

New Haven Public Schools

Joseph Barbarotta
Executive Director
Facilities Services



NEW HAVEN PUBLIC SCHOOLS

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 Playground Inspections & Repairs

Meeting Date: July 6,2021

cc: J. Barbarotta, L. Perez

For consideration and approval of an Award of Contract #21684-2-3 to the lowest bidder, Trassig Corp., 564 Danbury Rd., New Milford, CT for Playground Inspections and Repairs for the NHPS for Fiscal Year 2021-2022.

Amount of Contract: Not to exceed \$50,000.00

Funding Source: 3C22-2261-58101

Key Questions:

- 1. Please describe how this service is strategically aligned with school or District goals.**
The service is to perform inspections and repairs to all playground equipment throughout the district.
- 2. Please describe the evidence of effectiveness 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 inspected by the board of education staff and quarterly inspections will be submitted.
- 3. Why do you believe this agreement is fiscally sound? 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 to the lowest of the three bidder. This contract is necessary to meet the State's unfunded mandate for regular playground repairs program. This company is a licensed certified company as required by the mandate. The company is not part of the SCDP.

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:	TRASSIG CORP
Address:	65 READING RD #874 Georgetown CT 06929
Telephone and/or Fax #:	203-659-0458
Email Address:	HAL@TRASSIG.COM
Contact Person:	HAL GOURAD

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.

State of	CT	County of	FAIRFIELD
1.	HAL GOURAD <small>(type or print your name above)</small>	being first duly sworn, hereby deposes and says that:	
1.	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 <small>(including sole proprietorship) of</small>	TRASSIG	<small>Insert Company Name above</small>
2b.	Or I am an individual and my name is:	<small>If an Individual, Insert your name above</small>	
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.		
4.	Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).		
4a.	NA	As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current.	
4b.	X	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 through a lease or other agreement.	
4c.	NA	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.	NA	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.	
6.	Please select the applicable representation about the Contractor's business registration:		
6a.	X	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	81219312-001 <small>Insert State Registration # above</small>
6b.	NA	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:	<small>Insert State Registration # above</small>
6c.	NA	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of:	<small>Please insert State name above</small>
<small>Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).</small>			

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				
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	HAL GOURAN	Contractor	21684-1-3	2-16-73
2				

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

	Organization Name	Address	Type of Ownership
1			
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				
2				

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			

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:				
THIS FORM MUST BE NOTARIZED		NOTARY SEAL (if available)		
Signature of Notary:		J. Wallbank		
Subscribed and sworn to, before me on this:		17	Day of	02 2021
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.)

JOE WALLBANK
NOTARY PUBLIC
CONNECTICUT
COMMISSION EXPIRES 02-28-2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2021

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).

PRODUCER Nicholas Tobin, Inc 111 Danbury Road New Milford CT 06776	CONTACT NAME: Amy Lemelin PHONE (A/C, No, Ext): 603 04 4464 E-MAIL ADDRESS: lemelin@ntinse.com	FAX (A/C, No): 603 00 141																					
INSURED Trassig Corp. 65 Bedding Rd. Unit 74 Georgetown CT 06229	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: The Cincinnati Insurance Companies</td> <td></td> <td>10677</td> </tr> <tr> <td>INSURER B: Sentinel Insurance Company LT</td> <td></td> <td>11000</td> </tr> <tr> <td>INSURER C: Technology Insurance Company</td> <td></td> <td>42076</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: The Cincinnati Insurance Companies		10677	INSURER B: Sentinel Insurance Company LT		11000	INSURER C: Technology Insurance Company		42076	INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																							

COVERAGES

CERTIFICATE NUMBER: CL2021910

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES INSURED ON LIST ARE IN FULL FORCE AND EFFECT AND THAT THE INSURED IS NOT SUBJECT TO ANY OTHER POLICY WHICH COULD COVER THE SAME OR WHICH COULD BE IN CONFLICT WITH THE POLICIES LISTED HEREON. THE INSURED IS NOT TO BE HELD RESPONSIBLE FOR ANY LOSS OR DAMAGE TO ALL THE THINGS, OBJECTS OR PERSONS OR SUCH POLICIES. LIMITS SHOWN MAY BE SUBJECT TO OTHER POLICY PROVISIONS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS: <input checked="" type="checkbox"/> CC GENERAL LIABILITY LIMITS <input type="checkbox"/> LC <input type="checkbox"/> CT <input type="checkbox"/> LC <input type="checkbox"/> TH	<input type="checkbox"/>	<input type="checkbox"/>	CS01427	09/14/2020	09/14/2021	<input type="checkbox"/> CH CC <input type="checkbox"/> MGT <input type="checkbox"/> MS: occurrence Many one person <input type="checkbox"/> SNL <input type="checkbox"/> GNLGGGT <input type="checkbox"/> CTS: CCMGG <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/>
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> WN <input type="checkbox"/> TS NL <input checked="" type="checkbox"/> HS NL <input type="checkbox"/> TS NL <input checked="" type="checkbox"/> SCH <input type="checkbox"/> TS <input checked="" type="checkbox"/> NWN <input type="checkbox"/> TS NL	<input type="checkbox"/>	<input type="checkbox"/>	02C0241	09/14/2020	09/14/2021	<input type="checkbox"/> COM: SINGL <input type="checkbox"/> a accident <input type="checkbox"/> per person <input type="checkbox"/> per accident <input type="checkbox"/> TCMGT <input type="checkbox"/> underinsured motorist <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/>
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CC <input type="checkbox"/> CLAMS	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> COM: SINGL <input type="checkbox"/> CH CC <input type="checkbox"/> GGT <input type="checkbox"/>
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> N <input type="checkbox"/> M: CL (Mandatory in NH) if yes, describe under SC: TN below	<input type="checkbox"/>	<input type="checkbox"/>	TWC071129	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> STUT <input type="checkbox"/> TH <input type="checkbox"/> L: CH CC <input type="checkbox"/> L: SCS M <input type="checkbox"/> L: SCS LC LIMIT <input type="checkbox"/> 500,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 500,000 <input type="checkbox"/>

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

Go to Services LLC. 117 Kendall street, New Haven, CT 0651 and the City of New Haven shall be included as additional insured with respect to general liability and auto liability coverages per policy terms and conditions as their interests may appear. Waiver of Subrogation is included in favor of the City of New Haven on General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

City of New Haven 200 Orange Street New Haven CT 06519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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