



File#:12601614 Opening Date: 04/21/26

Procurement Evaluation Form

Procurement Title: Wellhead Treatment Improvements at Pump Station 185

Procurement Type: Bid - Must be awarded to the lowest responsive and responsible bidder.

Advertisement Date: 3/23/2026

Opening Date: 4/21/2026

Bid/Proposal Expiration Date: 6/24/2026

Number of Building Exchanges Notified: 2

Number of prospective bidders/proposers: 12

Format of bids received: Electronic

	<u>Bidders/Proposers</u>	<u>Amount</u>
1	W.M. Lyles Co. 525 W. Alluvial Ave Fresno, CA 93722	\$2,272,653.00
2	Dawson-Mauldin LLC 1071 E. Nebraska Selma, CA 93662	\$2,391,050.00

Additional Information	Applicable	Not Applicable	Comments
Project Labor Agreement (PLA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLA applies per the project specifications.
Local Preference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Local preference is applicable but did not affect the outcome of the bid.
Non-Responsive Findings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Special Contract Terms (i.e., RC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Min/Max Terms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
DBE Requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A



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Department Recommendation
(To be completed by the Department)

Background *(Explain the need for the procurement below.)*

Pump Station 185 was identified as a site in need of treatment facilities to improve water quality. Construction of the wellhead treatment improvements will support continued safe and reliable service in the area.

Award a contract as follows:

Bidder/Proposer	Award Amount
W.M. Lyles Co. 525 W. Alluvial Ave Fresno, CA 93722	\$2,272,653.00

The Engineer's Estimate for this expenditure is \$2,496,000 The contract price is 9% below. *(If the overage is greater than 10% provide an explanation below.)*

Reject all bids/proposals. *(If electing to reject all, provide an explanation below.)*

Anticipated Council Date: 5/21/2026



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Fiscal Impact Statement
(To be completed by the Department)

Indicate the **total fiscal impact** of the action requested, including operating and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs.

Is the contract funded in the current year budget and/or through reallocation of existing Department resources:

Yes No

If no, how will this item be funded? *(Provide an explanation below.)*

Is the action funded by a grant received by the City?

Yes No

If yes, provide the following:

Additional Information	Comments
Grant Name	
Grantor name, granting agency, or office name (if any)	
Fiscal year of the funding award	
Date grant agreement was approved by Council	

Fiscal Impact Table:

Type	Current Year Estimate	Annual Continuing Costs Thereafter	Number of Years
Operating	\$ 0.00	\$ 0.00	
Capital	\$ 2,329,153.00	\$ 0.00	
Total	\$ 2,329,153.00	\$ 0.00	
Describe all 'soft-cost' expenses:			
Preliminary Engineering:	\$ 335,013.00		
Construction Engineering:	\$ 93,238.00		
Construction Materials:	\$ 20,000.00		
Contingency:	\$ 129,000.00		
Total:	\$ 577,251.00		
Construction Contract:	\$ 2,272,653.00		
Total Capital:	\$ 2,849,904.00		



Approvals

The signature below constitutes approval from the department head.

	<u>4/29/26</u>
_____ Department Head	_____ Date
_____ Assistant Director	
_____ Title	

The signatures below constitute approval of the department recommendation.

<small>DocuSigned by:</small> 	<u>4/30/2026</u>
_____ Purchasing Manager	_____ Date

<small>DocuSigned by:</small> 	<u>4/30/2026</u>
_____ General Services Department Director	_____ Date

	<u>4/30/26</u>
_____ City Manager	_____ Date