

CONTRACT CHECKLIST

| I. PROJECT INFORMATION | | |
|--|--|---|
| Date: | 12/17/2024 | REQUESTING DEPARTMENT Public Works |
| Project Name: | WRRF Tertiary Filtration - Process Control (Software Integration) | |
| Project Manager: | David Briggs | Contract Amount: \$427,305.00 |
| Contractor/Consultant/Design Engineer: | Jacobs Engineering Group, 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: <u>65</u> Budget Available (Purchasing attach report): Department: <u>3590</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> GL Account: <u>96154</u> FY Budget: <u>2025</u> Project Number: <u>11281.n</u> Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Construction <input type="checkbox"/> Task Order <input checked="" type="checkbox"/> Professional Service <input type="checkbox"/> Supplies or Equipment <input type="checkbox"/> Grant <input type="checkbox"/> |
| Will the project cross fiscal years? Yes <input checked="" type="checkbox"/> No <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) | 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 <u>7B</u> |
| (Bid Results Attached) Yes <input type="checkbox"/> No <input type="checkbox"/> | (Ratings Attached) Yes <input type="checkbox"/> No <input type="checkbox"/> | Date MSA Roster Approved: <u>10/1/2024</u> |
| Typical Award Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If no please state circumstances and conclusion: _____ | | |
| Date Award Posted: <u>November 13, 2024</u> | 7 day protest period ends: | <u>November 20, 2024</u> |

| VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION | | | |
|--|--|----------------------------------|--|
| PW License <u>N/A</u> | Expiration Date: <u>N/A</u> | Corporation Status <u>Active</u> | |
| Insurance Certificates Received (Date): <u>6/17/2024</u> | Expiration Date: <u>7/1/2025</u> | Rating: <u>A++</u> | |
| Payment and Performance Bonds Received (Date): <u>N/A</u> | Rating: <u>N/A</u> | | |
| 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 checked="" type="checkbox"/> 1 Performance on past projects | <input checked="" type="checkbox"/> On Budget |
| <i>Check all that apply</i> | <input checked="" type="checkbox"/> Accuracy of Construction Est |
| <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: Please refer to attached Task Order 11281.n | |
| _____ Enter Supervisor Name Date Approved | |

| VIII. AWARD INFORMATION | | | |
|--|---------------------------------------|--------------------------|-------------------------------------|
| Date Submitted to Clerk for Agenda: <u>December 17, 2024</u> | Approval Date: <u>January 7, 2025</u> | By: _____ | City Council |
| Purchase Order No.: <u>TBD</u> | Date Issued: <u>TBD</u> | WH5 submitted <u>N/A</u> | (Only for PW Construction Projects) |
| NTP Date: <u>TBD</u> | | | |