

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Joseph Barbarotta

Date: 6/28/2021

Re: On Call HVAC Repair Services

Contractor Name:Boisvert Plumbing LLC

Contractor Address: 1165 Main Street East Hartford 06108

Is the contractor a Minority or Women Owned Small Business? Renewal or Award of Contract/Agreement? This contractor is not a minority or woman based business. This a rebid and Award of Contract

Total Amount of Contract/Agreement and the Hourly or Service Rate: Not to Exceed \$200,000.00

Contract or Agreement #: 21749

Funding Source & Account #: Capital Projects 3C22-2262-58101

Key Questions: (Please 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):

1. What specific service will the contractor provide?

The service is to perform HVAC and boiler startups and chiller, water pumps, cooling towers, AHU, fan coils air supply fans, air exhaust fans checklists and maintenance that is beyond the scope of our in house steamfitters.

- 2 .How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? <u>Please</u> <u>describe the selection process</u> including other sources considered and the rationale for <u>selecting this method of selection</u>: The contractor was chosen via the City of New Haven Purchasing Departments bid process and they are the 2cd lowest bidder.
- 3. If this is a renewal with a current vendor, has the vendor's performance been satisfactory under the existing contract or agreement? This contract was rebid as the existing contract had expired. This contractor has a good track record of reliable, responsive, professional knowledgably mechanics.
- 4. If this Contract/Agreement is a Renewal has cost increased? If yes, by how much? N/A

- **5.** If this Contractor is New has cost for service increased from previous years? If yes, by how much/? This contract was rebid and the hourly price increased from \$95.00 per hour to \$121.50 per hour for an increase of \$26.50 per hour or 28%
- **6.** Is this a service existing staff could provide? Why or why not? Our staff does perform some of these services but the sheer volume requires many additional work hours and staff and they do have restrictions with some materials and tools. No existing staff is not trained and does not possess the knowledge, equipment and materials necessary to perform this work.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	UBROGATION IS WAIVED, certificate does not confei							require an endorse	ment. A s	statement on
PRODU	CER				CONTAC NAME:	CT Curt Smi	th			
State	e Farm CURT SMITH A	AGENCY			PHONE (A/C, No	(Fxt): 860243	33202	FAX (A/C,	No): 86024	43705
	37 WINTONBU	JRY MALL			E-MAIL ADDRES	Curt@aa	entcurtsmith.			
	BLOOMFIELD,	, CT 06002			ABBILL		SURER(S) AFFOR	DING COVERAGE		NAIC#
					INSURE			Casualty Company		25143
INSURE	:D				INSURE	RB:				
	BOISVERT PLUMB	ING LLC			INSURE	RC:				
	1165 MAINS ST ST	E 300			INSURE	RD:				
	EAST HARTFORD,	CT 06108			INSURE	RE:				
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COVE	RAGES	CERTIFIC	CATE	NUMBER:				REVISION NUMBER	₹:	
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NSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
	COMMERCIAL GENERAL LIABI	LITY				•	·	EACH OCCURRENCE	\$ 1,0	00,000
	CLAIMS-MADE X OCC	CUR						DAMAGE TO RENTED PREMISES (Ea occurrence	, \$ 1,0	00,000

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
А	CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	Υ	Υ	97-BHM-Y043-8	08/22/2020	08/22/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000 \$ 1,000,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000
	POLICY PRO- JECT LOC							\$
А	ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY HIRED AUTOSONLY NON-OWNED	Y	Y	067 1563-C24-07	03/24/2020	03/24/2021	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 500,000 \$ 500,000
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$ 500,000
Α	UMBRELLA LIAB COCCUR CLAIMS-MADE DED RETENTION \$	Y	Υ	97-BH-V687-0	05/13/2021	05/13/2022	AGGREGATE	\$ 5,000,000 \$ 10,000,000 \$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Υ	97-BK-Q856-4	08/22/2020	08/22/2021	PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of New Haven shall be named as additional insured with respect to general liability and auto liability coverages per policy terms and conditions as theirs interests may appear. Waiver of subrogation is included in favor of the City of New Haven for General Auto and Worker's Compensation

CERTIFICAT	TE HOLDER		CANCELLATION
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	City of New Haven 200 Orange Street New Haven	CT 06510	AUTHORIZED REPRESENTATIVE

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CITY OF NEW HAVEN

New Haven, Connecticut 06510

DISCLOSURE & CERTIFICATION AFFIDAVIT



	EVERY SECTION MUST BE COMPLETED
Contractor/Vendor Name:	For help completing this form contact 203-946-8201
Address:	1165 Main St Fact thirte A CT OCCUR
Telephone and/or Fax #:	860-216-9104 Fast Hortford CT 06108
Email Address:	James Gandert Services.com
Contact Person:	Jamie Cough
For the purpo	
(a) "Person" means one (1) or more indi-	oses of this Disclosure and Certification Affidavit, the following definitions apply:
(b) Contract means any agreement and	, decodations, or joint ventures
materials or any combination of the fr	Commitment entered into by the city to expend funds in return for work, lobor, again,
city leases, grants or demises proper	ormal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, by belonging to the city.

materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.

City' means any official agency, board, authority, department office, or otherwise grants a right of privilege to occupy or to use said property of the city. Affiliate Entity' means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor. State of	(c) '	City" m	peans any official agency, board, authority, denoting to the city, or otherwise	grants a righ	ht of privilege to occupy or to use said property of the
State of County of Hourtfuld I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein. 2a. I am the corporate secretary or majority owner (including sole proprietorship) of Insert Company Name above 2b. Or I am an individual and my name is: I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances I related thereof by Conn. Gen. Stat. §12-41. The Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of New Haven for the most recent grand list and does not owner any back taxes to the City of New Haven for ibhe solve are accurated. All the Contractor is registered in the Affiliate Entity of the Contractor or an owner, partner, officer, authorized signatory or Affiliate Entity of New Haven for the most recent grand list and does not owner any back taxes to the City of New Haven for ibhe solve are accurated in the City of New Haven for ibhe solve and sexecuted an agreement with the City of New Haven for ibhe solve and sexecuted an agreement with the City of New Haven for ibhe solve any owner, partner, officer, authorized signatory thereofy is not required to fite a list of taxable personal property with the City of New Haven for the most recent grand list and does not owner any back taxes to the City of New Haven to pay said back taxes in the City of New Haven or ibhe was back taxes and has executed an agreement with the City of New Haven for ibhe solve any back taxes and has executed an agreement with the City of New Haven or ibhe city of New Haven. 5. Affiliate Entity and the	(d) '	Affiliate	Entity" means any entity listed in sections 9 or 10 below or any	ther subdivisi	sion of the City of New Haven.
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This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)