New Haven Public Schools

Joseph Barbarotta Executive Director Facilities Services





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

INTEROFFICE MEMORANDUM

To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/For Approval

Renewal of Contract for On Call Signs Services

Meeting Date: June7,2021

cc: J. Barbarotta, L. Perez

For consideration and approval of the Renewal of Contract #21691-2-5 to L&D Signs d/b/a/ Fast Signs of No. Haven, 310 Washington Ave., North Haven, CT for On Call Sign Services for the NHPS for Fiscal Year 2021-2022.

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

Funding Source: 2021-2022-Capital Budget 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 perform repairs and replacement of signage 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. This contractor has a track record with the city and has performed these services satisfactorily in the past. We will monitor the work with utilizing 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. This contract is being renewed with the same pricing as last year no increases for the livable wage rate increase. The contractor is not New Haven Based Enterprise or part of the SCDP.



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 Sign Repairs and Replacement Services
Solicitation #:	21691
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 Sign Repairs and Replacement										
		Services										
Solicitation #:	21	691										
City Project #:	N/A	4										
Solicitation/Advertise Date:	Ma	arch 1, 2	202	0								
Bid Closing Date:	Ma	rch 26,	20	20		Bid (Opening	g Time:		3	3:00	PM
Pre-Bid Meeting Date:	N/A	4				Pre-	Bid Me	eting Tim	ie:			
Pre-Bid Meeting Location:	N/	N/A										
Department:	BOE- Facilities											
Solicitation Type:		Construction	X	Serv	ice		SCD*	- Constr	ructio	n	SCD*	- Service
Contract Term:		Construction	(See Sp	oecificatio	on)	Serv	ice	X	y e a r	4	Renew Option (at the sidiscretic CONH)	ı(s) sole
Projection Description:		vide sign w			•	the	distri	ct as	nee	ded.	Abilit	y to
Material Markup Allowed	Χ					, en	ter p	erce	nt r	marl	kup oi	1
					Stat	em	ent c	of Qu	alif	icati	ions fo	orm
Insurance Requirements:	F	Refer to Rider		Α		(Thi	s Ride	r is atta	ched)		
Local Preference:	Yes											
MBE/WBE Utilization Form:	Required if your base Bid Submission is \$150,000 or greater											
Bid Bond:	N/A	4				Р	ercenta	ge Amou	unt:			%
Labor, Material and Performance Bond:	N/A	Α										L
Wage Rates:		Prevailing State	X	ре	Livable \$17 r Hour -	'.42				Da Bad Fed	con	N/A





New Haven Public Schools Facilities Department

Date: 1/29/2021

Mr. Chip Caney
L & D Signs/ DBA FASTSIGNS of North Haven
310 Washington Ave.
North Haven, CT 06473

RE: Contract Renewal for: Signs

Contract Name: On Call Signs Repairs and Replacements Services

Contract # 21691-2- 5 In the amount of: \$25,000

Yes No)

According to your agreement with the City of New Haven and Board of Education, you have a renewal option for the fiscal year 2021-2022. If you are interested in renewing the above referenced agreement for the same amount, under the same terms and conditions (including any increases to Livable wage), please sign this letter of acceptance.

Please sign below and return to John Barbarotta at 375 Quinnipiac Ave., New Haven, CT 06513 no later than 2/17/21. You may scan and email to john.barbarotta@new-haven.k12.ct.us to expedite renewal but, please follow up and send hard copy in mail. Included with this letter is an annual Disclosure Form which must be completed and returned with this letter. Please be sure to complete all sections.

Should you have any questions, please feel free to contact me. Thank you for your attention to this matter.

John Barbarotta Director of Facilities NHBOE 654 Ferry Street New Haven Ct. 06513 P# 475-220-1644

Duly Authorized Contract Signatory Email (This is the person who will sign the contract) =>	CHARLES-CANEY & FASTSIGNS. COM
Contract Signatory Name and Title: =>	CHILLES CANY - DUNGS
Name and Title of person signing this letter: =>	CHARLES CANEY - OWNER
Signature of person signing this letter ^	Date 2/17/21

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

		300					
	EVERY SECTION MUST BE COMPLETED						
	For help completing this form contact 203-946-8201						
C	Contractor/Vendor Name: 1+D SIGNS APP GARANCS / DBA FASTSIGNS OF NORTH HAVED						
	Address: 310 WASHINGTON AVE. NORTH HAVEN, CT 06473						
٦	Telephone and/or Fax #: 23, 239, 9090						
	Email Address: CHARLES, CANEY C FASTS (GNS. COM						
	Contact Person: CHANIES CANSY						
	For the pur	poses of this Disclosure and Certification Affidavit, the following definitions apply:					
(a)	"Person" means one (1) or more inc	dividuals, 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, bo	pard, authority, department office, or other subdivision of the City of New Haven.					
(-1)	"Affiliate Fatitu" magne any entity lie	tod in sections 0 or 10 below or any entity under common management with the Contractor					

Stat	e of	CF	Co	county of NEW HAVED		
I,	((type or print your name above)		being first duly sworn, hereby deposes and says that:		
1.		over the age of 18 and understand the obligation Haven is relying on my representations here		of making statements under oath; I understand that the City of		
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 na		if an individual, insert your name above		
3.	related	thereto.		referenced agreement (the "Agreement") and of all pertinent circumstances		
4.	Please the re	levant tax obligations to this Affidavit (mark an "X"	in the a	 if none of the below are accurate, attach an explanation of the status of appropriate box or "NA" if none apply). 		
4a.		Contractor) has filed a list of taxable personal property	with the	each owner, partner, officer, authorized signatory or Affiliate Entity of the e City of New Haven for the most recent grand list and all taxes are current.		
4b.	V	The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven. either directly or inrough a lease or other agreement.				
4c.	The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.					
5.	/	Affiliate Entity) does not have any outstanding moneta	ry obliga	actor (including any owner, partner, officer, other authorized signatory, or ations to the City of New Haven.		
6.	Please	e select the applicable representation about the Contrac	tor's bus			
6a.	. /	Contractor is a Connecticut corporation, partnership, li				
	V	proprietorship and its Connecticut Secretary of the Sta				
6b.		Contractor is a foreign corporation, partnership, limited				
		proprietorship but is registered to do business in the S Contractor's Connecticut Secretary of the State Busin	ess ID#	Insert State Registration # above		
6c.		Contractor is a foreign corporation, partnership, lim	ited liab	polity company or sole		
		proprietorship and is not registered to do business in t <u>Contractor</u> is registered in the State of:		1 loade moon otate hamo abovo		
12		in the State of Connecticut and no registration with the Conne	cticut Sec	that the services it will provide pursuant to the Agreement do not constitute doing business scretary of the State is required. Contractor does otherwise have the following State of		

7.	The following list is a list of the names of all 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 (must be on company letterhead and notarized):

Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1 NONE			
2			

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 L+D SIGNS +GRAPHIES CHARLES	OWNER	21691-2-5	2/16/53
2	4.		/

 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 L+1) SIGNS +GMPHIES		
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 (<u>must be on company letterhead and notarized</u>):

	Name	Title	% of Ownership	DOB	
1	LINDA CANEY	MEMBER	50	3/26/57	
2	CHARLES CADES	MENREL	50	216/53	

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 (must be on company letterhead and notarized):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1			
2			4 .

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:	OWOSER
THIS FORM MUST BE NOTARIZED	NOTARY SEAL (if available)
Signature of Notary:	
Subscribed and sworn to, before me on this:	16th Day of February 2021
My Commission Expires: 9/30/	2021

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.)

OP ID: MK

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/22/2021

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. 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).

	g	(c):				
PRODUCER	203-488-6386	CONTACT Regina Dabbraccio				
Anderson - Krause, Inc. P O Box 110		PHONE (A/C, No, Ext): 203-488-6386	FAX (A/C, No): 203-48	8-1738		
Branford, CT 06405 Michael A. Krause, CIC		E-MAIL ADDRESS: rdabbraccio@andersonkrause.com				
Michael A. Mause, Cic		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Liberty Mutual				
INSURED		INSURER B:				
d/b/a Fastsigns of North Haven		INSURER C:				
INSURED L & D Signs and Graphics, LLC db/a Fastsigns of North Haven 310 Washington Avenue North Haven, CT 06473		INSURER D:				
, , , , , , , , , , , , , , , , , , , ,		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:			

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.

L E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х	х	BKS57871004	02/27/2021	02/27/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
A	X	Blkt Addl Insured						MED EXP (Any one person)	\$ 15,000
	Х	Errors&Omissions			BKS57871004	02/27/2021	02/27/2022	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2.000.000
		OTHER:						E&O	\$ 1,000,000
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO	Х	х	BKS57871004	02/27/2021	02/27/2022	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	Х	GrgKeepers						,	\$
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	USO57871004	02/27/2021	02/27/2022	AGGREGATE	\$ 1,000,000
		DED X RETENTION\$ 10,000							\$
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N		X	XWW57871004	02/27/2021	02/27/2022	E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)		N/A	A			E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
Α	Inla	nd Marine			BMW58359598	02/27/2021	02/27/2022	In Transt	10,000
								&Job Site	10,000

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

Signs & Graphic Solutions --Goto Services, LLC and the City of New Haven are included as additional insured's as per written contract.

OLIVIII IOATE HOLDER		CANCELLATION
	GOTOS-1	
GoTo Services, LLC 117 Kendall Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Haven, CT 06513		AUTHORIZED REPRESENTATIVE Millar Blame

CANCELL ATION

CERTIFICATE HOLDER