

## CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	10/4/2021	REQUESTING DEPARTMENT	<b>Public Works</b>
Project Name:	<b>Well 31 Water Treatment</b>		
Project Manager:	Kristina Keith	Contract Amount:	<b>\$257,050</b>
Contractor/Consultant/Design Engineer:	<b>J-U-B Engineers, Inc</b>		
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: <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 checked="" type="checkbox"/>
GL Account: <u>96175</u>	FY Budget: <u>2022</u>	Professional Service	<input type="checkbox"/>
Project Number: <u>10650</u>	Enhancement:    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 #:	Wage Determination Received	Wage Verification 10 Days prior to bid due date	Debarment Status (Federal Funded)
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
	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>1A</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: <u>n/a</u>			
Date Award Posted: <u>n/a</u>	7 day protest period ends: <u>n/a</u>		
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License: <u>n/a</u>	Expiration Date: <u>n/a</u>	Corporation Status	<u>Goodstanding</u>
Insurance Certificates Received (Date): <u>Aug-21</u>	Expiration Date: <u>8/21/2022</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? <u>n/a</u>		
<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 type="checkbox"/> On Budget	
<i>Check all that apply</i>	<input checked="" type="checkbox"/> Quality of work	<input type="checkbox"/> Accuracy of Construction Est	
	<input checked="" type="checkbox"/> On Time		
	<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: I reviewed the work breakdown and cost for this task order with engineering staff. JUB Engineers has provided similar services in previous years and this budget is in line with previous costs. The cost and work period are acceptable.			
Kyle Radek		10/4/2021	
Enter Supervisor Name		Date Approved	
VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>November 10, 2021</u>	Approval Date: _____	By: _____	
Purchase Order No.: _____	Date Issued: _____	WH5 submitted _____	
<small>(Only for PW Construction Projects)</small>			
NTP Date: _____			