



NEW HAVEN PUBLIC SCHOOLS

COVER SHEET

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Please Type

Contractor full name: American Medical Response

Doing Business As, if applicable: AMR

Business Address: 58 Middletown Avenue, New Haven, CT 06513

Business Phone: 203-573-7710 ext: 54203

Business email: Andrew.Rennie@gmr.net

Principal or Supervisor: Erik Patchkofsky

Agreement Effective Dates: From 08/01/22 To 06/30/23

Total amount: \$39,140

Funding Source & Acct # including location code: 190-40400-56694/00


Description of Service: to provide standby ambulance service for all levels of football games; lacrosse games; sport scrimmages; physical education events/activities and special events.

Submitted by: Erik Patchkofsky



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Erik Patchkofsky, Athletic Director 
Date: July 15, 2022
Re: American Medical Response Agreement

Please **answer all questions** and have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

Contractor Name: American Medical Response

Contractor Address: 58 Middletown Avenue, New Haven, CT 06513

Is the contractor a Minority or Women Owned Small Business? No

Renewal or Award of Contract/Agreement? Renewal

Total Amount of Contract/Agreement and the Hourly or Service Rate:

Contract or Agreement #:

Funding Source & Account #: 190-40400-56694

Key Questions:

1. **What specific service will the contractor provide: to provide standby ambulance service for all levels of football games, lacrosse games, sport scrimmages, physical education activities/events and special events.**
2. **How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? Please describe the selection process including other sources considered and the rationale for selecting this method of selection: N/A. The contract is negotiated for all of the school districts in the Southern Connecticut Conference.**
3. **If the vendor is not the lowest bidder or a State contract please answer the following:**
 - a. **Please explain why the vendor was chosen? N/A**
 - b. **Who were the members of the selection committee? Southern Connecticut Conference.**
4. **If this is a renewal with a current vendor, has the vendor's performance been satisfactory under the existing contract or agreement? Yes.**



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5. **If this Contract/Agreement is a Renewal has cost increased? If yes, by how much? Yes, \$15.**
6. **If this Contractor is New has cost for service increased from previous years? If yes, by how much? N/A**
7. **Is this a service existing staff could provide? Why or why not? No. Ambulatory and medical service.**