

CONTRACT CHECKLIST

I. PROJECT INFORMATION		
Date:	5.24.24	REQUESTING DEPARTMENT Public Works
Project Name:	Can Ada Lift Station and Gravity Line	
Project Manager:	David Briggs	Contract Amount: \$385,842
Contractor/Consultant/Design Engineer:	Conсор North America, Inc.	
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: 60	Budget Available (Purchasing attach report):	Construction <input checked="" type="checkbox"/>
Department: 3590	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Task Order <input type="checkbox"/>
GL Account: 96144	FY Budget: 24	Professional Service <input type="checkbox"/>
Project Number: 10038.e	Enhancement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Equipment <input type="checkbox"/>
Will the project cross fiscal years? Yes <input checked="" type="checkbox"/> No <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) _____	
	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 2B
(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: 10.1.2021
Typical Award Yes <input 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 _____	Expiration Date: _____	Corporation Status Active-Existing
Insurance Certificates Received (Date): _____	Expiration Date: _____	Rating: _____
Payment and Performance Bonds Received (Date): _____	Rating: _____	
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has policy been purchased? _____	
<small>(Only applicabile 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	<input checked="" type="checkbox"/> Quality of work	
<i>Check all that apply</i>	<input checked="" type="checkbox"/> On Time	<input checked="" type="checkbox"/> On Budget
<input checked="" type="checkbox"/> 2 Qualified Personnel	<input checked="" type="checkbox"/> Accuracy of Construction Est	
<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 work has been compiled based on decisions that were made as a result of the Design efforts. The sope of work has been reviewed by Engineering and Operations personnel and is in line with our expectations for costs. Mountain Waterworks has completed work previously on time, within budget and has qualified personnel with significant experience with the City of Meridian.		
		Clint Dolsby Enter Supervisor Name
		7/1/2024 Date Approved
VIII. AWARD INFORMATION		
Date Submitted to Clerk for Agenda: June 24, 2024	Approval Date _____	By: _____
Purchase Order No.: _____	Date Issued: _____	WH5 submitted _____
NTP Date: _____	<small>(Only for PW Construction Projects)</small>	