

**CONSTRUCTION CONTRACT CHECKLIST
CITY OF NEW BEDFORD
DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT**

Project Name:	
Name of Organization:	
Address:	
Project Number:	Contract Number:
Census Tract/Block Group:	National Objective:
Eligible Activity:	ER Completed:
CDBG Award:	Total Project Cost:
Project Description:	
Cost Estimate: \$	Project Photos: <input type="checkbox"/> Pre <input type="checkbox"/> During <input type="checkbox"/> Completed
Project Scope of Work: <input type="checkbox"/>	Agency Award Letter Date:
Agency Agreement: <input type="checkbox"/>	Restriction Recorded: <input type="checkbox"/>
Determine Bid Procedures:	
Prepare Procurement Memo:	
Architectural Services: Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Architect:	Contract Amount:
Fed. ID Number:	Verify Listing of Debarred Contractor: <input type="checkbox"/>
Date Advertised:	Date Bid Opening:
Bids Received: 1. \$	Name:
2. \$	Name:
3. \$	Name:
4. \$	Name:
Analysis of Bids:	Contractor review:
Contractor Selected:	
Contract Award Amt:	
Contractor Representative:	
Contractor Fed. ID Number:	
Verify Listing Debarred Contractor:	
Did Contractor Meet MBE/WBE Goals:	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If No – is non-availability form completed in file <input type="checkbox"/>	
Contract Award Letter:	Contract Executed:
Notice to Proceed:	Preconstruction Conference:
Copy of Building Permit:	

Construction Monitoring

Employee Interviews:

Periodic Field Reports:

Contract Change Orders:

Revised Project Budget:

Federal Wage Rate Review:

MBE/WBE Reporting:

Section 3 Reporting:

Final Inspection Report:

Review all requirements prior to final payment

Release of Lines Statement Received:

Weekly Payroll Forms complete and in file

All federal monitoring requirements completed for Section 3 and Affirmative Action

Project Notes: