

# CONTRACT CHECKLIST

| I. PROJECT INFORMATION                                                                                             |                                                                                  |                                                      |                                                               |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| Date:                                                                                                              | 4/18/2025                                                                        | REQUESTING DEPARTMENT                                | Public Works                                                  |
| Project Name:                                                                                                      | E. Williams St. - N. Meridian Rd. to NE 3rd St. - Sewer Main Replacement         |                                                      |                                                               |
| Project Manager:                                                                                                   | Jared Hale                                                                       | Contract Amount:                                     | \$426,542.00                                                  |
| Contractor/Consultant/Design Engineer:                                                                             | Civil Survey Consultants, Inc.                                                   |                                                      |                                                               |
| Is this a change order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Change Order No. _____ |                                                                                  |                                                      |                                                               |
| II. BUDGET INFORMATION (Project Manager to Complete)                                                               |                                                                                  | III. Contract Type                                   |                                                               |
| Fund: 65                                                                                                           | Budget Available (Purchasing attach report):                                     | Construction <input checked="" type="checkbox"/>     |                                                               |
| Department 3590                                                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              | Task Order <input type="checkbox"/>                  |                                                               |
| GL Account 95000                                                                                                   | FY Budget: 2025                                                                  | Professional Service <input type="checkbox"/>        |                                                               |
| Project Number: 11072.b                                                                                            | Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Supplies or Equipment <input type="checkbox"/>       |                                                               |
| Will the project cross fiscal years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |                                                                                  | Grant <input type="checkbox"/>                       |                                                               |
| IV. GRANT INFORMATION - to be completed only on Grant funded projects                                              |                                                                                  |                                                      |                                                               |
| Grant #: N/A                                                                                                       | Wage Determination Received N/A                                                  | Wage Verification 10 Days prior to bid due date N/A  | Debarment Status (Federal Funded) 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                                                    |
| Award based on Low Bid                                                                                             |                                                                                  | Highest Ranked Vendor Selected                       |                                                               |
| (Bid Results Attached) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         | (Ratings Attached) Yes <input type="checkbox"/> No <input type="checkbox"/>      | Master Agreement Category _____                      |                                                               |
| Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |                                                                                  | Date MSA Roster Approved: _____                      |                                                               |
| If no please state circumstances and conclusion: _____                                                             |                                                                                  |                                                      |                                                               |
| Date Award Posted: April 11, 2025                                                                                  |                                                                                  | 7 day protest period ends: April 18, 2025            |                                                               |
| VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION                                                                   |                                                                                  |                                                      |                                                               |
| PW License 059521                                                                                                  | Expiration Date: 4/30/2025                                                       | Corporation Status                                   | Active                                                        |
| Insurance Certificates Received (Date): 4/16/2025                                                                  | Expiration Date: 11/1/2025                                                       | Rating:                                              | A+                                                            |
| Payment and Performance Bonds Received (Date): 4/17/2025                                                           | Rating:                                                                          | 100%                                                 |                                                               |
| Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      | 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 <input type="checkbox"/> 1 Performance on past projects                                 |                                                                                  |                                                      |                                                               |
| Check all that apply <input type="checkbox"/> Quality of work <input type="checkbox"/> On Budget                   |                                                                                  |                                                      |                                                               |
| <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: _____                                                       |                                                                                  |                                                      |                                                               |
|                                                                                                                    |                                                                                  | Enter Supervisor Name                                | Date Approved                                                 |
| VIII. AWARD INFORMATION                                                                                            |                                                                                  |                                                      |                                                               |
| Date Submitted to Clerk for Agenda: April 18, 2025                                                                 | Approval Date: May 6, 2025                                                       | By: _____                                            | City Council                                                  |
| Purchase Order No.: TBD                                                                                            | Date Issued: TBD                                                                 | WH5 submitted                                        | TBD                                                           |
| (Only for PW Construction Projects)                                                                                |                                                                                  |                                                      |                                                               |
| NTP Date: TBD                                                                                                      |                                                                                  |                                                      |                                                               |