

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date: <u>10/1/2024</u>		REQUESTING DEPARTMENT <u>Public Works</u>	
Project Name: <u>Well #24 Water Treatment (Filter Tank Procurement)</u>			
Project Manager: <u>Brent Blake</u>		Contract Amount: <u>\$861,150</u>	
Contractor/Consultant/Design Engineer: <u>Tonka/Kurita</u>			
Is this a change order? Yes ☐ No ☒ Change Order No. _____			
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund: <u>62</u> Department: <u>3490</u> GL Account: <u>96149</u> Project Number: <u>11083.b</u> Will the project cross fiscal years? Yes ☐ No ☒		Budget Available (Purchasing attach report): Yes ☒ No ☐ FY Budget: <u>2025</u> Enhancement: Yes ☒ No ☐ Construction ☐ Task Order ☐ Professional Service ☐ Equipment ☒ Grant ☐	
IV. GRANT INFORMATION - to be completed only on Grant funded projects			
Grant #: <u>N/A</u>		Wage Determination Received _____ Wage Verification 10 Days prior to bid due date _____ Debarment Status (Federal Funded) _____	
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	
Award based on Low Bid		Highest Ranked Vendor Selected	
(Bid Results Attached) Yes ☐ No ☐		(Ratings Attached) Yes ☐ No ☒	
Typical Award Yes ☒ No ☐		Master Agreement Category <u>N/A</u>	
If no please state circumstances and conclusion: _____		Date MSA Roster Approved: _____	
Only one vendor bid on the solicitation			
Date Award Posted: _____		7 day protest period ends: _____	
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>N/A</u>		Expiration Date: _____ Corporation Status <u>Active-Goodstanding</u>	
Insurance Certificates Received (Date): <u>N/A</u>		Expiration Date: _____ Rating: _____	
Payment and Performance Bonds Received (Date): <u>9/30/2024</u>		Rating: _____	
Builders Risk Ins. Req'd: Yes ☐ No ☒		If yes, has policy been purchased? <u>N/A</u>	
(Only applicable for projects above \$1,000,000)			
VII. TASK ORDER SELECTION (Project Manager to Complete)			
Reason Consultant Selected ☐ 1 Performance on past projects <i>Check all that apply</i> ☐ Quality of work ☐ On Time ☐ On Budget ☐ Accuracy of Construction Est ☐ 2 Qualified Personnel ☐ 3 Availability of personnel ☐ 4 Local of personnel			
Description of negotiation process and fee evaluation: _____ Enter Supervisor Name Date Approved			
VIII. AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>October 1, 2024</u>		Approval Date _____ By: _____	
Purchase Order No.: _____		Date Issued: _____ WH5 submitted _____ (Only for PW Construction Projects)	
NTP Date: _____			