

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date: <u>8/27/2020</u>		REQUESTING DEPARTMENT <u>FINANCE</u>	
Project Name: _____		Budget Software	
Project Manager: <u>Jenny Fields</u>		Contract Amount: <u>\$271,112</u>	
Contractor/Consultant/Design Engineer: _____		Contractor - Black Eagle Construction	
Is this a change order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Change Order No. <u>N/A</u>			
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund: <u>01</u> Department: <u>1500</u> GL Account: <u>94310 / 53360</u> Project Number: <u>10657</u> Will the project cross fiscal years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Budget Available (Purchasing attach report): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> FY Budget: <u>2020</u> Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Task Order <input type="checkbox"/> Professional Service <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Grant <input type="checkbox"/>	
IV. GRANT INFORMATION - to be completed only on Grant funded projects			
Grant #: <u>N/A</u>	Wage Determination Received <u>N/A</u> <small>Print and Attach the determination</small>	Wage Verification 10 Days prior to bid due date <u>N/A</u> <small>Print, attach and amend bid by addendum (if changed)</small>	Debarment Status (Federal Funded) <u>N/A</u> 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 type="checkbox"/> No <input type="checkbox"/>		(Ratings Attached) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Master Agreement Category _____	
If no please state circumstances and conclusion: _____		Date MSA Roster Approved: _____	
Date Award Posted: _____ 7 day protest period ends: _____			
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>N/A</u>		Expiration Date: <u>N/A</u>	
Insurance Certificates Received (Date): _____		Corporation Status _____	
Payment and Performance Bonds Received (Date): _____		Expiration Date: <u>N/A</u> Rating: <u>N/A</u>	
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Rating: <u>N/A</u>	
(Only applicable for projects above \$1,000,000) If yes, has policy been purchased? _____ N/A			
VII. TASK ORDER SELECTION (Project Manager to Complete)			
Reason Consultant Selected <input type="checkbox"/> 1 Performance on past projects			
<i>Check all that apply</i> <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: <u>August 27, 2020</u>		Approval Date _____ By: _____ Council	
Purchase Order No.: _____		Date Issued: _____ WH5 submitted <u>N/A</u>	
(Only for PW Construction Projects)			
NTP Date: _____			