

CONTRACT CHECKLIST

I. PROJECT INFORMATION			
Date: <u>6/1/2020</u>		REQUESTING DEPARTMENT <u>Public Works</u>	
Project Name: <u>Well #17 Water Treatment - Equipment Procurement</u>			
Project Manager: <u>Brent Blake</u>		Contract Amount: <u>\$463,974</u>	
Contractor/Consultant/Design Engineer: <u>Kurita</u>			
Is this a change order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Change Order No. <u>N/A</u>	
II. BUDGET INFORMATION (Project Manager to Complete)		III. Contract Type	
Fund: <u>60</u>	Budget Available (Purchasing attach report):		
Department: <u>3490</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Construction <input type="checkbox"/>
GL Account: <u>96117</u>	FY Budget: <u>2020</u>		Task Order <input type="checkbox"/>
Project Number: <u>11081.b</u>	Enhancement: Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Professional Service <input type="checkbox"/>
Will the project cross fiscal years? Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Equipment <input checked="" type="checkbox"/>
			Grant <input type="checkbox"/>
IV. GRANT INFORMATION - to be completed only on Grant funded projects			
Grant #: <u>N/A</u>	Wage Determination Received <u>N/A</u>	Wage Verification 10 Days prior to bid due date <u>N/A</u>	Debarment Status (Federal Funded) <u>N/A</u>
	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 <u>N/A</u>	
(Bid Results Attached) Yes <input type="checkbox"/> No <input type="checkbox"/>	(Ratings Attached) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date MSA Roster Approved: <u>N/A</u>	
Typical Award Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no please state circumstances and conclusion: _____		
Date Award Posted: <u>8/4/2020</u>	7 day protest period ends: <u>August 11, 2020</u>		
VI. CONTRACTOR / CONSULTANT REQUIRED INFORMATION			
PW License <u>N/A</u>	Expiration Date: <u>N/A</u>	Corporation Status <u>Acitve-Goodstanding</u>	
Insurance Certificates Received (Date): <u>8/13/2020</u>	Expiration Date: <u>9/1/2020</u>	Rating: <u>A+</u>	
Payment and Performance Bonds Received (Date): <u>8/13/2020</u>	Rating: <u>A+</u>		
Builders Risk Ins. Req'd: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, has policy been purchased? <u>N/A</u>		
<small>(Only applicabale 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. AWARD INFORMATION			
Date Submitted to Clerk for Agenda: <u>August 24, 2020</u>	Approval Date _____		By: _____
Purchase Order No.: _____	Date Issued: _____	WH5 submitted _____	
<small>(Only for PW Construction Projects)</small>			
NTP Date: _____			