

## CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	11/9/2021	REQUESTING DEPARTMENT	<b>PW</b>
Project Name:	<b>Well 18 Water Treatment Facility</b>		
Project Manager:	Dean Stacey	Contract Amount:	<b>\$1,883,430</b>
Contractor/Consultant/Design Engineer:	<b>Contractor - Black Eagle Construction</b>		
Is this a change order?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Change Order No.	N/A

II. BUDGET INFORMATION (Project Manager to Complete)	III. Contract Type
Fund: <u>60</u> Department: <u>3520</u> GL Account: <u>53351</u> Project Number: <u>11045</u> Will the project cross fiscal years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Construction <input checked="" type="checkbox"/> Task Order <input type="checkbox"/> Professional Service <input type="checkbox"/> Equipment <input type="checkbox"/> Grant <input type="checkbox"/>
Budget Available (Purchasing attach report): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> FY Budget: <u>Budget Amdenment</u> Enhancement: Yes <input type="checkbox"/> No <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		
BID	RFP / RFQ	TASK ORDER
<b>Award based on Low Bid</b>	<b>Highest Ranked Vendor Selected</b>	Master Agreement Category _____
(Bid Results Attached) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(Ratings Attached) Yes <input type="checkbox"/> No <input type="checkbox"/>	Date MSA Roster Approved: _____
Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no please state circumstances and conclusion: _____	
Date Award Posted: <u>10/25/2021</u>	7 day protest period ends:	<u>November 1, 2021</u>

VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License	Expiration Date:	Corporation Status	Active -Existing
<u>12219</u>	<u>7/31/2022</u>		
Insurance Certificates Received (Date):	Expiration Date:	Rating:	<u>A+</u>
<u>11/5/2021</u>	<u>10/1/2022</u>		
Payment and Performance Bonds Received (Date):	Rating:	<u>A+</u>	
<u>11/9/2021</u>			
Builders Risk Ins. Req'd:	If yes, has policy been purchased? _____		
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>(Only applicabile for projects above \$1,000,000)</small>			

VII. TASK ORDER SELECTION (Project Manager to Complete)	
Reason Consultant Selected	<input type="checkbox"/> 1 Performance on past projects <input type="checkbox"/> 2 Qualified Personnel <input type="checkbox"/> 3 Availability of personnel <input type="checkbox"/> 4 Local of personnel
Check all that apply <input type="checkbox"/> Quality of work <input type="checkbox"/> On Time	<input type="checkbox"/> On Budget <input type="checkbox"/> Accuracy of Construction Est
Description of negotiation process and fee evaluation: _____	
_____ Enter Supervisor Name _____ Date Approved	

VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda:	Approval Date	By:	Council
<u>November 9, 2021</u>			
Purchase Order No.:	Date Issued:	<b>WH5 submitted</b>	
		<small>(Only for PW Construction Projects)</small>	
NTP Date:			