



Finance and Operations Memorandum

From: [Presenter Name, Title]

Date: [Date]

Re: Award of [Agr/Contract/PO] to [Vendor Name] to provide [brief description of services]

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advance for consideration by the full.

Company Information		
Vendor Name:		
Doing Business as: <small>(DBA)</small>		
Vendor Address:		
Vendor Contact Name:		
Vendor Contact Email:		
Purchase Overview Information		
New or Renewal?		
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From	To
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown (Note any session costs or hourly rates)</small>	[Total Not to Exceed Amount]	
Funding Source Name: Acct. # (incl. Location Codes): <small>Multiple funding sources require breakdown</small>	[Acct Name and #s]	
Contract #: <small>(Local or State)</small>		
Brief Description of Services: <small>Do Not Write "See Attached"</small>		



Procurement Selection Information

1. How was the Vendor selected? **Attach appropriate supporting documents*

- Quotes** (under \$10k)
- Sealed Bid #** _____
- RFP#** _____
- Sole Source #** _____
- State Contract #** _____
- Exempt Professional**
 - Accountant
 - Appraiser
 - Artist
 - Engineer
 - Land Surveyor
 - Physician/Medical Doctor
 - Actuary
 - Architect
 - Dentist
 - Expert Professional Consultant
 - Lawyer

2. If Quotes used, when was the last time alternative quotes were requested?

3. If the vendor was selected through Solicitation (Sealed Bid/RFQ/RFP) process, answer the following:

a. Please explain how the vendor was chosen? **Attach Vendor Proposal*

b. Who were the members of the selection committee? *(Minimum 3 members required)*



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Vendor Classification and Background

4. Do the department’s employees have any possible conflict of interest with the selected vendor? If yes, please explain:

5. Is this Vendor a Minority owned or Woman owned Business?

**6. Is the vendor a Public Corporation or a Not for Profit Organization?
If, Not for Profit Organization specific Local or National?**

7. Is this a service existing staff could provide? If no, why not?

8. What specific skillset does this vendor bring to the project or program?

9. Explain how the vendors performance will be measured and monitored to ensure that the need and obligations are met.

10. What specific need will be the vendor be addressing?

11. If Renewal, has the vendor met all obligations under previous/existing agreement/contract?



Financial Information

If Renewal:

12. Has the cost increased? If yes, by how much and why?

13. If a continuing service, provide evaluation or archival data to demonstrate effectiveness.

14. Why do you believe this Purchase is fiscally sound?

15. What are the implications of not approving this agreement?

If New:

16. Has the cost of service increased from previous years? If yes, explain.



Program Information

17. Program Type:

- Afterschool Program
- Extended Hours Program
- School Readiness
- Head Start
- Professional Development
- Other: (specify) _____

18. Approximate # of Students served through the program?

19. Approximate # of Staff served through the program?

20. Will the output of this agreement contribute to the building's internal capabilities? If yes, explain.

21. How is this aligned to the District Continuous Improvement Plan?



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Processing Checklist

To ensure timely processing of the submitted purchase it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

1. Has this vendor performed service(s) in prior fiscal years?	
If Yes,	Vendor # _____
If No or New,	Vendor must provide completed W9
2. Procurement selection supporting documentation:	
If RFP	Attach Vendor Submitted Proposal
Other	Copy of Sole Source Letter from Purchasing Dept, State Contract, Quotes, etc.
<p>3. <u>Certificates of Liability Insurance (COI) are required for ALL purchases.</u></p> <p>It is the submitting departments responsibility to request the COI from the vendor and forward with submission once Board approved.</p> <p>The COI from the Vendor must match rider specifications outlined which is based on the type of purchase or services to be provided.</p> <p style="text-align: center;">Vendors providing ‘Evidence of Insurance’ is not acceptable in lieu of a policy.</p> <p style="text-align: center;">For Insurance Rider inquiries direct questions to the City of New Haven Purchasing Dept.</p>	
<p>4. The City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any City agency, department, or city official seeking agreement/contract shall obtain them, notarized.</p> <p><u>All sections must be completed in its entirety:</u></p> <p>Section 1 – Vendor information Section 2 – Complete and type company name under 2a or 2b Section 3 – One Box from 3a, 3b or 3c Must be selected; 3d should <i>always</i> be selected. Section 4 – Vendor Business Registration information Sections 5-9 are never “N/A”, if none the vendor must write out “None” Document must be notarized.</p>	