

## **Operations Memorandum**

To:	New Haven Board of Education Finance and Operations Committee
From:	Gilda Herrera, IT Director
Date:	10/03/2023
Re:	Purchase Order, 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 Comm	nunications			
Doing Business as: (DBA)					
Vendor Address:	333 Burnhai	n Street, E. Hartf	ord CT 06108		
Vendor Contact Name:	Christopher	Garlock			
Vendor Contact Email:	<u>chrisgarlock@tc</u>	talcomm.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. #:					
Contract #: (Local or State)	STATE CT	18PSX0025 & 17F	PSX0072		



## **Key Questions:**

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

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



<b>Key Questions: - Continued</b>	Key	<b>Questions:</b>	- 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 <u>G:\F&O Agenda Minutes\Agreement\_Contract\_Checklist\2022-2023</u>

1. Has t	1. Has this vendor performed service(s) in prior fiscal years?			
If Y	Ves, Vendor #_15290_			
If No or New,		Vendor must provide completed W9		
2. A quote or proposal submitting regarding the agreement/contract.				
If F	RFP	Attach Vendor Submitted		
Ot	ther	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 s submissi	subm on; tl	itters responsibility to request the COI from the vendor and attach with he COI from the Vendor <u>must match rider specifications outlined</u> . ain 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	Profe	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			
		f New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any y, department, or city official seeking agreement/contract shall obtain them, notarized.		
		are acceptable.		