



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Dr. Michelle Baker, School District Climate Coordinator
Date: 9/15/2023
Re: Vector Solutions

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 | |
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| Vendor Name: | Scenarios Learning, LLC |
| Doing Business as: (DBA) | Vector Solutions |
| Vendor Address: | 4890 W. Kennedy Blvd. Suite 300, Tampa, FL 33609 |
| Vendor Contact Name: | Brandi Howe |
| Vendor Contact Email: | Brandi.howe@vectorsolutions.com |
| Is the contractor a minority or women owned small business? | no |
| Agreement/Contract Information | |
| New or Renewal Agreement/Contract? | Renewal |
| Effective Dates: (mm/dd/yy) <small>Multi-yr. 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> | \$16,836.82 |
| Funding Source Name: Acct. #: | Title IVA 2023 2511-6291-56697-0000 |
| Contract #: <small>(Local or State)</small> | |



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Key Questions:

1. What specific service will the contractor provide:

Vector Training, K-12 Student Edition - Student Safety and Wellness Library (Collection 1, Collection 2, and Collection 3 Grades 6-8) - Annual Subscription

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

- Quotes**
- Sealed Bid #** _____
- 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*

N/A

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

N/A



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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? <small>*Attach Renewal Letters</small> |
| \$9,123.40 |
| 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. The complete collection encompasses educational video modules and testing for students on various topics: bullying, harm reduction, digital and civil citizens, suicide, mental health topics. |



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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 # _____ |
| 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> | |
| Emailed Disclosures are acceptable. | |



Quote ID
Q-239320

Valid Until
Sunday, March 12, 2023

Contact Name
Stacey Canaan

Schedule A – Revision

This Contract Revision Form replaces and supersedes Schedule A to the Client Agreement signed on **5/29/2020** between the Vector Solutions entity and the Client named below as of the Effective Date (Contract Revision Order No. 1 Effective Date).

Date: Tuesday, February 14, 2023

Client Information

| | |
|--|-------------------------------|
| Client Name: New Haven Public Schools | |
| Address: 54 Meadow Street New Haven, CT 06519 | |
| Primary Contact Name: | Primary Contact Phone: |

Agreement Term

| | |
|--------------------------------------|-----------------------------------|
| Effective Date: 07/01/2023 | Initial Term: 12 months |
|--------------------------------------|-----------------------------------|

Invoicing Contact Information (Please fill in missing information)

| | | | |
|---|-------------|---------------------------------------|---------------------------------|
| Billing Contact Name: Karen Barnes | | | |
| Billing Address: 54 Meadow Street New Haven, Connecticut 06519 | | Billing Phone: 475-220-1000 | |
| Billing Email: karen.barnes@new-haven.k12.ct.us | PO#: | Billing Frequency: Annual | Payment Terms: Net 30 |

Fees

| Product Code | Product Name | Description | Qty | Price | Sub Total |
|---------------|---|---|-------|--------|------------|
| SLSSTSCC1 | Student Safety and Wellness Library (Collection 1, Grades 6-8) | Vector Training, K-12 Student Edition - Student Safety and Wellness Library (Collection 1, Grades 6-8) - Annual Subscription | 8,294 | \$0.93 | \$7,713.42 |
| SLSSTSCC2and3 | Student Safety and Wellness Library (Collections 2 and 3, Grades 6-8) | Vector Training, K-12 Student Edition - Student Safety and Wellness Library (Collections 2 and 3, Grades 6-8) - Annual Subscription | 8,294 | \$1.10 | \$9,123.40 |

Grand Total: \$16,836.82

The Parties have executed this Agreement by their authorized representatives as of the last date set forth below.

Scenario Learning, LLC d/b/a Vector Solutions
4890 W. Kennedy Blvd., Suite 300
Tampa, FL 33609

New Haven Public Schools
54 Meadow Street
New Haven, CT 06519

By:  _____

By: _____

Printed Name: Brandi Howe

Printed Name:

Title: Senior Director of Renewal Management

Title:

Date: 9/14/2023

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|--|------------------------------------|
| PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701 | CONTACT NAME: PHONE (A/C, No, Ext): 727-522-7777 | | FAX (A/C, No): 727-521-2902 |
| | E-MAIL ADDRESS: certificates@w3ins.com | | |
| INSURED RedVector.com, LLC DBA Vector Solutions (See Named Insureds listed below) 4890 W. Kennedy Blvd Suite 300 Tampa FL 33609 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Great Northern Ins. Co. | | 20303 |
| | INSURER B: Federal Insurance Company | | 20281 |
| | INSURER C: ACE American Ins. Co. | | 22667 |
| | INSURER D: Vigilant Insurance Company | | 20397 |
| | INSURER E: INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER: 1430122263

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | Y | Y | 36051315 | 11/1/2022 | 11/1/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 73606230 | 11/1/2022 | 11/1/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | Y | 78188424 | 11/1/2022 | 11/1/2023 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | 71754615 | 11/1/2022 | 11/1/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Professional E&O and Cyber Liability | Y | | D95676960 | 11/1/2022 | 11/1/2023 | Per Claim/Agg 5,000,000/5,000,000 Per Claim/Agg 5,000,000/5,000,000 |


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Named Insureds: SimplyDigi.com, Inc; Convergence Training LLC; TargetSolutions Learning, LLC; Scenario Learning, LLC; Clearpond Technologies Inc.; NFORMD.NET LLC; Scenario Learning Canada ULC; TargetSolutions, Inc.; Casino Essentials LLC; ICGIP, LLC; CrewSense, LLC; Halligan, Inc.; TSL International Holdings, Inc.; 1168940B.C Ltd.; Medteq Solutions CA Ltd; Livesafe, Inc. Industrysafe, LLC; Industrysafe IP, LLC; DiversityEdu LLC; CPN Holdings, LLC; ETH Midco, LLC; Envisage Technologies, LLC; Guardian Tracking, LLC; CareSafely, Inc; Get Inclusive, Inc.

Professional E&O Retroactive Date: 10/19/2011

Automatic additional insured and waiver of subrogation applies in favor of City of New Haven if required by written contract, subject to terms, conditions, and See Attached...

CERTIFICATE HOLDER**CANCELLATION**

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|---|--|
| City of New Haven 200 Orange Street Rm 301 New Haven CT 06510 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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