

# Joseph Barbarotta Executive Director Facilities Services



654 Ferry Street New Haven, CT 06513 Tel. (475) 220-1631 Fax. (203) 936-5229

#### **MEMORANDUM**

To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/For Approval - Renewal of Contract for

On Call Asbestos and Environmental Management Services

Meeting Date: June 7,2021

cc: John Barbarotta, Luz Perez

#### **Executive Summary:**

For consideration and approval of the Renewal of Contract #21689-2-4 to **EnviroMed Services**, **Inc.**, **470 Murdock Ave.**, **Meriden**, **CT** for On Call Asbestos and Environmental Management Service for various Schools for Fiscal Year 2021-2022.

Amount of Contract: Not to exceed \$50,000.

Funding Source: 2021-2022 Capital Projects 3C202071-58101

#### **Key Questions:**

- 1. Please describe how this service is <u>strategically aligned</u> with school or District goals. The service is to perform mandated asbestos's AHERA Plan inspections.
- 2. Please describe the <u>evidence of effectiveness</u> for this contractor. In addition, how is or will the contractor be evaluated? If a continuation service, what are the results of last year's evaluation? Inspections and maintenance reports are provided. The contractor's performance is evidenced by the annual report. The contractor's performance is inspected periodically by the state.
- 3. Why do you believe this agreement is <u>fiscally sound?</u> Include how the contractor was selected (various quotes vs. RFP vs. Sole Source), whether and why the cost has increased over last year (if continuation), and what an alternative might cost. This contract is a renewal and the amount remains the same as last year. The contract is lump sum per school. The lump sum rates have remained the same as previous years. The contractor is not an SCDP participant. The inspection requirement is necessary for us to stay in compliance with the unfunded state mandate.

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# City of New Haven

### **Bureau of Purchases**

200 Orange Street, Room 301 New Haven, CT 06510 Tel: 203-946-8201 Fax: 203-946-8206

The City of New Haven ("City") is accepting sealed Bids for the following:

Title:	On Call Asbestos Management Services
Solicitation #:	21689
Project #:	N/A

Responses must be submitted in the form and manner specified in this request. Solicitation details are outlined in the **Project Summary**.

Forms and specifications may be obtained and your digital submission through the Bureau of Purchases, website:

https://newhavenct.bonfirehub.com/portal/?

Honorable Justin Elicker	Mayor
Michael V. Fumiatti, Sr,	Purchasing Agent



#### City of New Haven Bureau of Purchases 200 Orange Street Rm 301 New Haven, CT 06510

Telephone: (203) 946-8201 Fax: (203) 946-8206 www.newhavenct.gov/gov/depts/purchasing/

## **INVITATION TO BID**

Project Summary												
Project Name:	On	On Call Asbestos Management Services										
Solicitation #:		689										
City Project #:	N/A	4										
Solicitation/Advertise Date:	Fe	bruary 2	23.	20	20							
Bid Closing Date:		rch 19,				Bid (	Opening	Time:		3:	00	PM
Pre-Bid Meeting Date:	N/A					Pre-l	Bid Me	eting Tim	e:			
Pre-Bid Meeting Location:	N/A											
Department:	BC	E- Fac	ilitie	es								
Solicitation Type:		Construction	X	Serv	/ice		SCD*	- Constr	uctio	n	SCD* -	Service
Contract Term:		Construction	(See Sp	ecificati	on)	Serv	ice	X	y e a r	3	Renew Option( (at the so discretion CONH)	s) ble
Projection Description:	Provide asbestos management Services including but not limited to 6 month surveillance testing, hourly rates for servicesEach Bidder shall have State of Connecticut Licensed Asbestos and Lead Inspectors under the direction of a Certified Industrial Hygienist.											
Material Markup Allowed	X						-				up on	
Insurance Requirements:	Refer to Rider											
Local Preference:	Yes											
MBE/WBE Utilization Form:	Requ	ired if your ba	ase Bio	l Sub	missio	n is \$	150,0	00 or gr	eate	r		
Bid Bond:	N/A	4				Р	ercenta	ge Amou	ınt:			%
Labor, Material and Performance Bond:	N/A	4										
Wage Rates:		Prevailing State	X	рє	Livable \$17 er Hour -	7.42				Davi Baco Feder	n	N/A



