

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date:	12/28/2020	REQUESTING DEPARTMENT	PW
Project Name:	Water Sewer Improvement - E State		
Project Manager:	Troy Thrall	Contract Amount:	\$1,754,782
Contractor/Consultant/Design Engineer:	Contractor - Blue Sky Construction		
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: 60 Department: 3490 & 3590 GL Account: 95000 Project Number: 10594 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: 2021 Enhancement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Construction <input checked="" type="checkbox"/> Task Order <input 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)
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 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: 12/14/2020	7 day protest period ends:	December 21, 2020

VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License	Expiration Date:	Corporation Status	Active -Existing
8847	10/31/2021		
Insurance Certificates Received (Date):	Expiration Date:	Rating:	A+
12/28/2020	3/10/2021		
Payment and Performance Bonds Received (Date):	Rating:	A	
12/28/2020			
Builders Risk Ins. Req'd:	If yes, has policy been purchased? _____		
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 type="checkbox"/> 1 Performance on past projects <input type="checkbox"/> 2 Qualified Personnel <input type="checkbox"/> 3 Availability of personnel <input type="checkbox"/> 4 Local of personnel
Check all that apply <input type="checkbox"/> Quality of work <input type="checkbox"/> On Time	<input type="checkbox"/> On Budget <input type="checkbox"/> Accuracy of Construction Est
Description of negotiation process and fee evaluation:	
Clint Dolsby	Date Approved
Enter Supervisor Name	

VIII. AWARD INFORMATION		
Date Submitted to Clerk for Agenda:	Approval Date	By:
December 28, 2020		
Purchase Order No.:	Date Issued:	WH5 submitted
		<small>(Only for PW Construction Projects)</small>
NTP Date:		