

CONTRACT CHECKLIST

I. PROJECT INFORMATION	
Date: <u>8/6/2021</u>	REQUESTING DEPARTMENT <u>Public Works Dept</u>
Project Name: <u>WRRF AB 1-4 Retrofit & 9-10 upgrades Services During Construction</u>	
Project Manager: <u>Troy Thrall</u>	Contract Amount: <u>\$1,958,470</u>
Contractor/Consultant/Design Engineer: <u>Dave Bergdolt/B&C</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>96151</u> FY Budget: <u>\$2,024</u> Project Number: <u>11230.I</u> Enhancement: Yes <input checked="" type="checkbox"/> No <input 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>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> <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 type="checkbox"/>	Date MSA Roster Approved: <u>10/1/2023</u>
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: <u>N/A</u>	Expiration Date: <u>N/A</u>	Corporation Status: <u>Active Good Standing</u>	
Insurance Certificates Received (Date): <u>5.30.2023</u>	Expiration Date: <u>5.31.2024</u>	Rating: <u>A+</u>	
Payment and Performance Bonds Received (Date): <u>N/A</u>	Rating: _____		
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input 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	
<i>Check all that apply</i>	<input checked="" type="checkbox"/> Quality of work <input checked="" type="checkbox"/> On Budget <input checked="" type="checkbox"/> On Time <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: The scope of the work was examined by engineering and operations personnel. The costs were reasonable when compared with the costs on similar projects such as the WRRF Liquid Stream Expansion and the WRRF Headworks Capacity Expansion.	
Clint Dolsby	8/6/2021
<small>Enter Supervisor Name</small>	<small>Date Approved</small>

VIII. AWARD INFORMATION	
Date Submitted to Clerk for Agenda: <u>November 16, 2023</u>	Approval Date: _____ By: _____
Purchase Order No.: _____	Date Issued: _____ WH5 submitted: _____ <small>(Only for PW Construction Projects)</small>
NTP Date: _____	