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2021

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: John Bernardin PHONE (A/C, No. Ext): E-MAIL (617) 723-7275 (617) 723-0700 FAX (A/C, No): jbernardin@clearyinsurance.com

Cleary Insurance Inc. 226 Causeway Street INSURER(S) AFFORDING COVERAGE Boston MA 02114-2155 Nautilus Insurance Company 17370 INSURER A: INSURED Arbella Protection Insurance 41360 INSURER B : EnviroMed Services, Inc. Great Divide Insurance Company 25224 INSURER C: 470 Murdock Avenue INSURER D: INSURER E : Meriden CT 08450 INSURER F : 2021-22 Liability **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PALID CLAIMS.  ADDLISUBRY TYPE OF INSURANCE INSD I WYD POLICY NUMBER (MMDDDYYYY) MMDDDYYYYY) LIMITS							
INSR LTR	R TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DO/YYYY)	(MM/DD/YYYY)	LIMIT	3
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR  GENLAGGREGATE LIMIT APPLIES PER:  POLICY PRO- DECT LOC OTHER:		Y	ECP2011742-17	05/20/2021	05/20/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
В	AUTOMOBILE LIABILITY  ANY AUTO		Y	1020107637	05/20/2021	05/20/2022	COMBINED SINGLE LIMIT (Es scident)  BODILY INJURY (Per parson)  BODILY INJURY (Per scident)  PROPERTY DAMAGE (Per scident)	\$ 1,000,000 \$ \$ \$ \$
A	UMBRELLA LIAB COCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$			FFX2011743-17	05/20/2021	05/20/2022	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Υ	WCA1515866	. 02/17/2021	02/17/2022	E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POUCY LIMIT	s 1,000,000 s 1,000,000 s 1,000,000
A	Contractors Pollution Liability / Professional Liability			ECP2011742-15	05/20/2021	05/20/2022	Each Claim Aggregate	\$1,000,000 \$2,000,000

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

City of New Haven and GoTo Services, LLC 117 Kendall Street, New Haven CT 06519 are Additional Insureds for General Liability and Auto Liability when required by contract

Waiver of Insurance in favor of Additional Insureds applies when required by contract for General Liability, Auto Liability and Workers Compensation.

CERTIFICATI	E HOLDER		CANCELLATION
	City of New Haven		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ļ			AUTHORIZED REPRESENTATIVE
	New Haven	CT 06519	plck

### **CITY OF NEW HAVEN**

New Haven, Connecticut 06510

# DISCLOSURE & CERTIFICATION AFFIDAVIT



	EVERY SECTION MUST BE COMPLETED For help completing this form contact 203-946-8201					
Contractor/Vendor Name: EnviroMed Services, Inc.						
Address:	470 Murdock Avenue, Meriden, CT 06450					
Telephone and/or Fax #:	(T) 203/238-4846 (F) 203/238-4243					
Email Address:	S;  cannon@enviromedservices.com					
Contact Person: Lawrence J. Cannon						

	COTTRACT PISOTI. Lawrence 3. Californ
	For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:
(a)	"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
(b)	"Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment,
1 1	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.
(c)	"City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
(d)	"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.
(u)	Alimate Entity Theatrs any entity listed in sections 9 of 10 dexivity onder common management with the Contractor.

