



June 19, 2014

Re: Project No. **W130088-R - Medical Examiner HVAC Equipment Replacement**

Dear Sir or Madam:

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. SBD's is attempting to make this project a CSBE Set-Aside.** 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 **Wednesday June 25, 2014, at 4:00 P.M.** It is asked that all pages are returned completed in its entirety. Failure to complete 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 coralee@miamidade.gov.** If you have any questions, please contact me at (305) 375-3115.

Sincerely,

**Coralee Taylor**

Internal Services Department  
Small Business Development Division  
111 NW 1<sup>st</sup> Street, 19 fl  
Miami, FL 33128  
☎ (305) 375-3115 | 📠 (305) 375-3160  
[coralee@miamidade.gov](mailto:coralee@miamidade.gov)

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Please access the new Project Review Process at **<http://www.miamidade.gov/internalservices/small-business.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: **Coralee Taylor**

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:** Medical Examiner HVAC Equipment Replacement

**PROJECT NUMBER:** W130088-R

**Estimated Contract Amount:** \$599,700.00

(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

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

## VERIFICATION OF AVAILABILITY TO BID

**CONTRACT TITLE:** Medical Examiner HVAC Equipment Replacement

**PROJECT NUMBER:** W130088-R

**ESTIMATED CONTRACT AMOUNT:** \$599,700.00

### PROJECT DESCRIPTION

The scope of work consists of, but is not limited to, furnishing all materials, labor, services, supervision, tools, equipment, permits and all other safety measures and items necessary for the removal of the existing chiller water handling units, energy recovery units, hot water reheat coils and furnishing and installing temporary cooling units, temporary backup power diesel generator to provide power to temporary AC units in case of power failure, furnish and install heat recovery units, furnish and install new chilled water air handling units (AHU-2 & UHU-3), furnish and install pneumatic controls, provide test and balance for all new equipment, all in accordance with construction plans and specifications and the contract documents included with the bid package. Work consists of, but is not limited to:

- Remove the existing chilled water handling units;
- Remove energy recovery units;
- Remove hot water reheat coils;
- Furnish and install temporary cooling units;
- Furnish and install temporary back-up power diesel generator to provide power to temporary AC units in case of power failure;
- Furnish and install heat recovery units;
- Furnish and install new chilled water air handling units (AHU-2 & UHU-3);
- Furnish and install pneumatic controls; and
- Provide test and balance for all new equipment, all in accordance with construction plans and specifications and the contract documents included with the bid package.

**This contract includes the cost of disposing of all materials.**

**\The Contract Conditions are included for additional project details. The trades that will impact this project are Mechanical Contractor (prime) and Electrical Contractor (sub-trade).**

### Additional Conditions

This contract includes the cost of disposing of all materials.

### Licensing Requirement:

**Mechanical Contractor as Primary (Electrical sub-trade)**

## 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: [coralee@miamidade.gov](mailto:coralee@miamidade.gov) or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

\_\_\_\_\_ Proposer **Meets** the licensing requirement: **Mechanical Contractor as Primary** (Electrical subtrade); and can perform the scope of work as indicated above.

\_\_\_\_\_ Proposer **DOES NOT Meet** the licensing requirement and is unable to perform the scope of work as indicated above.

Similar contracts completed (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

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: \_\_\_\_\_