

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	3/12/2024	REQUESTING DEPARTMENT	Public Works
Project Name:	WRRF Biosolids Dryer Project		
Project Manager:	David Briggs	Contract Amount:	\$692,992
Contractor/Consultant/Design Engineer:	Brown and Caldwell		
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>61</u> Budget Available (Purchasing attach report): Department: <u>3590</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> GL Account: <u>96153</u> FY Budget: <u>FY24</u> Project Number: <u>5040.0200.a</u> Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Will the project cross fiscal years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Construction <input type="checkbox"/> Task Order <input checked="" 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)
<u>5040.02</u>	<u>N/A - Professional Services</u>	<u>N/A</u>	
	<small>Print and Attach the determination</small>	<small>Print, attach and amend bid by addendum (if changed)</small>	www.sam.gov <small>Print and attach</small>

V. BASIS OF AWARD		
BID	RFP / RFQ	TASK ORDER
Award based on Low Bid	Highest Ranked Vendor Selected	Master Agreement Category: <u>2A</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: _____
Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If no please state circumstances and conclusion: _____		
Date Award Posted: _____ 7 day protest period ends: _____		

VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License	Expiration Date:	Corporation Status	Good Standing
<u>N/A</u>	<u>N/A</u>		
Insurance Certificates Received (Date):	Expiration Date:	Rating:	<u>A+</u>
	<u>5/31/2024</u>		
Payment and Performance Bonds Received (Date):	Rating:	<u>N/A</u>	
	<u>N/A</u>		
Builders Risk Ins. Req'd:	If yes, has policy been purchased?		<u>N/A</u>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<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"/> 2 Qualified Personnel <input checked="" type="checkbox"/> 3 Availability of personnel <input checked="" type="checkbox"/> 4 Local of personnel
<i>Check all that apply</i>	<input checked="" type="checkbox"/> Quality of work <input checked="" type="checkbox"/> On Time <input checked="" type="checkbox"/> On Budget <input checked="" type="checkbox"/> Accuracy of Construction Est
Description of negotiation process and fee evaluation: Brown and Caldwell submitted a draft task order for this work whichg was reviewed by the City. Brown and Caldwell revised the task order based on City comments and brought it into alignment with industry standards and Public Works supports the approval of this task order.	
_____ <u>4/3/2024</u> Clint Dolsby Date Approved Enter Supervisor Name	

VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda:	Approval Date	By: _____	
<u>April 9, 2024</u>			
Purchase Order No.:	Date Issued:	WHS submitted	<u>N/A</u>
		<small>(Only for PW Construction Projects)</small>	
NTP Date: _____			