



## Finance and Operations Memorandum

**From:** [Presenter Name, Title]

**Date:** [Date]

**Re:** Award of [Agr/Contract/PO] to [Vendor Name] to provide [brief description of services]

**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 advance for consideration by the full.

Company Information		
Vendor Name:		
Doing Business as: <small>(DBA)</small>		
Vendor Address:		
Vendor Contact Name:		
Vendor Contact Email:		
Purchase Overview Information		
New or Renewal?		
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From	To
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown (Note any session costs or hourly rates)</small>	[Total Not to Exceed Amount]	
Funding Source Name: Acct. # (incl. Location Codes): <small>Multiple funding sources require breakdown</small>	[Acct Name and #s]	
Contract #: <small>(Local or State)</small>		
Brief Description of Services: <small>Do Not Write "See Attached"</small>		



**Procurement Selection Information**

**1. How was the Vendor selected?** *\*Attach appropriate supporting documents*

- Quotes** (under \$10k)
- Sealed Bid #** \_\_\_\_\_
- RFP#** \_\_\_\_\_
- Sole Source #** \_\_\_\_\_
- State Contract #** \_\_\_\_\_
- Exempt Professional**
  - Accountant
  - Appraiser
  - Artist
  - Engineer
  - Land Surveyor
  - Physician/Medical Doctor
  - Actuary
  - Architect
  - Dentist
  - Expert Professional Consultant
  - Lawyer

**2. If Quotes used, when was the last time alternative quotes were requested?**

**3. If the vendor was selected through Solicitation (Sealed Bid/RFQ/RFP) process, answer the following:**

**a. Please explain how the vendor was chosen?** *\*Attach Vendor Proposal*

**b. Who were the members of the selection committee?** *(Minimum 3 members required)*



NEW HAVEN PUBLIC SCHOOLS

<b>Vendor Classification and Background</b>	
<b>4. Do the department's employees have any possible conflict of interest with the selected vendor? If yes, please explain:</b>	
<b>5. Is this Vendor a Minority owned or Woman owned Business?</b>	
<b>6. Is the vendor a Public Corporation or a Not for Profit Organization? If, Not for Profit Organization specific Local or National?</b>	
<b>7. Is this a service existing staff could provide? If no, why not?</b>	
<b>8. What specific skillset does this vendor bring to the project or program?</b>	
<b>9. Explain how the vendors performance will be measured and monitored to ensure that the need and obligations are met.</b>	
<b>10. What specific need will be the vendor be addressing?</b>	
<b>11. If Renewal, has the vendor met all obligations under previous/existing agreement/contract?</b>	



**Financial Information**

**12. If Grant Funded, how will this project/program be funded once grant expires?**

**If Renewal:**

**13. Has the cost increased? If yes, by how much and why?**

**14. If a continuing service, provide evaluation or archival data to demonstrate effectiveness.**

**15. Why do you believe this Purchase is fiscally sound?**

**16. What are the implications of not approving this agreement?**

**If New:**

**17. Has the cost of service increased from previous years? If yes, explain.**



<b>Program Information</b>
<b>18. Detailed budget provided by the vendor, is attached.</b>
<input type="checkbox"/> <b>Attach Itemized budget for services provided, show how costs were derived.</b>
<b>19. Program Type:</b>
<input type="checkbox"/> Afterschool Program <input type="checkbox"/> Extended Hours Program <input type="checkbox"/> School Readiness <input type="checkbox"/> Head Start <input type="checkbox"/> Professional Development <input type="checkbox"/> Other: (specify) _____
<b>20. Approximate # of Students served through the program?</b>
<b>21. Approximate # of Staff served through the program?</b>
<b>22. Will the output of this agreement contribute to the building's internal capabilities? If yes, explain.</b>
<b>23. How is this aligned to the District Continuous Improvement Plan?</b>



NEW HAVEN PUBLIC SCHOOLS

**Processing Checklist**

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

<b>1. Has this vendor performed service(s) in prior fiscal years?</b>	
If Yes,	Vendor # _____
If No or New,	Vendor must provide completed W9
<b>2. Procurement selection supporting documentation:</b>	
If RFP	Attach Vendor Submitted Proposal
Other	Copy of Sole Source Letter from Purchasing Dept, State Contract, Quotes, etc.
<p><b>3. <u>Certificates of Liability Insurance (COI) are required for ALL purchases.</u></b></p> <p>It is the submitting departments responsibility to request the COI from the vendor and forward with submission once Board approved.</p> <p>The COI from the Vendor must match rider specifications outlined which is based on the type of purchase or services to be provided.</p> <p style="text-align: center;"><b>Vendors providing ‘Evidence of Insurance’ is not acceptable in lieu of a policy.</b></p> <p style="text-align: center;">For Insurance Rider inquiries direct questions to the City of New Haven Purchasing Dept.</p>	
<p><b>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.</b></p> <p><u>All sections must be completed in its entirety:</u></p> <p>Section 1 – Vendor information            Section 2 – Complete and type company name under 2a or 2b            Section 3 – One Box from 3a, 3b or 3c Must be selected; 3d should <i>always</i> be selected.            Section 4 – Vendor Business Registration information            Sections 5-9 are never “N/A”, if none the vendor must write out “None”            Document must be notarized.</p>	