

## **Operations Memorandum**

To: New Haven Board of Education Finance and Operations Committee

From: Gilda Herrera

**Date:** 1/29/2024

**Re:** Total Communications LLC-, Purchase Order-FLEX

**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:   | Total Comm   | nunications, LLC   |                  |
| Doing Business as:<br>(DBA)  |              |                    |                  |
| Vendor Address:  | 333 Burnhar  | m Street, E. Hartf | Ford CT 0608     |
| Vendor Contact Name:   | Christopher  | Garlock            |                  |
| Vendor Contact Email:  | chrisgarlock | <@totalcomm.co     | <u>m</u>         |
| Is the contractor a minority   | or women ov  | wned small busine  | ess? No          |
| Ag   | greement/Co  | ntract Informatio  | on               |
| New or Renewal Agreeme   | nt/Contract? | Purchase Order     |                  |
| Effective Dates: (mm/dd/yy)<br>Multi-yrs. require Board of Aldermen approval | From .       | July 1, 2023       | To June 30, 2024 |
| Total Amount:<br>If Multi-yr. include yr. to yr. breakdown                   | \$250,000    |                    |                  |
| Funding Source Name:<br>Acct. #:   | 2553-6399-:  | 54409-0105         |                  |
| Contract #:<br>(Local or State)  | State Contr  | act: 18psx0202A    | AB-ST CONTRACT   |



#### **Key Questions:**

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

System redundancy and upgrade for the hardware and software of the phone system. This upgrade will bring the district compliant with current standards. Includes the servers, voicemail, and emergency responder and call continuity. Include perpetual upgrades to the system.

# 2. How was the contractor selected? \*Attach appropriate supporting documents

**Quotes** 

Sealed Bid # \_\_\_\_\_

□ Sole Source #\_\_\_\_\_

□ RFP#

State Contract #18psx0202AB-ST CONTRACT

## **Exempt Professional**

- $\Box$  Accountant
- □ Actuary
- □ Appraiser
- □ Architect
- $\Box$  Artist
- □ Dentist
- $\Box$  Engineer
- Expert Professional Consultant
- $\Box$  Land Surveyor
- □ Lawyer
- $\Box$  Physician/Medical 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

State Contract #18psx0202AB-ST CONTRACT

b. Who were the members of the selection committee? Edward Connelly, Gilda Herrera, Jamin Bulyk



#### **Key Questions: - Continued**

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

Yes, the district is satisfied with the services currently being provided by Total Communications, LLC

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.



### **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 v        | vendor performed service(s) in prior fiscal years?  |
|-------------------------|---------------|---|
| If Y                    | les,          | Vendor # 68060  |
| If No or N              | ew,           | Vendor must provide completed W9  |
| 2. A qu                 | ote o         | or proposal submitting regarding the agreement/contract.  |
| If F                    | RFP           | Attach Vendor Submitted   |
| O                       | ther          | Copy of State Contract, Quotes, etc.  |
|                         |               | tes of Liability Insurance (COI) are required for ALL agreements/contracts, read<br>ving and select the applicable Rider.   |
| It is the s<br>submissi | subm<br>on; t | hig and server the apprecision relation<br>hitters responsibility to request the COI from the vendor and attach with<br>he COI from the Vendor <u>must match rider specifications outlined</u> .<br>tain or incorrect COIs will be returned for revision and will delay its processing. |
| Rider 300               | Prof          | essional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation   |
| Rider 305               | Prof          | essional Services – Onsite Umbrella; No Auto; No Workers Compensation   |
| Rider 310               | Prof          | essional Services – Onsite Umbrella; w/ Auto; No Workers Compensation   |
| Rider 315               | Prof          | essional Services – Onsite Umbrella; w/ Youth under 21  |
| Rider 320               | Prof          | essional Services – Offsite; No Auto; No Workers Compensation   |
| Rider 325               | Prof          | essional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21  |
| Rider 330               | Prof          | essional Services – Offsite Attorney; No Auto; No Workers Compensation  |
| Rider 335               | Prof          | fessional Services – Onsite; Physician/Dentist; No Auto   |
| Rider 340               | Prof          | fessional Services – Onsite Physician/Dentist w/ Youth under 21   |
| Rider 345               | Prof          | fessional Services – Onsite Temp Nurses   |
| Rider 350               | Prof          | fessional Services – Cyber – Onsite   |
| Rider 355               | Prof          | fessional Services – Cyber – Offsite  |
|                         |               | f New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any<br>cy, department, or city official seeking agreement/contract shall obtain them, notarized.   |
|                         |               | s are acceptable.   |



