



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Jamar Alleyne, Executive Director of Facilities
Date: October 27,2023
Re: Award of On-Call Contract #50621C to M+M Total Construction to perform snow removal and sanding for an amount not to exceed \$229,500.

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: | M+M Total Construction | |
| Doing Business as: (DBA) | | |
| Vendor Address: | 281 Chapel St, Unit B, New Haven, CT 06513 | |
| Vendor Contact Name: | Maria Ferrucci | |
| Vendor Contact Email: | totalconstruction13@yahoo.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 11/6/2023 | To 6/30/24 |
| Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small> | \$229,500 | |
| Funding Source Name: Acct. #: | Operation 190-47400-56662 | |
| Contract #: <small>(Local or State)</small> | 50621C | |



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Key Questions:

1. What specific service will the contractor provide:

Snow removal and sand application on NHPS properties (Region C).

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

- Quotes
- Sealed Bid # 50621
- 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



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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? |
| N/A |
| 5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? <small>*Attach Renewal Letters</small> |
| N/A |
| 6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much? |
| Yes, increased by 12.5%. |
| 7. Is this a service that existing staff could provide? Why or why not? |
| No, the district does not the resources or equipment to perform snow removal and sanding at 47 properties. |



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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 #52456 |
| 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. | |