

CONTRACT CHECKLIST

I. PROJECT INFORMATION		
Date: <u>4/14/2023</u>	REQUESTING DEPARTMENT	Public Works
Project Name: <u>Wastewater Resource Recovery Facility Biosolids Dryer</u>		
Project Manager: <u>Clint Dolsby</u>	Contract Amount:	\$298,047
Contractor/Consultant/Design Engineer: <u>Brown and Caldwell</u>		
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): Department: <u>3590</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> GL Account: <u>TBD</u> FY Budget: <u>23</u> Project Number: <u>11370</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 #: <u>5040</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>4/18/2023</u> <small>www.sam.gov 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 checked="" type="checkbox"/>	Date MSA Roster Approved: <u>10/1/2020</u>
Typical Award Yes <input 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 _____
Insurance Certificates Received (Date): _____	Expiration Date: _____	Rating: _____
Payment and Performance Bonds Received (Date): _____	Rating: _____	
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has policy been purchased? _____	
<small>(Only applicabale 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"/> Quality of work
<input checked="" type="checkbox"/> 2 Qualified Personnel	<input checked="" type="checkbox"/> On Time
<input checked="" type="checkbox"/> 3 Availability of personnel	<input type="checkbox"/> Accuracy of Construction Est
<input checked="" type="checkbox"/> 4 Local of personnel	
Description of negotiation process and fee evaluation: The Draft Task Order was reviewed by City Staff and was found to be acceptable in SOW and in fees when comparing to previous BC work efforts of similar nature and depth. The City Staff who reviewed the Draft TO have approved moving forward with this work effort.	
<u>WARREN STEWART</u> <small>Enter Supervisor Name</small>	<u>4/14/23</u> <small>Date Approved</small>

VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>4/25/2023</u>	Approval Date: <u>5/2/2023</u>	By: <u>Council</u>	
Purchase Order No.: <u>23-0279</u>	Date Issued: <u>5/2/23</u>	WH5 submitted _____ <small>(Only for PW Construction Projects)</small>	
NTP Date: <u>5/3/23</u>			