

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	11/29/2022	REQUESTING DEPARTMENT	Public Works
Project Name:	Well 31 Water Treatment Facility Filter Equipment		
Project Manager:	Tyson Glock	Contract Amount:	\$532,200
Contractor/Consultant/Design Engineer:	Tonka Water / JUB		
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: <u>60</u>	Budget Available (Purchasing attach report):	Construction	<input type="checkbox"/>
Department: <u>3490</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Task Order	<input type="checkbox"/>
GL Account: <u>96175</u>	FY Budget: <u>2022</u>	Professional Service	<input type="checkbox"/>
Project Number: <u>10650.F</u>	Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Equipment	<input checked="" type="checkbox"/>
Will the project cross fiscal years? Yes <input type="checkbox"/> No <input type="checkbox"/>		Grant	<input type="checkbox"/>
IV. PROCUREMENT USE ONLY - GRANT INFORMATION (to be completed only on Grant funded projects)			
Grant #: <u>N/A</u>	Wage Determination Received: <u>N/A</u>	Wage Verification 10 Days prior to bid due date: <u>N/A</u>	Debarment Status (Federal Funded): <u>N/A</u>
	Print and Attach the determination	Print, attach and amend bid by addendum (if changed)	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 <input type="checkbox"/> No <input type="checkbox"/>	(Ratings Attached) Yes <input checked="" 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>10/31/2022</u>	7 day protest period ends:	<u>November 7, 2022</u>	
VI. PROCUREMENT USE ONLY - CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License: <u>N/A</u>	Expiration Date: <u>N/A</u>	Corporation Status:	<u>Active Good-Standing</u>
Insurance Certificates Received (Date): <u>11/22/2022</u>	Expiration Date: <u>9/1/2023</u>	Rating:	<u>A+</u>
Payment and Performance Bonds Received (Date): <u>11/22/2022</u>	Rating:	<u>A+</u>	
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, has policy been purchased?		<u>N/A</u>
<small>(Only applicabale 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"/> Quality of work	<input type="checkbox"/> On Budget
<i>Check all that apply</i>	<input type="checkbox"/> On Time	<input type="checkbox"/> Accuracy of Construction Est	
	<input type="checkbox"/> 2 Qualified Personnel		
	<input type="checkbox"/> 3 Availability of personnel		
	<input type="checkbox"/> 4 Local of personnel		
Description of negotiation process and fee evaluation:			
_____			Date Approved
Enter Supervisor Name			
VIII. PROCUREMENT USE ONLY - AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>November 29, 2022</u>	Approval Date: <u>December 6, 2022</u>	By: _____	Council
Purchase Order No.: _____	Date Issued: _____	WH5 submitted	<u>N/A</u>
<small>(Only for PW Construction Projects)</small>			
NTP Date: _____			