



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Jamar Alleyne, Executive Director of Facilities Management

Date: October 23, 2023

Re: Change Order #1 to Contract 21740A-3-4 with Auto Parts & Services Inc. to increase funding amount from \$37,500.00 by \$7,500.00 for a total amount of \$45,000 to cover services while the second fleet service contract is being rebid. The previous vender is no longer qualified.

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:	Auto Parts & Service Inc	
Doing Business as: (DBA)		
Vendor Address:	894 Dixwell Ave, Hamden, CT 06514	
Vendor Contact Name:	Dennis Volpe	
Vendor Contact Email:	autop@snet.net	
Is the contractor a minority or women owned small business?	No	
Agreement/Contract Information		
New or Renewal Agreement/Contract?	Contract	
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From 07/01/2023	To 06/30/2024
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$45000	
Funding Source Name: Acct. #:	(CO 1)	
Contract #: <small>(Local or State)</small>	21740A-3-4	



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Key Questions:

1. What specific service will the contractor provide:

On-Call of HVAC repairs and maintenance services contractor under these specifications shall consist of furnishing all material, labor, supervision, tools, supplies and other expenses necessary to fulfill all the details of work orders issued by the New Haven Public Schools

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

- Quotes
- Sealed Bid # 21740
- Sole Source # _____
- RFP# _____
- State Contract #
- 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*

Sealed Bid

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

N/A – Sealed Bid – Lowest Bidder award



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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?

This contract is the last renewal option available with this vendor. Throughout the terms of the contract they have met all the obligations of the contract.

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

There is no cost increase, the services are On Call and have blanket amounts to be drawn down throughout the fiscal year.

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, no NHPS does not have vehicle mechanics.



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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 # <u>14350</u>
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.
<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
Rider 345	Professional Services – Onsite Temp Nurses
Rider 350	Professional Services – Cyber – Onsite
Rider 355	Professional Services – Cyber – Offsite
<p>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.</p> <p>Emailed Disclosures are acceptable.</p>	

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	Please provide an overview of this CO (please pay particular attention to sections 17,18,19)									
2	CONTRACT TITLE:									
3	CONTRACT #.:		CO#		CO DATE:					
4	CONTRACTOR:					VENDOR CODE:				
5	Contractor EMAIL:					PROJECT No.:				
6	CONTRACT START DATE:		DATE UNCHANGED		DATE INCREASED		DATE DECREASED		CONTRACT END DATE:	
7	FUNDING SOURCE OF CONTRACT:					C A P O #:				
8	FUNDING SOURCE CO:					C A P O #:				
:9	ORIGINAL AWARDED AMOUNT:									
10	CONTRACT AMOUNT PRIOR TO THIS CO:									
11	AMOUNT OF THIS CO:				ACTUAL		ESTIMATE			
					INCREASE		DECREASE			
12	NEW CONTRACT AMOUNT:									

13	What is the total percentage increase/decrease over the original contract, including the current CO?			%
		<i>Please place an X in one box on each line</i>		
		YES	NO	N/A
14	Is this Change Order a final close-out of the Contract?			
15	Has the cost of this contract been increased from the original amount?			
16	Is this a Time and Material change order because of increase/decrease funding?			
17	Is any part of this Change Order outside of the scope of the original bid documents? IF YES you MUST elaborate in memo section above			
18	Has any of the work described in this Change Order been ordered to be done? IF YES you MUST elaborate in memo section above			
19	Are there any unit prices or lump-sum amounts in this Change Order that were not taken from the Contractor's original bid for the project? If the answer is yes, approved quotes and prices, with back-up, must be appended hereto along with certification by the person who approved the reasonableness of the prices, and elaborate in memo section above			
20	COMPANY HOLDING PERFORMANCE BOND: (If Applicable)			

21	CHANGE ORDER HISTORY		CONTRACT #	
22 CO #	Date	PREVIOUS CHANGE ORDERS: DESCRIPTION in lieu of CO memo If you need more line attach a separate page	AMOUNT INCREASE	AMOUNT (DECREASE)
SUB TOTALS				
NET INCREASE / (DECREASE)				

23 ITEM	THIS CHANGE ORDER Brief description (attach quotes etc.)	AMOUNT INCREASE	AMOUNT (DECREASE)
SUB TOTALS			-
NET INCREASE / (DECREASE)			

Signature Page to follow

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	Contract Number:	CO #	DATE:

ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.		
DULY AUTHORIZED CONTRACTOR'S SIGNATURE:	TITLE:	DATE:

BY SIGNING BELOW, WE CERTIFY THAT THIS CHANGE ORDER HAS BEEN REVIEWED BY THE APPROPRIATE PARTIES AND FOUND TO BE IN COMPLIANCE WITH THE RULES, REGULATIONS AND POLICIES OF OUR INDIVIDUAL DEPARTMENTAL REQUIREMENTS.	
REQUESTING AGENCY DEPARTMENT HEAD SIGNATURE:	DATE
SMALL CONTRACTOR DEVELOPMENT SIGNATURE:	DATE
COMMISSION ON EQUAL (CEO) SIGNATURE:	DATE
CAPO REVISED AND APPROVED SIGNATURE:	DATE
PURCHASING AGENT SIGNATURE:	DATE
OFFICE OF CORPORATION COUNSEL: - APPROVED TO FORM & CORRECTNESS.	DATE
CONTROLLER: - CERTIFIED AS TO SUFFICIENCY OF APPROPRIATION OR AVAILABILITY OF FUNDS	DATE

<i>This section is utilized when and as needed:</i>		
24	ENGINEER/ARCHITECT:	COMPANY/FIRM:
		DATE: