



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Robert McCain, Science Supervision
Date: 11/27/2023
Re: Award of PO to Meyer to provide storage and rigging of manufacturing machines at Hillhouse and Cross

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:	William B. Meyer, Inc.	
Doing Business as: (DBA)		
Vendor Address:	255 Long Beach Blvd. Stratford, CT 06615	
Vendor Contact Name:	Ed Hryniewicz	
Vendor Contact Email:	ehryniewicz@williambmeyer.com	
Is the contractor a minority or women owned small business?	No	
Agreement/Contract Information		
New or Renewal Agreement/Contract?	New	
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From January 2, 2024	To: January 2, 2025
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$12, 040.40	
Funding Source Name: Acct. #:	2560-6440-54411-0061 (Cross) 2560-6440-54411-0062 (Hillhouse)	



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Contract #: (Local or State)	State Contract: 14PSX0161
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Key Questions:

1. What specific service will the contractor provide:

Meyer Rigging will store the following:

- 4 Lathes
- 4 Mills
- 8 Simulators
- 12 Desktop Mills

For August delivery and set-up at Hillhouse and Cross – Manufacturing Labs

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

- Quotes
- Sealed Bid # _____
- Sole Source # _____
- RFP# _____
- State Contract #14PSX0161
- 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*



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NA

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

NA

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

NA

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

NA

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 – Machines are extremely heavy and need specialized equipment



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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 # _____ No
If No or New,	Vendor must provide completed W9
2. A quotes or proposal submitting regarding the agreement/contract.	
If RFP	Attach Vendor Submitted
Other	Copy of State Contract, Quotes, etc. - Attached
<p>3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, read the following and select the applicable Rider.</u></p> <p>It is the submitters responsibility to request the COI from the vendor and attach with submission; the COI from the Vendor <u>must match rider specifications outlined.</u></p> <p>Failure to obtain or incorrect COIs will be returned for revision and will delay its processing.</p>	
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



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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 Disclosures are acceptable.	

For: Office Use Only

Vendor No.	Date Entered
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Mail Fax Email

Vendor:

CITY OF NEW HAVEN
 Department of Education
 54 Meadow St., New Haven, CT 06519
VENDOR PURCHASE ORDER

P.O.
▲ This number must appear on all invoices and package of shipment

**PURCHASE ORDERS NOT
 COMPLETED AND DELIVERED
 WITHIN 60 DAYS ARE
 AUTOMATICALLY CANCELLED**

SPECIAL FUNDS

Fiscal Year:

Deliver To:

Date Prepared	Fund	Agency	Program	Object	Project Code
					See below

Quantity	Description	Unit Cost	Total Cost
		Shipping Charge	
PLEASE NOTIFY BUSINESS OFFICE IF YOUR TOTAL COST EXCEEDS OUR TOTAL AMOUNT BEFORE SHIPPING			

Authorized Supervisor's Signature <i>Michele Bonanno-jl</i> Click or tap to enter a date.	Business Office Approval Click or tap to enter a date.	Principal's Signature Click or tap to enter a date.	Total Amount
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SUBMIT PURCHASE ORDERS TO:
 SpecialfundsPO@new-haven.k12.ct.us

FOR PAYMENT: Send Your Invoice Electronically or By Mail:
 Email: NHInvoice@newhavenct.gov
 Mail: **New Haven Public Schools, Attn: Dept. of Special Funds**
 54 Meadow Street, New Haven, CT 06519
 Fax: **1-203-946-5740**



Quote # R 92124

10 / 18 / 2023

New Haven Public Schools
54 Meadow St
New Haven, CT06519

Dear Robert,

Thank you for the opportunity to submit a proposal for your upcoming project. Here at Meyer, it is our mission to provide you with an unmatched experience. We are committed to bringing our knowledge and expertise to the project outlined below.

The estimated cost to complete this project is \$12,040.40.

Please sign the attached quote so we may schedule your work. The project will be subject to the attached Standard Terms.

Should you have any questions concerning this proposal please contact: 860-883-0267

Sincerely,

EdHryniewicz

Account Manager - Rigging
860-883-0267
ehryniewicz@williambmeyer.com

Statement of Work and Pricing for Services

Quote # R 92124

Statement of Work

Quote based State of Connecticut contract # 14PSX0161 pricing

1. Receive the following at Meyer warehouse:
 - (4) Haas Tool Room Mills
 - (4) Haas Tool Room Lathes
 - (8) Simulators
 - (12) Haas Desk Top Mills
2. **Heated warehouse storage of above items for (6) months**
3. Load machines onto trucks at warehouse.
4. Deliver (2) Tool Room Mills; (2) Tool Room Lathes; (4) Simulators and (6) Desk Top Mills to Wilbur Cross High School in New Haven, CT.
5. Offload and rig machines into place as directed.
6. Deliver (2) Tool Room Mills; (2) Tool Room Lathes; (4) Simulators and (6) Desk Top Mills to Hillhouse High School in New Haven, CT.
7. Offload and rig machines into place as directed.

Mutually Agreed Assumptions:

1. Notice of postponement of less than 24-hours will result in additional charges.
2. All work to be completed during agreed upon weekday hours, without interruption.
3. Clear access through doorways and aisles to the work site to be provided prior to the beginning of work.
4. New Construction Worksite driveway, offloading area, and path to entry door to be paved prior to project commencement.
5. Commissioning of machines by others.
6. All electrical & mechanical disconnects and reconnects to be the responsibility of someone other than William B. Meyer, Inc
7. William B. Meyer, Inc will provide a 1 (one)-time placement of the machines.
8. Any delays beyond the control of William B. Meyer to be charged at a rate of \$500.00/hour.
9. Precision leveling of the machine(s) will be the responsibility of someone other than William B. Meyer, Inc.
10. Quote does not include anchoring of machine(s) and components to floor unless otherwise noted.
11. **William B. Meyer, Inc will honor this quote for 60 days**
12. **Completion of Online Quote prior to the beginning of work.**
13. **Valid Purchase Order to be issued prior to the beginning of work.**
14. **Payment Terms: Net 30 Days**

Payment terms and credit limits are subject to credit approval.

Grand Total: \$12,040.40

Acceptance – Signature Required Prior to Execution of Services

Client's Name

Title

New Haven Public Schools

Company Name

Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. WILLIAM B. MEYER INC.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 255 LONG BEACH BLVD	Requester's name and address (optional)
	6 City, state, and ZIP code STRATFORD CT 06615	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
0	6		-	0	6	1	9	1	7	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Rosa M. Weil, Controller</i>	Date ▶ <i>1/4/2023</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.