New Haven Public Schools

Joseph Barbarotta Executive Director Facilities Services





375 Quinnipiac Avenue New Haven, CT 06513 Tel. (475) 220-1631 Fax (203) 346-5229

INTEROFFICE MEMORANDUM

To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/Approval

Award of Contract for Ceiling Tile Replacement

Meeting Date: June 7,2021

cc: J. Barbarotta, L. Perez

Executive Summary:

For consideration and approval of an Award of Contract 70205020 to the low qualified bidder, **Goody's Hardware 540 main Street East Haven CT** Ceiling Tile Replacement district wide for Fiscal Year 2021-2022

Amount of Contract: Not to exceed \$25,000.

Funding Source: 2021-2022 Capital Budget

Acct. #3C22-2261-58101

Key Questions:

- 1. Please describe how this service is <u>strategically aligned</u> with school or District goals. The service is to provide assorted ceiling tiles throughout the district.
- 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 is monitored through the Work Order System.
- 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. The contract is being awarded to the only bidder based on a list of assorted tiles needed throughout the district.

See solicitation results attached.



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 Commodity(ies):

Title:	Ceiling Tile Replacement
Solicitation #:	70205020

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



www.newhavenct.gov/gov/depts/purchasing/

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

Telephone: (203) 946-8201 Fax: (203) 946-8206

INVITATION TO BID Commodity Purchase

Project Summary						
Project Name:	Project Name: Ceiling Tile Replacement					
Solicitation #:	70205020					
Solicitation/Advertise	February 14, 2	2020				
Date:	-					
Bid Opening Date	February 14, 2	February 14, 2021				
Bid Closing Date:	March 4,2021	March 4,2021 Bid Closing Time: 3:00 PM			PM	
Department:	BOE Facilities					
Contract Term:	One year with	1			Renewa	
Projection Description:	Various ceiling	g tile ty	/pes			
Material Markup	N/A Yes, enter percent markup on		n			
Allowed	Statement of Qualifications form					
Insurance	Refer to A (This Rider is attached)					
Requirements:	Rider				-	
Local Preference:	Yes					

MONE

CITY OF NEW HAVEN

New Haven, Connecticut 06510





	EVERY SECTION MUST BE COMPLETED For help completing this form contact 203-946-8201	
Contractor/Vendor Name:	Goody's Hardware	
	540 Main St, East Haven, CT 06512	
Telephone and/or Fax #:	203-469-5335 fax: 203-469-8535	
	davegoodys@yahoo.com	
Contact Person:	David Katz	

	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, 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.			

Sta	te of Connecticut C	ounty of United States of America
I,	David I. Katz Danie 1 J KA7 z (type or print your name above)	being first duly sworn, hereby deposes and says that:
1. /es	I am over the age of 18 and understand the obligations of New Haven is relying on my representations herein.	of making statements under oath; I understand that the City of
2a.	I am the corporate secretary or majority owner	Goody's Hardware
	(including sole proprietorship) of	Insert Company Name above
2b.	Or I am an individual and my name is:	
		if an individual, insert your name above
3.	related thereto	eferenced agreement (the "Agreement") and of all pertinent circumstances
4.	the relevant tay obligations to this Affidavit (mark an "X" in the a	, if none of the below are accurate, attach an explanation of the status o appropriate box or "NA" if none apply).
4a.	As required by Conn. Gen. Stat. §12-41, the Contractor (and e	each owner, partner, officer, authorized signatory or Affiliate Entity of the each of the each of the each of the most recent grand list and all taxes are current.
4b.	The Contractor (including any owner, partner, officer or author with the City of New Haven for the most recent grand list and of through a lease or other agreement.	ized signatory thereof) is not required to file a list of taxable personal property does not owe any back taxes to the City of New Haven, either directly or
4c.	The City of New Haven or ii) owes back taxes and has execute installment payments. Such agreement is attached and income are not in default.	gent or Affiliate Entity of the Contractor either i) has a PILOT agreement with d an agreement with the City of New Haven to pay said back taxes in proporated herein by reference and the payments under said agreement
5.	Affiliate Entity) does not have any outstanding monetary obligation	actor (including any owner, partner, officer, other authorized signatory, or ations to the City of New Haven.
6.	Please select the applicable representation about the Contractor's but	siness registration:
6a.	Contractor is a Connecticut corporation, partnership, limited lia	ability company or sole
	proprietorship and its Connecticut Secretary of the State Busin	
6b.	Contractor is a foreign corporation, partnership, limited liability	Connecticut The
	proprietorship but is registered to do business in the State of C Contractor's Connecticut Secretary of the State Business ID #	:0586323
6c.	Contractor is a foreign corporation, partnership, limited liab	
	proprietorship and is not registered to do business in the State Contractor is registered in the State of:	
	Contractor has confirmed with the Connecticut Secretary of the State II	hat the services it will provide pursuant to the Agreement do not constitute doing busines cretary of the State is required. Contractor does otherwise have the following State of ement (if not applicable, state N/A).