Sta	te of	Connecticut	Co	ounty of New Haven	
I,	Lawr	rence J. Cannon		being first duly swo	rn, hereby deposes and says that:
		(type or print your name above)			
•	i am	over the age of 18 and understand the obliga	ations c	f making statements u	nder oath; I understand that the City of
	New	Haven is relying on my representations here	in.		
2a.		I am the corporate secretary or majority	owner	EnviroMed Services, Inc.	
		(including sole proprietors	hip) of	In	sert Company Name above
2b.		Or I am an individual and my na	me is:		
	1	The state of the s		If an inc	dividual, insert your name above
3.	I am fo	ully informed regarding the preparation and terms of the	above re	ferenced agreement (the "A	greement") and of all pertinent circumstances
	related	d thereto.			
١.	Pleas	e select the applicable representation(s) regarding t	axes or,	if none of the below are ac	curate, attach an explanation of the status of
4a.	ine re	levant tax obligations to this Affidavit (mark an "X" As required by Conn. Gen. Stat. §12-41, the Contractor	in the a	opropriate box or "NA" if it	ione apply).
74.	N/A	Contractor) has filed a list of taxable personal property	with the	City of New Haven for the m	nost recent grand list and all taxes are current
4b.		The Contractor (including any owner, partner, officer o	r authoria	ed signatory thereof) is not	required to file a list of taxable personal property
	X	with the City of New Haven for the most recent grand I	ist and d	oes not owe any back taxes	to the City of New Haven, either directly or
4c.		through a lease or other agreement.	L_A2	AFRILL CALL CALL	2-1
46.		The Contractor or an owner, partner, officer, represent the City of New Haven or ii) owes back taxes and has	evecuted	ent or Amiliate Entity of the C	Contractor either i) has a PILOT agreement with
		installment payments. Such agreement is attached a	ind inco	porated herein by referen	ce and the payments under said agreement
	N/A	are not in default.			
i.	X	Other than as may be described in section 4 above, the	e Contra	ctor (including any owner, p	artner, officer, other authorized signatory, or
i.		Affiliate Entity) does not have any outstanding moneta a select the applicable representation about the Contract	ry obliga	ions to the City of New Have	Bn
6a.		Contractor is a Connecticut corporation, partnership, li			92-581-27
441	X	proprietorship and its Connecticut Secretary of the Sta			Insert State Registration # above
6b.		Contractor is a foreign corporation, partnership, limited			Miself Orate (James) with the Manual Alacest
		proprietorship but is registered to do business in the S			Invest State State (Investment at the
	N/A	Contractor's Connecticut Secretary of the State Busine			Insert State Registration # above
6c.		Contractor is a foreign corporation, partnership, lim			
		proprietorship and is not registered to do business in the	he State	of Connecticut. The	Please insert State name above
		Contractor is registered in the State of:	- Ct-t- 45	A Abraham Manada Ma	
	/-	Contractor has confirmed with the Connecticut Secretary of th in the State of Connecticut and no registration with the Conne	e suate thi cticut Sec	at the services it will provide pure retary of the State is required. O	suam to the Agreement do not constitute doing busines Contractor does otherwise have the following State of
	N/A	Connecticut registrations, certificates or approvals relevant to	the Agree	ment (if not applicable, state N/A	().

7.	The following list is a list of the names of <u>all</u> persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none, Use additional sheet if necessary (must be on commany interinsed and notarized):
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Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1 N/A			
2			

8. The following list is a list of all contracts in which either the Contractor, any person affiliate with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on someony interhead and notarized):

Hame of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	COB
1 EnviroMed Services, Inc.	On-Call Asbestos	21889-2-4	
2			

9. The Contractor passesses an ownership interest in the following business organizations, if some, state none, the additional sheet if necessary (must be on company letterhand and notwized):

Organization Name	Address	Type of Ownership
1 N/A		
2		

10. The following persons and/or entitles passess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name	Title	% of Ownership	QOB
1 Lewrence J. Cennon	President	100%	12/11/47
2			

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such antity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company interbused and notarized):

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1 N/A		
2		

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete outhor true hereof and that I, or another authorized individual of the Contractor, will promptly inform the City. In willing, If any of the information products are true and contractor will promptly inform the City. In willing, If any of the information of the information of the contractor to update this information, as described in the foregoing same contractor to update this information, as described in the foregoing same contractor to update this information, as described in the foregoing same contractor to update this information, as described in the foregoing same contractor to update this information of any and all agreements the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the Contractor has with the City of New Haven and disqualification of the Quite of the City of New Haven and disqualification of the Quite of the City of New Haven and disqualification of the Quite of the City of New Haven and disqualification of the Quite of the City of New Haven and disqualification of the Quite of the City of New Haven and disqualification of the Quite

termination of any and all agreements the Contractor has with the City of New Haven and City.	asquastication of the
Signature & Title of person completing this form:	PUBLIC
309	2030155
THIS FORM MUST BE NOTARIZED NO	OTARY SEAL (FORMARE CT)
Signature of Notary: A Excult	) william
Subscribed and sworn to before me on this:	yld February 2021
My Commission Expires: 03 31-2024	0

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.)