

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

Date	<u>June 2, 2026</u>	
Name	<u>Michael Bartley</u>	Department <u>Central Services</u>
BPW Date	<u>June 9, 2026</u>	Phone Extension _____

Review and Approval Required Prior to Submittal to Board

Diversity Compliance and Inclusion Officer	<input type="checkbox"/>	Officer Name _____
BPW Attorney	<input type="checkbox"/>	Attorney Name <u>Michael Schmidt</u>
Dept. Attorney	<input type="checkbox"/>	Attorney Name _____
Purchasing	<input type="checkbox"/>	<u>Mickey Lovey</u>

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 checked="" 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 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"/> Yes
	<input type="checkbox"/> WBE	Completed E-Verify Form Attached <input type="checkbox"/> No
Project Name	Spec A – Six (6) More or Less 2026 or Newer ½ Ton Four Wheel Drive	
Project Number	Pick-Up Trucks	
Funding Source	PR-47863	
Account No.	622-06-604-620-445000	
Amount	_____	
Terms of Contract	2026 Cash	
Purpose/Description	_____	

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:			_____