CONTRACT CHECKLIST

I. PROJECT INFORMATION

Date: _____ REQUESTING DEPARTMENT _____

Project Name: _____

Project Manager: _____ Contract Amount: _____

Contractor/Consultant/Design Engineer: _____

Is this a change order? Yes ☐ No ☐ Change Order No. _____

II. BUDGET INFORMATION (Project Manager to Complete)

Fund: _____ Budget Available (Purchasing attach report):

Department _____ Yes ☐ No ☐

GL Account _____ FY Budget: _____

Project Number: _____ Enhancement: Yes ☐ No ☐

Will the project cross fiscal years? Yes ☐ No ☐

III. Contract Type

Construction ☐

Task Order ☐

Professional Service ☐

Equipment ☐

Grant ☐

IV. PROCUREMENT USE ONLY - GRANT INFORMATION (to be completed only on Grant funded projects)

Grant #: _____

Wage Determination Received _____ Print and Attach the determination

Wage Verification 10 Days prior to bid due date _____ Print, attach and amend bid by addendum (if changed)

Debarment Status (Federal Funded) _____ 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 ☐ No ☐	(Ratings Attached) Yes ☐ No ☐	Date MSA Roster Approved: _____

Typical Award Yes ☐ No ☐

If no please state circumstances and conclusion: _____

Date Award Posted: _____ 7 day protest period ends: _____

VI. PROCUREMENT USE ONLY - CONTRACTOR / CONSULTANT REQUIRED INFORMATION

PW License _____ Expiration Date: _____ Corporation Status _____

Insurance Certificates Received (Date): _____ Expiration Date: _____ Rating: _____

Payment and Performance Bonds Received (Date): _____ Rating: _____

Builders Risk Ins. Req'd: Yes ☐ No ☐ If yes, has policy been purchased? _____

(Only applicabale for projects above $1,000,000)

VII. TASK ORDER SELECTION (Project Manager to Complete)

Reason Consultant Selected

Check all that apply

☐ 1 Performance on past projects

- ☐ 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. PROCUREMENT USE ONLY - AWARD INFORMATION

Date Submitted to Clerk for Agenda: _____ Approval Date _____ By: _____

Purchase Order No.: _____ Date Issued: _____ WH5 submitted _____

(Only for PW Construction Projects)

NTP Date: _____