



NEW HAVEN PUBLIC SCHOOLS

## COVER SHEET

**Cover Sheet is an Internal Document for Business Office Use**

### Please Type

Contractor full name: Adriana International Inc.

Doing Business As, if applicable: Athletic Trainers Solutions

Business Address: 5 Nathans Path, Wallingford, CT 06492

Business Phone: 860-805-7259

Business email: [edk@athletictrainersolutions.com](mailto:edk@athletictrainersolutions.com)

Principal or Supervisor: Erik Patchkofsky

Agreement Effective Dates: From 08/15/22 To 06/30/23

Total amount: \$60,000.00

Funding Source & Acct # including location code: 190-404-00-56689

Description of Service: To provide athletic training services which include prevention, medical care and rehabilitation of student-athletes.

Submitted by: Erik Patchkofsky



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## Operations Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Erik Patchkofsky, Athletic Director  
**Date:** August 5, 2022  
**Re:** Adriana International Inc. – dba – Athletic Trainer Solutions

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Please **answer all questions** and have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

**Contractor Name:** Adriana International Inc. (DBA -Athletic Trainer Solutions)

**Contractor Address:** 5 Nathans Path, Wallingford, CT 06492

**Is the contractor a Minority or Women Owned Small Business?** No

**Renewal or Award of Contract/Agreement?** Award

**Total Amount of Contract/Agreement and the Hourly or Service Rate:** \$60,000.00/\$210.00 per game/practice

**Contract or Agreement #:**

**Funding Source & Account #:** 190-404-00-56689

### Key Questions:

1. **What specific service will the contractor provide:** To provide athletic training services which include the prevention care and rehabilitation of student athletes.
2. **How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? Please describe the selection process including other sources considered and the rationale for selecting this method of selection:** Sole Source. The contractor will provide athletic trainers that have the specialized skills and experiences.
3. **If the vendor is not the lowest bidder or a State contract please answer the following:**
  - a. **Please explain why the vendor was chosen?** Conducted a statewide search -- there is a shortage of Athletic Trainers and/or services. This company is providing the athletic trainer/sports medical services needed for our student-athletes.
  - b. **Who were the members of the selection committee?** Athletic Director.



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4. **If this is a renewal with a current vendor, has the vendor's performance been satisfactory under the existing contract or agreement? N/A**
5. **If this Contract/Agreement is a Renewal has cost increased? If yes, by how much? N/A**
6. **If this Contractor is New has cost for service increased from previous years? If yes, by how much? No.**
7. **Is this a service existing staff could provide? Why or why not? No, providing sports medical, rehabilitation, and athletic training services.**