

CONCURRENCE IN AWARD CHECKLIST

11/1/12

Concurrence Letter

TIP No. _____

<input type="checkbox"/>	TIP No.	Municipality: _____
<input type="checkbox"/>	Description of Project	
<input type="checkbox"/>	Type of Work	Final Review Date: _____
<input type="checkbox"/>	WBS No.	
<input type="checkbox"/>	County	
<input type="checkbox"/>	FA #	
<input type="checkbox"/>	Engineer's Estimate (use \$ amount w/o any % or value contingencies, bid items OK)	
<input type="checkbox"/>	List of Bidders agrees with Bid Tabs	
<input type="checkbox"/>	Bid amounts agree with Bid Tabs	
<input type="checkbox"/>	% Difference to estimate is correct (to nearest .1%)	
<input type="checkbox"/>	Municipality or State Agency info correct	
<input type="checkbox"/>	Date agrees with Resolution letter	
<input type="checkbox"/>	Low Bidder name agrees with Resolution letter	
<input type="checkbox"/>	Bid Amount agrees with Resolution letter	
<input type="checkbox"/>	Federal Aid Amount or Percentage listed	
<input type="checkbox"/>	DBE % agrees with % set by Michael McKoy as noted in Contract Proposal	_____ %
<input type="checkbox"/>	Low Bidder DBE % calculated correctly to nearest .1% (check DBE listing)	_____ %
<input type="checkbox"/>	Date of Availability	
<input type="checkbox"/>	Completion Date or Days	
<input type="checkbox"/>	Liquidated Damages	

Award Letter from Municipality (Original)

(This info can be included by reference to Engineer's letter)

<input type="checkbox"/>	Project is identified in subject matter	
<input type="checkbox"/>	Final Engineers Estimate Amount	\$ _____
<input type="checkbox"/>	Name of Low Bidder	_____
<input type="checkbox"/>	Amount of Low Bid	\$ _____
<input type="checkbox"/>	Statement on achieving DBE goal	
<input type="checkbox"/>	Statement that Bid was prepared properly, no irregularities	
<input type="checkbox"/>	Statement recommending concurrence	
<input type="checkbox"/>	Date of Availability	_____
<input type="checkbox"/>	Completion Date or Days	_____
<input type="checkbox"/>	Liquidated Damages	\$ _____

Attachments (required)

<input type="checkbox"/>	Copy of signed or certified Resolution from Municipality	Date _____
<input type="checkbox"/>	Copy of Bid Tabulation Summary	
<input type="checkbox"/>	Copy of Engineer's Itemized (all line items) Estimate	\$ _____
<input type="checkbox"/>	Copy of Low Bidders Item Estimate	\$ _____
<input type="checkbox"/>	Copy of DBE dollar amount participation	\$ _____
<input type="checkbox"/>	Computed total DBE participation percentage	_____ %
<input type="checkbox"/>	Copy of Letters of Intent (suppliers @ 60%) or Good Faith Effort documentation	
<input type="checkbox"/>	Check to see if ALL firms are on DBE certified _____	
<input type="checkbox"/>	Copy of Signed and Sealed Execution of Bid	
<input type="checkbox"/>	If low Bidder is not selected, there must be documentation why	

Were there any non-responsive or non-responsible bids? No Yes _____

_____ Reviewed By _____ Date Recommend Concurrence? _____

<input type="checkbox"/>	Original to File
<input type="checkbox"/>	Final Bid Proposal Returned to LPMO. Other Units stay in Contracts.