

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Jamar Alleyne, Executive Director of Facilities Management

Date: October 23, 2023

Re: Requesting to contract 21829 awarded to Boisvert to provide Large

HVAC mechanical services. FY 23-24 purchase order

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

| Company Information | | | | | | | |
|---|---|--|--|--|--|--|--|
| Vendor Name: | Boisvert Plumbing LLC | | | | | | |
| Doing Business as: (DBA) | | | | | | | |
| Vendor Address: | 35 Peters Rd Unit D, Bloomfield, CT 06002 | | | | | | |
| Vendor Contact Name: | Greg Boisvert | | | | | | |
| Vendor Contact Email: | GBoisvert@boisvertservices.com | | | | | | |
| Is the contractor a minority or women owned small business? No | | | | | | | |
| Agreement/Contract Information | | | | | | | |
| New or Renewal Agreeme | nt/Contract? Contract | | | | | | |
| Effective Dates: (mm/dd/yy) Multi-yrs. require Board of Aldermen approval | From 10/1/2023 To 06/30/2024 | | | | | | |
| Total Amount: If Multi-yr. include yr. to yr. breakdown | \$200,000 | | | | | | |
| Funding Source Name: Acct. #: | 2023-2024 Capital Projects 3C20-2074-58101 | | | | | | |
| Contract #: (Local or State) | 21829 | | | | | | |



Key Questions:

1. What specific service will the contractor provide:

On-Call of HVAC repairs and maintenance services contractor under these specifications shall consist of furnishing all material, labor, supervision, tools, supplies and other expenses necessary to fulfill all the details of work orders issued by the New Haven Public Schools

| 2. How was the contractor selected? *Attach appropriate supporting documents |
|--|
| ☐ Quotes |
| ⊠ Sealed Bid # <u>21829</u> |
| ☐ Sole Source # |
| □ RFP# |
| ☐ State Contract # |
| ☐ Exempt Professional |
| ☐ Accountant |
| ☐ Actuary |
| ☐ Appraiser |
| ☐ Architect |
| ☐ Artist |
| ☐ Dentist |
| □ Engineer |
| ☐ Expert Professional Consultant |
| ☐ Land Surveyor |
| □ Lawyer |
| ☐ Physician/Medical Doctor |
| □ Physician/Wedicar Doctor |
| 3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; answer |
| the following: |
| a. Please explain how the vendor was chosen? *Attach Vendor Proposal |
| Sealed Bid |
| Scarca Bla |
| |
| |
| b. Who were the members of the selection committee? (Minimum 3 members required) |
| |
| N/A – Sealed Bid – Lowest Bidder award |
| |
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| |



| 4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract? |
|---|
| Yes, all obligations of previous contracts have been met by the vendor. |
| 5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters |
| Not a renewal. |
| 6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much? |
| N/A |
| 7. Is this a service that existing staff could provide? Why or why not? |
| No this is a specialized service that only certified vendors can provide. This vendor in particular has a wealth of HVAC related experience to perform that tasks required under this contract. |



Agreement/Contract Processing Checklist

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive <u>G:\F&O Agenda Minutes\Agreement_Contract_Checklist\2022-2023</u>

| 1. Has this vendor performed service(s) in prior fiscal years? | | | | | | | |
|--|--|--|--|--|--|--|--|
| If Y | Vendor # 10057 | | | | | | |
| If No or No | ew, Vendor must provide completed W9 | | | | | | |
| 2. A quotes or proposal submitting regarding the agreement/contract. | | | | | | | |
| If RFP Attach Vendor Submitted | | | | | | | |
| | | | | | | | |
| Other Copy of State Contract, Quotes, etc. | | | | | | | |
| 3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts</u> , read the following and select the applicable Rider. | | | | | | | |
| It is the submitters responsibility to request the COI from the vendor and attach with submission; the COI from the Vendor <u>must match rider specifications outlined</u> . Failure to obtain or incorrect COIs will be returned for revision and will delay its processing. | | | | | | | |
| Rider 300 | Professional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation | | | | | | |
| Rider 305 | Professional Services – Onsite Umbrella; No Auto; No Workers Compensation | | | | | | |
| Rider 310 | Professional Services – Onsite Umbrella; w/ Auto; No Workers Compensation | | | | | | |
| Rider 315 | Professional Services – Onsite Umbrella; w/ Youth under 21 | | | | | | |
| Rider 320 | Professional Services – Offsite; No Auto; No Workers Compensation | | | | | | |
| Rider 325 | Professional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21 | | | | | | |
| Rider 330 | Professional Services – Offsite Attorney; No Auto; No Workers Compensation | | | | | | |
| Rider 335 | Professional Services – Onsite; Physician/Dentist; No Auto | | | | | | |
| Rider 340 | Professional Services – Onsite Physician/Dentist w/ Youth under 21 | | | | | | |
| Rider 345 | Professional Services – Onsite Temp Nurses | | | | | | |
| Rider 350 | Professional Services – Cyber – Onsite | | | | | | |
| Rider 355 | Rider 355 Professional Services – Cyber – Offsite | | | | | | |
| 4. The City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any City agency, department, or city official seeking agreement/contract shall obtain them, notarized. | | | | | | | |
| - | osures are acceptable. | | | | | | |



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

Shawn J. Garris Acting Purchasing Agent

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

| INVITATION TO BID | | | | | | | | | | | | | |
|---|--|---|--------|------------------------|---|---------|---------------------|-------------|------|------------------------|-----|---|-------------------------------|
| Project Summary | | | | | | | | | | | | | |
| Contract Name: | On Call Large HVAC Mechanical Service | | | | | | | | | | | | |
| Solicitation #: | | | | | | | N/A | | | | | | |
| Projection Description: | On-Call of HVAC repairs and maintenance services contractor under these specifications shall consist of furnishing all material, labor, supervision, tools, supplies and other expenses necessary to fulfill all the details of work orders issued by the New Haven Public Schools | | | | | | | | | | | | |
| Department: | BOE | BOE-Facilities | | | | | | | | | | | |
| Solicitation/Advertise Date: | Janu | January 15, 2023 | | | | | | | | | | | |
| Intend to Bid Due Date | Febr | uary 7, <i>1</i> | 2023 | } | | | | | | | | | |
| Bid Due Date: | Febr | uary 8, <i>1</i> | 2023 | 3 | | | Bid Opening Time: | | | 3:0 | 00 | PM | |
| Pre-Bid Meeting Date: | N/A | N/A Pre-Bid Mee | | | | | Bid Mee | eting Time: | | | | | |
| Pre-Bid Meeting Location: | N/A | N/A | | | | | | | | | | | |
| Solicitation Type: | | Constru | ction | X | Ser | | SCD* - Construction | | | SCD* - Service | | | |
| Contract Term: | | Constru | ction | on (See Specification) | | ion) | Servi | ice | 1 | year | 1 | Rene Optio (at the discret CONH | on(s) e sole ion of the |
| Material Markup Allowed | Χ | NO | | Ye | es If Yes enter percent markup on your Statement of Qualifications form | | | | | | , | | |
| Insurance Requirements: | | Refer to R | Rider | | 146 | | | | | | OHH | | |
| · | | Refer to Rider 110 (This Rider is attached) Required if your base Bid Submission is \$150,000 or greater | | | | | | | | | | | |
| MBE/WBE Utilization Form: | | rea it you | r base | | | iission | IS \$ | 150,00 | or g | greater | | | |
| Local Preference: | X | | | YE | S | | | | | | NO | | |
| Bid Bond: | N/A | | | | Percentage Amount: | | | NA % | | % | | | |
| Labor, Material and Performance Bond: | N/A | \ | | | | | | | | | | | |
| Wage Rates: | X Livable Wage \$18.45 FY 22/23 | | | | Prevailing Wage State | | | | | Davis Bacon Federal | | | |
| Responses must be submitted in the form and manner specified in this request. | | | | | | | | | | | | | |

110 City of New Haven Risk Template (rev. 04/2022)

Construction / Service / Repair & On Calls

Basic

Standard Construction Service On Call work, no Professional or Pollution

Contractor/Vendor shall agree to maintain in force at all times during the contract the following minimum coverage and shall name the City of New Haven as an Additional Insured (1) on a primary and non-contributory basis to all policies except Workers Compensation and Professional Liability. All policies, except Professional Liability, should also include a Waiver of Subrogation. (1). Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best's rating of "A-"VIII.

| | | Minimum Limits (dollar amount indicates required minimum) | Additional Insured (Y indicates required) | Waiver of Subrogation (Y indicates required) |
|---|--|---|--|---|
| General Liability | | | required) | required) |
| | Each Occurrence | \$1,000,000 | Υ | Υ |
| | Combined Aggregate | \$2,000,000 | Υ | Υ |
| | Products/Completed | | | |
| | Operations Aggregate | \$2,000,000 | Υ | Υ |
| | Abuse & Molestation | | | |
| Auto Liability (includes all owned, hired & non-owned autos | Combined Single Limit Each accident including endorsements | \$1,000,000 | Y | Y |
| Excess/Umbrella Liability | | | | |
| Excessional Elazinty | Each Occurrence | | | |
| | Combined Aggregate | | | |
| Workers' Compensation & Employers' Liability (EL) | Statutory Limits | | | |
| , , , | EL EACH | \$500,000 | | Υ |
| | EL DISEASE | \$500,000 | | Υ |
| | EL POLICY | \$500,000 | | Υ |
| Professional Liability | | | | |
| Pollution Liability | | | | |
| Cyber Liability | | | | |
| Medical Malpractice | | | | |
| Garage Keepers Liability | | | | |
| Drone Liability | | | | |
| | | | | |

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two years from the completion date of this contract. If the policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the contract for two) years from the completion date.

Original, completed Certificates of Insurance must be presented to the City of New Haven via CTRAXX prior to contract issuance. Contractor/Vendor agrees to provide replacement/renewal certificates at least 30 days prior to the expiration date of the policies. Should any of the polices be cancelled, limits reduced, or coverage altered, 30 days written notice must be given to the City.

Notes

- (1) Additional Insured & Waiver of Subrogation boxes must be checked off on the COI.
- (2) If contractor/vendor will be working with children or serving youth under the age of 21, Abuse and Molestation coverage must be included.
- (3) City of New Haven is the Certificate holder and the additional insured.

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