



NEW HAVEN PUBLIC SCHOOLS



Department of Facilities
375 Quinnipiac Avenue
New Haven, CT 06513

MEMORANDUM

To: Finance and Operations Committee

From: Guy Salvati

Re: F&O Agenda Item/For Approval
Change Order #2 to Contract for On-Call Control Services

Meeting Date: January 15, 2024

cc: Jamar Alleyne, Luz Perez

For consideration and approval of a Change Order #2 to Contract #21679-4-4 to Ct. Controls, 18 Industrial Park Rd, Center brook, CT 06409 for on-call HVAC controls Repairs for remainder of FY 2023-2024.

The Change Order is to increase the amount of contract for HVAC repairs districtwide.

Original Amount of Contract:	\$200,000.00
Change Order #1	\$40,000.00
Change Order #2	\$95,000.00
Total Amount of Contract:	\$335,000.00

Funding Source: GL Account: 3C202065 - 58101

These additional funds are being requested due to the extensive repairs and maintenances needed for the aging mechanical systems districtwide. These funds give us the ability to keep servicing the controls that operate all the mechanical equipment districtwide.

Regards,

Guy Salvati

HVAC/BMS Manager
New Haven Public Schools - Facilities
375 Quinnipiac Ave
New Haven, CT 06513
ABM Industries
Mobil (203) 214-2999

ABM. Building Value.

ABM's Mission: MAKE A DIFFERENCE, EVERY PERSON, EVERY DAY!

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

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

Signature Page to follow

24			
	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: