

## **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:	Purchase Order for Encore Fire Protection to replace the fire pump controller at Mauro-Sheridan Interdistrict Magnet School.

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:	Encore Fire Protection			
Doing Business as: (DBA)				
Vendor Address:	35 Philmack Drive			
Vendor Contact Name:	Nicholas McNally			
Vendor Contact Email:	nmcnally@encorefireprotection.com			
Is the contractor a minority or women owned small business? No				
<b>Agreement/Contract Information</b>				
New or Renewal Agreeme	ent/Contract? Purchase Order			
Effective Dates: (mm/dd/yy) Multi-yrs. require Board of Aldermen approval	From 11/20/2023 To 6/30/2024			
Total Amount: If Multi-yr. include yr. to yr. breakdown	\$56,946			
Funding Source Name: Acct. #:	3C242466-58101			
Contract #: (Local or State)	State of CT 18PSX0088			



### Key Queions:

### 1. What specific service will the contractor provide:

Replace the fire pump controller at Mauro-Sheridan Interdistrict Magnet School..

2. How was the contractor selected? *Attach appropriate supporting documents
□ Quotes
□ Sealed Bid #
□ Sole Source #
□ RFP#
State Contract # 18PSX0088
<ul> <li>Exempt Professional</li> <li>Accountant</li> <li>Actuary</li> <li>Appraiser</li> <li>Architect</li> <li>Artist</li> <li>Dentist</li> <li>Engineer</li> <li>Expert Professional Consultant</li> <li>Land Surveyor</li> <li>Lawyer</li> <li>Physician/Medical Doctor</li> </ul> 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
State of CT contract
b. Who were the members of the selection committee? (Minimum 3 members required)
N/A



# 4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

N/A

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? \*Attach Renewal Letters

N/A

## 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 holds the required NFPA licensure / certifications.



#### **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	Yes, Vendor #	
If No or N	ew, Vendor must provide completed W9	
2. A qu	otes or proposal submitting regarding the agreement/contract.	
If I	RFP         Attach Vendor Submitted	
0	ther Copy of State Contract, Quotes, etc.	
	ificates of Liability Insurance (COI) are required for ALL agreements/contracts, read ollowing and select the applicable Rider.	ad
It is the s submissi	submitters responsibility to request the COI from the vendor and attach with on; the COI from the Vendor <u>must match rider specifications outlined</u> . o obtain or incorrect COIs will be returned for revision and will delay its processing.	g.
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	Professional Services – Cyber – Offsite	
	City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any agency, department, or city official seeking agreement/contract shall obtain them, notarized.	
	osures are acceptable.	