



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

MEMORANDUM

To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/For Approval – Award of Contract for On Call Fume Hoods Services

Meeting Date: June 7, 2021

cc: John Barbarotta, Luz Perez

For consideration and approval of the Award of Contract 21743 to Wings Testing and Balancing Co. Inc. 94 North Branford Road Suite #1Branford CT.06405 for On Call Fume Hood testing and balancing's Services for the NHPS for Fiscal Year 2021-2022.

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

Funding Source: 2021-2022 Capital Projects 3C22-2261-58101

Key Questions:

- 1. Please describe how this service is strategically aligned with school or District goals.**
The service is to perform state mandated inspections and repairs that are beyond the scope of our in house electricians.
- 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 electricians as well as the Building Department and Fire Department inspectors.
- 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.**
The contract is being awarded to the sole bidder .this company has performed similar work for the district in the past and they have a good track record of timely dependable accurate service.



City of New Haven

Bureau of Purchases

200 Orange Street, Room 301

New Haven, CT 06510

Tel: 203-946-8201 Fax: 203-946-8206

Honorable Justin Elicker
Mayor

Michael V. Fumiatti, Sr
Purchasing Agent

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

INVITATION TO BID

Project Summary

Contract Name: **On Call Fume Hood Inspections and Repairs**

Solicitation #: **21743** City Project #: **N/A**

Projection Description: Provide annual mandated inspections and repairs of all Fume Hoods in schools with them. CXT SM-2 License
ICB Certified Fume Hood Performance Testing Technician
Technician – OSHA 10 hour minimum

Department: **BOE -Facilities**

Solicitation/Advertise Date: **April 18, 2021**

Bid Due Date: **May 6, , 2021** Bid Opening Time: **3:00** PM

Pre-Bid Meeting Date: **N/A** Pre-Bid Meeting Time:

Pre-Bid Meeting Location: **N/A**

Solicitation Type: Construction Service SCD* - Construction SCD* - Service

Contract Term: Construction (See Specification) Service **1** year **3** Renewals Option(s) (at the sole discretion of the CONH)

Material Markup Allowed NO YES If Yes enter percent markup on your Statement of Qualifications form

Insurance Requirements: Refer to Rider **4** (This Rider is attached)

MBE/WBE Utilization Form: **Required if your base Bid Submission is \$150,000 or greater**

Local Preference: YES NO

Bid Bond: **N/A** Percentage Amount: %

Labor, Material and Performance Bond: **N/A**

Wage Rates: Livable Wage \$17.62 FY 21/22 Prevailing Wage State Davis Bacon Federal

Responses must be submitted in the form and manner specified in this request.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/21/2021

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 World Insurance Associates, LLC 3 Starr Ridge Rd Ste 100 Brewster, NY 10509	CONTACT NAME:			
	PHONE (A/C, No, Ext): (845) 279-5151	FAX (A/C, No):		
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Wings Testing & Balancing Co. Andrea Cole 94 North Branford Rd Branford, CT 06405	INSURER A : Sentinel Insurance Company, Ltd.		11000	
	INSURER B : Travelers Casualty Ins. Co. of America		19046	
	INSURER C : American Fire & Casualty Company		24066	
	INSURER D : LLOYDS OF LONDON		15792	
	INSURER E :			
	INSURER F :			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="checked" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	16SBAIK5429	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
B	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="checked" type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS ONLY <input checked="checked" type="checkbox"/> NON-OWNED AUTOS ONLY			BA9M896622	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="checked" type="checkbox"/> RETENTION \$ 10,000			16SBAIK5429	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$
							\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		XWA58456936	12/31/2020	12/31/2021	<input checked="checked" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
D	Professional Liabili			10143L210385	4/25/2021	4/25/2022	ea claim/aggregate \$ 1,000,000

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 06513 and the City of New Haven are listed as Additional insured with respect to General Liability as required by written contract subject to the terms and conditions of the policy. Waiver of subrogation applies with respect to general liability in favor of the additional insured as required by written contract subject to the terms and conditions of the policy. 30 dsy notice of cancellation applies.

CERTIFICATE HOLDER	CANCELLATION
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City of New Haven 165 Church St New Haven, CT 06510	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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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:	Wing's Testing and Balancing Co., Inc.
Address:	94 North Branford Road Suite 1 Branford, CT 06405
Telephone and/or Fax #:	203.481.4988
Email Address:	acole@wingstesting.com
Contact Person:	Andrea Cole

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	County of
I,	Andrea D Cole
	(type or print your name above)
	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 (including sole proprietorship) of Wing's Testing and Balancing Co., Inc. Insert Company Name above
2b.	Or I am an individual and my name is: if an individual, insert your name above
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.	X 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 #: 0119871 Insert State Registration # above
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 #: Insert State Registration # above
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: Please insert State name above 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).

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 None			
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 None		
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 None			
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 None		
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:  President

THIS FORM MUST BE NOTARIZED NOTARY SEAL (if available)

Signature of Notary: 

Subscribed and sworn to, before me on this: 6th Day of May 2021

My Commission Expires: 4/30/2023

THERESA VILLANO
NOTARY PUBLIC
 MY COMMISSION EXPIRES APR. 30, 2023

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.)