City of New Haven - Disclosure & Certification Affidavit (Form #1421) (rev 5/2020)



	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, or of any subsidiary or parent company 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 (<u>must be on company letterhead and notarized</u>):
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	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1	Manle			
2	NONE			

8. The following list is a list of all contracts in which either the Contractor, any person affiliated 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 company letterhead and notarized):

Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1 1/2/-			
2 // 0//-			

 The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):

Organization Name	Address	Type of Ownership
1 1/11/		
2 1001/2		

10. The following persons and/or entities possess 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	DOB
1	0/00	9	20	
2	110112			

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity 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 (<u>must be on company letterhead and notarized</u>):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	1/200		
2	None		

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 on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature & Title of person completing this form:		
Abril J. K		Service in
David I. Katz, Owner DAMED Katz ow	Ine	160.70
THIS FORM MUST BE NOTARIZED	NOTARY SEAL (if a	vailable)
Signature of Notary: (lun)	Collis	
Subscribed and sworn to, before me on this:/	19th Day of May	202
My Commission Expires:	ASHLEY GLUHANICH	
	NOTARY PUBLIC - State of Connecticut My Commission Expires	

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.)

City of New Haven - Disclosure & Certification Affidavit (Form #1421) (rev 5/2020)





OP ID: SM



ACORD

DATE (MM/DD/YYYY) 05/18/2021

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.

this certificate does not confer rights to the certificate holder in lieu of suppose 203-281-1123 CIARDIELLO INSURANCE 2725 WHITNEY AVE HAMDEN, CT 06518 Person Ciardiallo					CONTACT Peter Ciardiello NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: RESTRICT PHONE (A/C, No, Ext): (A/C, No): PHONE					
Peter Ciardiello				INSURER(S) AFFORDING COVERAGE					NAIC #	
				INSURER A: HANOVER INSURANCE COMPANY					22292	
INSURED Goodys Hardware, LLC			INSURER B : HARTFORD					22357		
Goodys Hardware, LLC 540 Main St East Haven, CT 06512				INSURER C:						
				INSURER D:						
					INSURER E :					
						INSURER F:				
COVER	AGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICIES ITED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I ISSUED AND CONDITIONS OF SUCH	QUIR PERT	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY DED BY THE BEEN RE	CONTRACT HE POLICIE DUCED BY POLICY EFF	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO	WHICH THIS
TR .	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(M	M/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000
^	CLAIMS-MADE OCCUR	v	v	OBWD437810-02		1/25/2020	11/25/2021	DAMAGE TO RENTED	\$	300,000
	JEANNIO-NIADE JOCCOR	X	X	010-07 010-07	1	1/23/2020	11/23/2021	PREMISES (Ea occurrence)	\$	5,000
								()	\$	1,000,000
05:	W. ACCRECATE LIMIT APPLIES DED.								\$	2,000,000
	POLICY PRO- LOC								\$	2,000,000
	OTHER:							PRODUCTS - COMP/OP AGG	\$	
B AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	<u>Ψ</u> \$	1,000,000
	ANY AUTO	х	Χ	31UECBA6812	1	1/25/2020	11/25/2021	·	\$	
	OWNED X SCHEDULED AUTOS ONLY		-						\$	
Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$	
									\$	
A X	UMBRELLA LIAB X OCCUR				11/25/2020	11/25/2021	EACH OCCURRENCE	\$	4,000,000	
	EXCESS LIAB CLAIMS-MADE		X	OBWD437810-02			AGGREGATE	\$	4,000,000	
	DED X RETENTION \$ 10,000								\$	
B WOR	KERS COMPENSATION EMPLOYERS' LIABILITY				44/05/0000	11/25/2021	X PER OTH- STATUTE ER			
ANY I	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		X	χ 31WECAEOSFG	1		11/25/2020	E.L. EACH ACCIDENT	\$	500,000
	datory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	500,000
DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
City of I	ion of operations / Locations / vehicle New Haven added as an Addit utory basis to all policies exce also include a Waiver of Subr	iona ept V	l Ins Vork	sured on a primary and ters Compensation, Al	d non-		e space is requir	ea)		
CERTIF	ICATE HOLDER				CANCE	LLATION				
<u></u>				CITYNEW	0,					
	CITY OF NEW HAVEN				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B EY PROVISIONS.		
200 ORANGE STREET NEW HAVEN. CT 06513				AUTHORIZED REPRESENTATIVE						