

EXHIBIT 15-L LOCAL AGENCY CONTRACT AWARD CHECKLIST

Administering Agency: _____

Federal-aid Project Number: _____

Project Locator: _____

(Caltrans District – County – 0 or State Route – Administering Agency)

Project Limits: _____

(Physical limits reference intersections or post miles limits)

Has Caltrans issued an “Authorization to Proceed” (E-76) in writing with federal funds included for construction, and is the amount correct?	yes	no	
Copy of engineers estimate:			
Is material testing and sampling arranged?	yes	no	
Copy of low bidder’s proposal			
Low Bid signed in ink?	yes	no	
Is a Good Faith Effort Statement of DBE Participation (Exhibit 15-H) included in the low bidder’s proposal? (Only required if DBE goal is not achieved)	yes	no	n/a
Construction Contract DBE Commitment (Exhibit 15-G)			
Is the Non-Collusion Affidavit (Exhibit 12-H, Sample Bid) included in the low bidders’ proposal?	yes	no	
Is the Bid summary (itemized bids for 3 lowest bidders) complete?	yes	no	
Addendum procedures adhered to?.....	yes	no	
TIP information, Authorized amount.....			
Include TIP page number or amendment number here:.....			
Bid opening procedures were adhered to?	yes	no	
Date DLA’s Federal Wage Rate website was checked for updates *			
Date of bid opening			
Date of award			
Amount of award			
Detail Estimate (Exhibit 15-M):			
Finance Letter (Exhibit 3-O):			
Resident Engineer’s Construction Contract Administration Checklist (Exhibit 15-B).....			
Is successful bidder licensed?	yes	no	
Estimated construction completion date			

NOTE: If the answer is “no” to any of the above questions, a letter of explanation is required. The DLAE shall review the explanation and determine if the local agency is eligible for federal funds.

Reviewed by: _____
(Signature of Administered Agency Representative)

(Name printed or typed)

*** If the date listed is more than 10-calendar days before bid opening, local agency must provide documentation that web site was subsequently checked within the 10-calendar day period or after bid opening, and there were no changes in the applicable federal wage rates, otherwise an addendum may be required.**

Title: _____

Date: _____

Phone Number: _____

- Distribution:** 1) Original plus one copy –DLAE
2) Copy- Local Agency Project files