

Operations Memorandum

To:	New Haven Board of Education Finance and Operations Committee
From:	Jamar Alleyne, Executive Director of Facilities Operations
Date:	16 October, 2023
Re:	Agreement with E-Logic, Inc to provide on call moving services utilizing 65% of the New Haven citywide contract # 21795-2-3 (renewal) .

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:	: E-Logic, Inc					
Doing Business as: (DBA)						
Vendor Address:	Vendor Address: 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036					
Vendor Contact Name:	Luis Padilla					
Vendor Contact Email:	lpadilla@e-	logic.us				
Is the contractor a minority	Is the contractor a minority or women owned small business?					
Ag	reement/Co	ntract Informatio	on			
New or Renewal Agreeme	nt/Contract?	Renewal				
Effective Dates: (mm/dd/yy) Multi-yrs. require Board of Aldermen approval	From 06	Nov 2023	To 30 June 2024			
Total Amount: If Multi-yr. include yr. to yr. breakdownNHPS allotted 65% = \$65,000 *Citywide contract = \$100,000						
Funding Source Name: Acct. #:	190-4/0-00-266/1					
Contract #: (Local or State) 21795-2-3						



Key Questions:
1. What specific service will the contractor provide:
Moving services for NHPS districtwide.
2. How was the contractor selected? *Attach appropriate supporting documents
□ Quotes
Sealed Bid #
□ Sole Source #
□ RFP#
State Contract # <u>Citywide contract # 21795-2-3</u>
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
N/A Citywide Contract
b. Who were the members of the selection committee? (Minimum 3 members required)
N/A Citywide Contract



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

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?

N/A renewal

7. Is this a service that existing staff could provide? Why or why not?

No, NHPS Facilities Operations does not have the resources to facilitate the quantity, frequency, or scale of NHPS moving services request.



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	this vendor performed service(s) in prior fiscal years?						
If Y	Ves, Vendor # <u>13708</u>						
If No or Ne	ew, Vendor must provide completed W9						
2. A que	2. A quotes or proposal submitting regarding the agreement/contract.						
If R	RFP Attach Vendor Submitted						
Ot	ther Copy of State Contract, Quotes, etc.						
	ificates of Liability Insurance (COI) are required for ALL agreements/contracts, read ollowing and select the applicable Rider.						
It is the s submissio	submitters responsibility to request the COI from the vendor and attach with on; the COI from the Vendor <u>must match rider specifications outlined</u> . o 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	5 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						
	City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any agency, department, or city official seeking agreement/contract shall obtain them, notarized.						
	osures are acceptable.						



MEMORANDUM BUREAU OF PURCHASES CITY OF NEW HAVEN

Malinda M. Figueroa, Purchasing Agent 200 Orange Street, New Haven, Connecticut 06510 Telephone (203) 946-8201 • Facsimile (203) 946-8206

- TO: All City of New Haven Employees
- FROM: Malinda M. Figueroa, Purchasing Agent
- DATE: September 11, 2023
- RE: Citywide Contracts for the 2023/2024 Fiscal Year

The following is a list of Contracts that have been awarded for the current fiscal year. I have provided the information below in the table with vendors and costs.

If any of these supplies or services apply to your department, please enter a requisition on MUNIS referencing the contract number (Page 2 below) in the 'General Description' area of main requisition screen.

If you find there is a supply or service not listed, please contact me so I can review the appropriateness of the request and bid accordingly. As always, feel free to contact either myself or any member of the Purchasing Staff if you have questions or concerns.

EVERY purchase must have a valid fully funded Purchase Order. All invoices from contractors should be sent to nhinvoice@newhavenct.gov

Title	Contract Number	Vendor Code	Vendor
Office Supplies including copy paper	State Contract 18PSX0032	17249	W.B. Mason, Inc.
School Supplies State Contract 17PSX0012		17249	W.B. Mason, Inc.
Various Supplies	R-TC-17006 US Communities	25669	Amazon Business
Green Cleaning Supplies	State Contract 21PSX0163AA	30615	C&C Janitorial
Armored Car Service	State Contract 20PSX0014	10526	Brinks, Inc
Bottled Water	State Contract 18PSX0325AA	44511	DS Waters/Crystal Rock-Primo
Portable Restrooms (Parks and Monthly Rentals)			TO BE BID
Fuels – Various See below	State Contract 15PSX0035AB	27890	East River Energy
Elevator Maintenance	2019001564 US Communities	43010	Kone, Inc.
2 Way Radio Maintenance *Purchasing will process the invoice for this vendor		25057	Motorola
Fencing Purch & Install	21722-4-4	48331	Guilford FenceWorks
Mailing, Presort Services	21797-2-5	28972	Corporate Mailing Services
On Call Moving	<mark>21795-2-3</mark>	13708	E-Logic
On Call EquipmentRental	21692-4-5	30752	Concrete Creations
Shredding Services	State Contract 22PSX0009AA	34181	Info Shred
Archive Services	State Contract 12PSX0085	29573	W.B Meyer
Tire Repair and Road Service	State Contract 18PSX0022		Various view contractdocuments
On Call Plumbing Services	21825-2-4	41756	Ruotolo Mechanical Inc.
On Call HVAC Services	50587-2-5	46884	Reliable Refrigeration Plus
On Call Electrical Services	50580A-1-3 50580B-2-3	12180 54016	Nexgen Electric, LLC NPower Construction and Electrical LLC

Bottled Water

State Contract # 18PSX0325

DS Waters

678-486-3503 - 1-855-726-1126

Sharyea Jackson – Key account Manager Govt

Cooler Rental	\$ 1.25	Monthly
Purified Water 5 GAL	\$ 2.99	Each
Spring Water 5 GAL	\$ 3.24	Each
7oz Cups	\$ 2.59	Each

- All current locations have been identified and new vendor notified
- City side will be covered under Central Services you do not have to do anything
- BOE Business office will handle conversion

Archiving Services	
State Contract # 12PSX0085	
William B Meyer & affiliated CO	
Michael Cavallo, Director of Sales for the Storage and Logistics Group	
203-668-5339	

Unleaded Gasoline & Ultra Low Sulfur Diesel					
State Contract # 15PSX0035AB					
Product	Contract Period	Price per Gallon incl taxes			
Ultra-Low Sulfur Diesel	7/1/2023-6/30/2024	\$2.9978			
Regular Unleaded Gasoline	7/1/2023-6/30/2024	\$3.0760			

CITY OF NEW HAVEN New Haven, Connecticut 06510		w Haven, Connecticut 06510 CERTIFIC			ATION	
1.		EVI	ERY SECTION MUST BE CO	MPLETED		
Contractor/Vendor	Name:	E-LOGIC, II				
DBA (if app	licable)		······································	ANNESS		
		If you are a DB.	A, please be advised you must file a Trac	te Name Certificate with the	CONH City/Town	Clerk
Physical p		1025 Connec	ticut Avenue NW, Ste 1000,	Washington	DC	20036
place of bu	place of business:		Address	City	State	Zip
Mailing A				·····		
(complete only if differe						
principal place of bu			Address	City	State	Zip
	none #:	202-499-7837				
Email Ad		LPADILLA@E				
Contact F	Person:	LUIS PADILLA	\			
			ure and Certification Affidavi artnerships, corporations, associatio		itions apply:	
b) "Contract" means any city to expend funds i	/ agreeme n return f	ent, purchase or or work, labor. s	der, Memorandum of Understanding ervices, supplies, equipment, materi agreement, permit or per agreeme	g, or other formal commitr ials or any combination of	f the foregoing, a	or any

(c) 'City' means any official agency, board, authority, department office, or other subdivision of the City of New Haven "CONH"
(d) "Affiliate Entity" means any entity listed in sections 5 or 6 below or any entity under common management with the Contractor.

(e) "DOB" means Date of Birth for individuals

State of Commonly alth Jurinia. Faisfax County of ١, LUIS F. PADILLA being first duly sworn, hereby deposes and says that: Type your name above I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New 2. Haven is relying on my representations herein. (click 2a or 2b) 2a. I am the corporate secretary or majority owner E-LOGIC, INC. (including sole proprietorship) of: Type company name above 2b. Or I am an individual and my name is: Type individual name above

	1						
3.	Plea of th	Please click the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit					
3a.							
		of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all					
		taxes are current.					
3b.		The Contractor (including any owner, partner, officer, or authorized signatory thereof) is not required to file a list of taxable					
		personal property with the CONH for the most recent grand list and does not owe any back taxes to the CONH, either directly or					
	X	through a lease or other agreement.					
3c.		The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT					
		agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the CONH to pay said back					
		taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said					
		agreement are not in default.					
3d.	V	Other than as may be described in section 3a-c above, the Contractor (including any owner, partner, officer, other authorized					
	×	signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.					

