

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date: <u>6/24/2025</u>		REQUESTING DEPARTMENT <u>Public Works</u>	
Project Name: _____		<u>Well 10b Treatment Facility</u>	
Project Manager: <u>Jared Hale</u>		Contract Amount: <u>\$1,695,814</u>	
Contractor/Consultant/Design Engineer: _____		<u>Irminger Construction, Inc.</u>	
Is this a change order? Yes <input type="checkbox"/> No <input type="checkbox"/> Change Order No. _____			
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund: <u>62</u> Department <u>3490</u> GL Account <u>96167</u> Project Number: <u>10549.f</u>		Construction <input checked="" type="checkbox"/> Task Order <input type="checkbox"/> Professional Service <input type="checkbox"/> Equipment <input type="checkbox"/> Grant <input type="checkbox"/>	
Budget Available (Purchasing attach report): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> FY Budget: <u>2025</u> Enhancement: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will the project cross fiscal years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
IV. PROCUREMENT USE ONLY - 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 _____		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		(Ratings Attached) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Master Agreement Category _____	
If no please state circumstances and conclusion: _____		Date MSA Roster Approved: _____	
Date Award Posted: <u>6/3/2025</u>		7 day protest period ends: <u>June 10, 2025</u>	
VI. PROCUREMENT USE ONLY - CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>26529</u>		Expiration Date: <u>1/31/2026</u>	
Insurance Certificates Received (Date): <u>3/12/2025</u>		Corporation Status <u>Good Standing</u>	
Expiration Date: <u>3/11/2026</u>		Rating: <u>A+</u>	
Payment and Performance Bonds Received (Date): <u>6/16/2025</u>		Rating: _____	
Builders Risk Ins. Req'd: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If yes, has policy been purchased? <u>Underway</u>	
<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			
<i>Check all that apply</i> <input type="checkbox"/> Quality of work <input type="checkbox"/> On Budget			
<input type="checkbox"/> On Time <input type="checkbox"/> Accuracy of Construction Est			
<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:			
_____		_____	
Enter Supervisor Name		Date Approved	
VIII. PROCUREMENT USE ONLY - AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>June 24, 2025</u>		Approval Date _____ By: _____	
Purchase Order No.: _____		Date Issued: _____ WH5 submitted _____	
NTP Date: _____		<small>(Only for PW Construction Projects)</small>	