

## CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	6/10/2021	REQUESTING DEPARTMENT	<b>Public Works</b>
Project Name:	<b>Well 26 Water Treatment Facility Design</b>		
Project Manager:	Dean Stacey	Contract Amount:	<b>\$310,801</b>
Contractor/Consultant/Design Engineer:	<b>Mountain Water Works / Stuart Hurley</b>		
Is this a change order?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Change Order No. _____			
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund:	60	Budget Available (Purchasing attach report):	
Department	3490	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Construction <input type="checkbox"/>
GL Account	96157	FY Budget: 2022	Task Order <input checked="" type="checkbox"/>
Project Number:	<b>11084</b>	Enhancement:    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Professional Service <input type="checkbox"/>
Will the project cross fiscal years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Equipment <input type="checkbox"/>
			Grant <input type="checkbox"/>
IV. GRANT INFORMATION - to be completed only on Grant funded projects			
Grant #:	Wage Determination Received	Wage Verification 10 Days prior to bid due date	Debarment Status (Federal Funded)
n/a	n/a	n/a	n/a
	Print and Attach the determination	Print, attach and amend bid by addendum (if changed)	<a href="http://www.sam.gov">www.sam.gov</a> Print and attach
V. BASIS OF AWARD			
<b>BID</b>		<b>RFP / RFQ</b>	
<b>Award based on Low Bid</b>		<b>Highest Ranked Vendor Selected</b>	
(Bid Results Attached)    Yes <input type="checkbox"/> No <input type="checkbox"/>	(Ratings Attached)    Yes <input type="checkbox"/> No <input type="checkbox"/>		Master Agreement Category <u>1D</u>
Typical Award    Yes <input type="checkbox"/> No <input type="checkbox"/>			Date MSA Roster Approved: <u>10/1/2020</u>
If no please state circumstances and conclusion: _____			
Date Award Posted: <u>n/a</u>	7 day protest period ends: _____		
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>n/a</u>	Expiration Date: _____	Corporation Status	<u>Goodstanding</u>
Insurance Certificates Received (Date): <u>4/12/2021</u>	Expiration Date: <u>3/16/2022</u>	Rating:	<u>A++</u>
Payment and Performance Bonds Received (Date): <u>n/a</u>	Rating: _____		
Builders Risk Ins. Req'd:    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has policy been purchased? _____		
<small>(Only applicable for projects above \$1,000,000)</small>			
VII. TASK ORDER SELECTION (Project Manager to Complete)			
Reason Consultant Selected	<input checked="" type="checkbox"/> 1 Performance on past projects	<input checked="" type="checkbox"/> Quality of work	<input checked="" type="checkbox"/> On Budget
<i>Check all that apply</i>	<input checked="" type="checkbox"/> On Time	<input checked="" type="checkbox"/> Accuracy of Construction Est	
	<input checked="" type="checkbox"/> 2 Qualified Personnel		
	<input checked="" type="checkbox"/> 3 Availability of personnel		
	<input checked="" type="checkbox"/> 4 Local of personnel		
Description of negotiation process and fee evaluation:			
Reviewed Task Order and compared with recent Well 17 Design and Well 18 design by another firm. Costs and tasks to be performed are in direct alignment of like roejcts for water treatment facilities.			
Kyle Radek		10/4/2021	
Enter Supervisor Name		Date Approved	
VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda:	November 8, 2021	Approval Date	By: _____
Purchase Order No.: _____	Date Issued: _____	WH5 submitted _____	
<small>(Only for PW Construction Projects)</small>			
NTP Date: _____			