements as indicated in the attached document and can perform the work as required.
  
- \_\_\_\_\_ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the attached document.

**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**

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: \_\_\_\_\_

# SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

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Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

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Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

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## REASONS & COMMENTS

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