## **Total Communications Inc.**

Phone: 800-300-0824 Fax: 860-528-1904 333 Burnham Street East Hartford, CT 06108

# Invoice

| Number: | 121244-05  |
|---------|------------|
| Date:   | 10/31/2023 |

| Ship-To                 | Source:   | SO No.                            | 308731  |
|-------------------------|---|-----------------------------------|---|
| New Haven, City of      |   |                                   |   |
| Board of Ed             |   |                                   |   |
| 54 Meadow Street        |   |                                   |   |
| New Haven, CT 06519 U.S | A.  |                                   |   |
|                         |   |                                   |   |
|                         |   |                                   |   |
|                         | New Haven, City of<br>Board of Ed<br>54 Meadow Street | New Haven, City of<br>Board of Ed | New Haven, City of<br>Board of Ed<br>54 Meadow Street |

| Acct. No. | A/R Cust. No. | Acct. ID | Customer PO | Reference    | Sales Rep     | <u>Ship Via</u> | Terms  |
|-----------|---------------|----------|-------------|--------------|---------------|-----------------|--------|
| 24802     | New Haven,    | 24802    |             | 1,250,000.00 | Chris Garlock |                 | Net 30 |
|           | City of       |          |             |              |               |                 |        |

Contract term 3/27/21-26 Installment 5of5

| Qty. Item ID      | Description                              | UOM   | Ea. Price                 | Total                  |
|-------------------|--|-------|---------------------------|------------------------|
| 1 A-FLEX-EAPL-EDU | Cisco Collaboration Flex Plan Enterprise | EA    | \$250,000.00              | \$250,000.00           |
|                   |  |       | Item Total:<br>Sales Tax: | \$250,000.00<br>\$0.00 |
|                   |  | Total | Amount Due:               | \$250,000.00           |

ALL RETURNS SUBJECT TO A 20% RESTOCKING CHARGE SERVICE WILL NOT BE RENDERED ON ACCOUNTS OVER 60 DAYS PAST DUE INTEREST WILL BE CHARGED AT THE RATE OF 1 1/2 % PER MONTH ON ACCOUNTS PAST 30 DAYS

aaatciinvoice.rpt

| untena Elsen.  |                            |   |   |   | Hom   | e – Straet Manu       | Log In Or        |
|--|----------------------------|---|---|---|---|-----------------------|------------------|
| Search   | Search                     | Besults                                     | R   | esults Detail   | 2 P * 41 P  | Soletano              |                  |
| <sup>CP Contract Details</sup>                               | Portal Co                  | ontract Results Administrative              |   | Procurei  | nent Services   |                       |                  |
|  |                            |   | Detail Info   | For # 18  |   |                       |                  |
|  |                            |   | Date  |   |   |                       |                  |
|  | rd Date<br>1/2019          |   |   | Date /2019  |   | End Dat<br>04/10/202  |                  |
| 04/1   | 1/2017                     | <u>l</u>                                    | Descrip   |   | <u>l</u>  | 04/10/202             | /1               |
|  |                            |   |   |   |   |                       |                  |
| Includes SBE/MBI<br>No<br>Contact<br>SusanneHawkins          |                            |   | Comme<br>tation and Cor<br>d Partnership<br>No<br>Contac<br>(860) 622                                 | fract Conc<br>DBE<br>No<br>t(s)<br>FAX<br>-2941                                 | Ittions<br>Political Subdivision<br>Yes<br>susanne.haw              | Yes<br>E-Mail         | CT Recover<br>No |
| No   |                            | nts Qualified                               | ration and Cor<br><b>d Partnership</b><br>No<br>Contac  | fract ( one<br>DBE No<br>I(s)<br>FAX<br>-2941<br>ceuments                       | Political Subdivision<br>Yes  | Yes<br>E-Mail         |                  |
| No<br>Contact<br>SusanneHawkins                              | (860<br>AM 18              | nts Qualified                               | tation and Cor<br><b>1 Partnership</b><br>No<br>Contac<br>(860) 622<br>Common De                      | fract ( one<br>DBE<br>No<br>I(s)<br>FAX<br>-2941<br>reuments<br>D<br>ent Comple | Political Subdivision<br>Yes<br>susanne.haw                         | Yes<br>E-Mail         |                  |
| No<br>Contact<br>SusanneHawkins<br>Date                      | (860<br>AM 18              | Telephone<br>) 713-5064<br>PSX0202 Contract | ation and Cor<br>d Partnership<br>No<br>Contac<br>(860) 622<br>Conimon Do<br>Award Docume             | fract ( one<br>DBE<br>No<br>I(s)<br>FAX<br>-2941<br>reuments<br>D<br>ent Comple | Political Subdivision<br>Yes<br>susanne.haw<br>escription<br>te.pdf | Yes<br>E-Mail         |                  |
| No<br>Contact<br>SusanneHawkins<br>Date<br>4/15/2019 7:41:10 | (860<br>AM <u>18</u><br>Cc | Telephone<br>) 713-5064<br>PSX0202 Contract | attion and Cor<br>d Partnership<br>No<br>Contac<br>(860) 622<br>Common De<br>Award Docume<br>2 Vendor | fract ( one<br>DBE<br>No<br>I(s)<br>FAX<br>-2941<br>reuments<br>D<br>ent Comple | Political Subdivision<br>Yes<br>susanne.haw<br>escription<br>te.pdf | E-Mail<br>kins@ct.gov | No               |