

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	4/29/2021	REQUESTING DEPARTMENT	Public Works
Project Name:	Well 9B Production Well - Construction		
Project Manager:	Dean Stacey	Contract Amount:	\$454,051
Contractor/Consultant/Design Engineer:	Consultant - SPF Water Engineering / Contractor - Treasure Valley Drilling, LLC		
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:	60	Budget Available (Purchasing attach report):	
Department	3490	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
GL Account	96122	FY Budget:	2021
Project Number:	10550.E	Enhancement:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>
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)	www.sam.gov Print and attach
V. BASIS OF AWARD			
BID		RFP / RFQ	
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"/>
Typical Award Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Master Agreement Category _____	
If no please state circumstances and conclusion: _____		Date MSA Roster Approved: _____	
One bid submitted			
Date Award Posted:	6/1/2021	7 day protest period ends:	_____
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License	46777	Expiration Date:	4/30/2022
		Corporation Status	Active
Insurance Certificates Received (Date):	6/15/2021	Expiration Date:	11/20/2021
		Rating:	A
Payment and Performance Bonds Received (Date):	_____	Rating:	_____
Builders Risk Ins. Req'd:	Yes <input type="checkbox"/> No <input checked="" 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 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		
<i>Check all that apply</i>	<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:			
		Kyle Radek	Date Approved
		Enter Supervisor Name	
VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda:	June 15, 2021	Approval Date	By: _____
Purchase Order No.:	_____	Date Issued:	_____
		WH5 submitted	_____
<small>(Only for PW Construction Projects)</small>			
NTP Date:	_____		