

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	12/3/2020	REQUESTING DEPARTMENT	HR
Project Name:	Benefits Brokerage		
Project Manager:	Christena Barney	Contract Amount:	\$65,000
Contractor/Consultant/Design Engineer:	Gallagher Benefit Services, Inc		
Is this a change order?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Change Order No.	N/A

II. BUDGET INFORMATION (Project Manager to Complete)	III. Contract Type
Fund: 1 Department: 1540 GL Account: 42025 Project Number: 11180 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: 2019 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 #:	Wage Determination Received	Wage Verification 10 Days prior to bid due date	Debarment Status (Federal Funded)
N/A	N/A	N/A	N/A
	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 _____
(Bid Results Attached) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(Ratings Attached) Yes <input checked="" 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: 9/9/2020	7 day protest period ends: September 16, 2020	

VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License	Expiration Date:	Corporation Status	Good Standing
N/A	N/A		
Insurance Certificates Received (Date):	Expiration Date:	Rating: _____	
Payment and Performance Bonds Received (Date):	N/A	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? N/A	
<small>(Only applicable for projects above \$1,000,000)</small>			

VII. TASK ORDER SELECTION (Project Manager to Complete)	
Reason Consultant Selected <input type="checkbox"/> 1 Performance on past projects	<input type="checkbox"/> On Budget
<i>Check all that apply</i>	<input type="checkbox"/> Accuracy of Construction Est
<input type="checkbox"/> Quality of work	
<input type="checkbox"/> On Time	
<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:	
N/A	N/A
Enter Supervisor Name	Date Approved

VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda:	December 4, 2020	Approval Date	By: _____ Council
Purchase Order No.:	Date Issued:	WH5 submitted N/A	
		<small>(Only for PW Construction Projects)</small>	
NTP Date:			