

**BOARD OF PUBLIC WORKS  
AGENDA ITEM REVIEW REQUEST FORM**

Date: 05/26/2026  
 Name: Caitlin Wyant, EI Department of Public Works – Engineering Division  
 BPW Date: 05/26/2026 Phone Extension: 7483

**Required Prior to Submittal to Board**

BPW Attorney	<input checked="" type="checkbox"/>	Attorney Name
Dept. Attorney	<input type="checkbox"/>	Attorney Name
Purchasing	<input type="checkbox"/>	_____

**Check the Appropriate Item Type – Required for All Submissions**

<input type="checkbox"/> Professional Services Agreement	<input type="checkbox"/> Contract	<input type="checkbox"/> Proposal
<input type="checkbox"/> Open Market Contract	<input type="checkbox"/> Amendment/Addendum	<input type="checkbox"/> Special Purchase, QPA
<input type="checkbox"/> Bid Opening	<input type="checkbox"/> Bid Award	<input type="checkbox"/> Req. to Advertise <input type="checkbox"/> Title Sheet
<input type="checkbox"/> Quote Opening	<input type="checkbox"/> Quote Award	<input checked="" type="checkbox"/> Reject Bids/Quotes
<input type="checkbox"/> Proposal Opening	<input type="checkbox"/> C/O & PCA No. _____	<input type="checkbox"/> PCA
<input type="checkbox"/> Chg. Order, No. _____	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Resolution
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Ease./Encroach

**Required Information**

Company or Vendor Name	_____
New Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Approved by Purchasing <input type="checkbox"/> No
MBE/WBE Contractor	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Completed E-Verify Form Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name	<u>The Pointe at Riverwalk Framing Materials</u>
Project Number	<u>124-069G</u>
Funding Source	<u>River East TIF</u>
Account No.	<u>PR-48157</u>
Amount	_____
Terms of Contract	<u>Unit price</u>
Special Contract Provisions	<u>N/A</u>
Purpose/Description	<u>Reject bids due to lack of front end documentation</u>

**For Change Orders Only**

Amount of	<input type="checkbox"/> Increase	\$ _____
	<input type="checkbox"/> Decrease	(\$ _____ )
Previous Amount		\$ _____
	Increase	_____ %
Current Percent of Change:	Decrease	( _____ %)
New Amount		\$ _____
	Increase	_____ %
Total Percent of Change:	Decrease	( _____ %)
Time Extension Amount:		_____
New Completion Date:		_____