



# SLBE Contract Review Request

Date: 5/15/2018  
 To: Phillip Yelder, Human Relations Department  
 From: Andy Shively, Water Services Department

<b>Project Number</b> 80002098/ 81000843		<b>Project Name</b> ADA Compliance	
<b>Contract ID Number</b> 1519		<b>Estimated Cost:<sup>1</sup></b> \$70,000	<b>Solicitation Date:</b> 5/15/2018
<b>Estimated Project Duration:</b>			

Note: Click the box to select

<b>Contract Category:</b>	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Design Professional	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Service/Maintenance
	<input type="checkbox"/> Lease	<input type="checkbox"/> Non-Municipal Agency	<input type="checkbox"/> Concession	<input type="checkbox"/> Other Goods & Services
	<input type="checkbox"/> Other (Enter Type):			
<b>Funding:</b>	<input checked="" type="checkbox"/> City			
	<input type="checkbox"/> Other:			

PREVAILING WAGE APPLICABLE?  YES  NO

**Description of work:**

This project will involve ADA compliance

cc:

**FOR HUMAN RELATIONS DEPARTMENT USE ONLY:**

SLBE Limited Solicitation (Following a selection, enter Contractor Information below and forward a copy to HRD.)

Bid Incentive <sup>2</sup> \_\_\_\_\_ % (Following a selection, enter Contractor Information and forward a copy to HRD.)

Pre-Payment <sup>3</sup>  Yes \_\_\_\_\_ %  No

Exempt

Human Relations Department

Date:

09/12/18

**FOR DEPARTMENT USE ONLY - CONTRACTOR INFORMATION:**

Enter selected firm below and return a copy of this page to HRD.

Company: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_

Department \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Construction or construction supply contract estimated less than \$300,000 or non-construction contract less than \$117,000.  
<sup>2</sup> Bid incentive not to exceed 5% and not applicable to any contract requiring the payment of prevailing wages.  
<sup>3</sup> Pre-Payment of up to 10% of the contract amount to be paid by City upon NTP as set out in the contract documents.

**Project Number:** 80002098/ 81000843  
**Project Name:** ADA Compliance  
**Project Type:** Admin  
**Project Budget:** \$70,000  
**Projected Start Date:** 5/15/2018  
**Project Description:**  
 This project will involve ADA compliance

<b>Department Use</b>	
<b>Scopes of Work</b>	<b>Dollar Amount</b>
Process	\$ -
Hydraulics/Piping	\$ 44,800
Stormwater	\$ -
CCTV	\$ -
Modeling	\$ 7,000
Survey	\$ 6,300
Smoke Testing	\$ -
Line Cleaning	\$ -
Site Civil	\$ 8,400
Structural	\$ 3,500
Electrical/Instrument	\$ -
Mechanical	\$ -
Landscape Architect	\$ -
<b>Department Recommended Total</b>	<b>\$ 70,000</b>
<b>Department Recommended Goal</b>	
<b>Human Relations Department Use Only:</b>	

**SLBE Program/Sub-to-Prime Initiative**