

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	<u>9/9/2025</u>	REQUESTING DEPARTMENT	Wastewater
Project Name:	Polymer Chemical For Wastewater Dept. FY2025-2026		
Project Manager:	<u>Warren Hudson</u>	Contract Amount:	\$303,600.00
Contractor/Consultant/Design Engineer: _____			
Is this a change order? Yes ☐ No ☒ Change Order No. _____			
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund: <u>65</u>	Budget Available (Purchasing attach report):	Construction ☐ Task Order ☐ Professional Service ☐ Supplies or Equipment ☒ Grant ☐	
Department <u>3510</u>	Yes ☒ No ☐		
GL Account <u>52015</u>	FY Budget: <u>2026</u>		
Project Number: <u>11617</u>	Enhancement: Yes ☐ No ☒		
Will the project cross fiscal years? Yes ☐ No ☒			
IV. GRANT INFORMATION - to be completed only on Grant funded projects			
Grant #: <u>N/A</u>	Wage Determination Received <u>N/A</u> Print and Attach the determination	Wage Verification 10 Days prior to bid due date <u>N/A</u> Print, attach and amend bid by addendum (if changed)	Debarment Status (Federal Funded) <u>N/A</u> www.sam.gov Print and attach
V. BASIS OF AWARD			
BID	RFP / RFQ	TASK ORDER	
Award based on Low Bid	Highest Ranked Vendor Selected	Master Agreement Category _____	
(Bid Results Attached) Yes ☒ No ☐	(Ratings Attached) Yes ☐ No ☐	Date MSA Roster Approved: _____	
Typical Award Yes ☒ No ☐ If no please state circumstances and conclusion: _____			
Date Award Posted: <u>September 2, 2025</u> 7 day protest period ends: <u>September 9, 2025</u>			
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>N/A</u>	Expiration Date: <u>N/A</u>	Corporation Status	<u>Active</u>
Insurance Certificates Received (Date): <u>9/5/2025</u>	Expiration Date: <u>12/31/2025</u>	Rating:	<u>A</u>
Payment and Performance Bonds Received (Date): _____	<u>Not Required</u>	Rating:	<u>N/A</u>
Builders Risk Ins. Req'd: Yes ☐ No ☒	If yes, has policy been purchased? _____		
(Only applicable for projects above \$1,000,000)			
VII. TASK ORDER SELECTION (Project Manager to Complete)			
Reason Consultant Selected ☐ 1 Performance on past projects			
<i>Check all that apply</i>			
☐ Quality of work ☐ On Budget			
☐ On Time ☐ Accuracy of Construction Est			
☐ 2 Qualified Personnel			
☐ 3 Availability of personnel			
☐ 4 Local of personnel			
Description of negotiation process and fee evaluation:			
_____ Enter Supervisor Name Date Approved			
VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>September 9, 2025</u>	Approval Date <u>September 16, 2025</u>	By: _____	<u>City Council</u>
Purchase Order No.: <u>TBD</u>	Date Issued: <u>TBD</u>	WH5 submitted _____	<u>N/A</u>
(Only for PW Construction Projects)			
NTP Date: <u>TBD</u>			