

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Gilda Herrera, IT Director

Date: 10/03/2023

Re: Purchase Order, IT Projects (wiring and other service)

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 Comn	nunications			
Doing Business as: (DBA)					
Vendor Address:	: 333 Burnham Street, E. Hartford CT 06108				
Vendor Contact Name:	Christopher Garlock				
Vendor Contact Email:	Vendor Contact Email: chrisgarlock@totalcomm.com				
Is the contractor a minority or women owned small business? N/A					
Agreement/Contract Information					
New or Renewal Agreeme	nt/Contract? Purchase Order, Renewal				
Effective Dates: (mm/dd/yy) Multi-yrs. require Board of Aldermen approval	From 7/1	/2023	To 6/30/2024		
Total Amount: If Multi-yr. include yr. to yr. breakdown	\$50,000 Professional Service				
Funding Source Name: Acct. #:	19047200-52260 IT Projects (wiring and other services)				
Contract #: (Local or State)	STATE CT 18PSX0025 & 17PSX0072				



Key Questions:

1. What specific service will the contractor provide:

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Analog phone lines for the fire and burglar alarm, elevator phone (similar items) and failover lines for the VoIP system for NHPS.			
2. How was the contractor selected? *Attach appropriate supporting documents			
□ Quotes			
☐ Sealed Bid #			
☐ Sole Source #			
□ RFP#			
⊠ State Contract # 18PSX0025 & 17PSX0072			
☐ Exempt Professional			
☐ Accountant			
☐ Actuary			
☐ Appraiser			
☐ Architect			
☐ Artist			
☐ Dentist			
☐ Engineer			
Expert Professional Consultant			
☐ Land Surveyor			
☐ Lawyer			
☐ 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 CT 18PSX0025 & 17PSX0072			
b. Who were the members of the selection committee? (Minimum 3 members required)			
N/A			



Key Questions: - Continued

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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				
5.	If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters			
No				
6.	If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?			
No				
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 G:\F&O Agenda Minutes\Agreement_Contract_Checklist\2022-2023

1. Has this vendor performed service(s) in prior fiscal years?				
If Yes, Vendor #_15290_		Vendor #_15290_		
If No or New,		Vendor must provide completed W9		
2. A quote or proposal submitting regarding the agreement/contract.				
If RFP		Attach Vendor Submitted		
Other		Copy of State Contract, Quotes, etc.		
3. Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, 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 must match rider specifications outlined. 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	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.				
Emailed Discl	Emailed Disclosures are acceptable.			