4a.		Contractor is a Connecticut corporation, partnership, limited liability company or	
		sole proprietorship.	Type State registration # above
4b.	v	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut.	0010943841
	X		Type State registration # above
4c.		Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut.	
		The Contractor is registered in the State of:	Type State name above
4d.		Contractor has confirmed with the Connecticut Secretary of the State that the serv not constitute doing business in the State of Connecticut and no registration with the required. Contractor does otherwise affirm they have and will maintain the followin certificates, or approvals relevant to the Agreement (attach if Applicable)	he Connecticut Secretary of the State is

5.	City of New Haven. For purp employee (including officers) parent company of the Contra member, commissioner or any	oses of this Affidavit, "affiliated with of the Contractor or any owner, boar actor, and "affiliated with the City of N	the business of the Contractor who are the business of the Contractor" includes of member or agent of the Contractor, o lew Haven" means any employee, agent pacity for or on behalf of the City of New head and notarized):	any current or former r of any subsidiary or ; public official, board
	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
5a. 5b.	N/A			

6.	Contractor must disclose all existing and rece Contractor, any person affiliated with the busin services or materials to the City within one (1) necessary (must be on company letterhead an	ess of the Contractor or an Affiliate Entity of t year prior to the date of this disclosure. If n	he Contractor provides, or has provided.
	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number
6a.	E-LOGIC, INC .	N/A	On Call Moving Services - 21795-2-3
6b.			
6c.			
6d.			

7.	The Contractor possesses an ownership interest if necessary (must be on company letterhead and	t in the following business organizations, I notarized):	if none, state none. Use additional sheet
	Organization Name	Address	Type of Ownership
7a.	NONE		1
7b.			

8.	The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):			
	Name	Title	% of Ownership	DOB
8a.	LUIS F. PADILLA	PRESIDENT CEO	100%	03/27/1983
8b				

9.	If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):				
	Trade Name	Place of Incorporation/Registry	Principal Place of Business		
9a.	N/A	·			
95.					

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement (if required) with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of all agreements the Contractor has with the City of New Haven and disgualification of the Contractor to further contract with the City.

Signature of person	1 mg	+P
completing this form:		WILLIAM HORN
Title of person completing this		WILLIAM HO
form:	President & CEO	No Western Street Stree
Contractor/Vendor Name:	E-LOGIC, INC.	NOTARY PUBLIC
Date:	JUNE 16, 2023	REG #7859156 MY COMMISSION
		EXPINES 03/31/2027
THIS FORM MUST BE I	NOTARIZED	NOTARY SEAL (HOW SHELL
Signature of No	tary:	
Subscribed and sworn to, be	fore me on this:	16th Day of June 2023
My Commission Exp	ires: 3/3//	2027
	-/ /	

100 City of New Haven Risk Template (rev. 04/2022)

Construction / Service / Repair & On Calls Umbrella

Standard Construction Service & On Call work, no Professional or Pollution

Contractor/Vendor shall agree to maintain in force at all times during the contract the following minimum coverage and shall name the City of New Haven as an Additional Insured (1) on a primary and non-contributory basis to all policies except Workers Compensation and Professional Liability. All policies, except Professional Liability, should also include a Waiver of Subrogation. (1). Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best's rating of "A-"VIII.

		Minimum Limits (dollar amount indicates required minimum)	Additional Insured (Y indicates required)	Waiver of Subrogation (Y indicates required)
General Liability				
	Each Occurrence	\$1,000,000	Y	Y
	Combined Aggregate	\$2,000,000	Y	Y
	Products/Completed			
	Operations Aggregate	\$2,000,000	Y	Y
	Abuse & Molestation			
Auto Liability (includes all owned, hired & non-owned autos	Combined Single Limit Each accident including endorsements	\$1,000,000	Y	Y
Excess/Umbrella Liability				
	Each Occurrence	\$1,000,000	Y	Y
	Combined Aggregate	\$1,000,000	Y	Y
Workers' Compensation & Employers' Liability (EL)	Statutory Limits			
	EL EACH	\$500,000		Y
	EL DISEASE	\$500,000		Y
	EL POLICY	\$500,000		Y
Professional Liability				
Pollution Liability				
Cyber Liability				
Medical Malpractice				
Garage Keepers Liability				

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two years from the completion date of this contract. If the policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the contract for two) years from the completion date.

Original, completed Certificates of Insurance must be presented to the City of New Haven via CTRAXX prior to contract issuance. Contractor/Vendor agrees to provide replacement/renewal certificates at least 30 days prior to the expiration date of the policies. Should any of the polices be cancelled, limits reduced, or coverage altered, 30 days written notice must be given to the City.

Notes

(1) Additional Insured & Waiver of Subrogation boxes must be checked off on the COI.

(2) If contractor/vendor will be working with children or serving youth under the age of 21, Abuse and Molestation coverage must be included.
(3) City of New Haven is the Certificate holder and the additional insured.

City of New Haven 200 Orange Street Rm 301 New Haven, CT 06510