Joseph Barbarotta Executive Director Facilities Services





654 Ferry Street New Haven, CT 06513 Tel. (475) 220-1631 Fax (203) 346-5229

New Haven Public Schools

INTEROFFICE MEMORANDUM

То:	Finance and Operations Committee
From:	Joseph Barbarotta
Re:	F&O Agenda Item/Approval Renewal of Contract for Dumpster Services Districtwide
Meeting Date:	June 7, 2021
cc:	J. Barbarotta, L. Perez
Executive Summary:	

For consideration and approval of an Award of Contract #21708-2-4 to the low qualified bidder, **All American Waste, LLC**, 15 Mullen Rd., Enfield, CT for Dumpster Service for districtwide dumpster services for Fiscal Year 2021-2022

Amount of Contract: Not to exceed \$50,000.

Funding Source: 2021-2022 Operating Budget Acct. #190-47400-56662

Key Questions:

- 1. Please describe how this service is <u>strategically aligned</u> with school or District goals. The service is to perform dumpsters for removal of trash throughout the year at districtwide.
- 2. Please describe the <u>evidence of effectiveness</u> for this contractor. In addition, how is or will the contractor be evaluated? If a continuation service, what are the results of last year's evaluation? Inspections and maintenance reports are provided. This has performed these service with prompt professional service. This contractor responds quickly when we need backup to support the city public works department.
- 3. Why do you believe this agreement is <u>fiscally sound</u>? Include how the contractor was selected (various quotes vs. RFP vs. Sole Source), whether and why the cost has increased over last year (if continuation), and what an alternative might cost. This is renewal so the pricing remains unchanged from this fiscal year.



City of New Haven Bureau of Purchases

200 Orange Street, Room 301 New Haven, CT 06510 Tel: 203-946-8201 Fax: 203-946-8206

The City of New Haven ("City") is accepting sealed Bids for the following:

Title:	On Call Dumpster Services
Solicitation #:	21708
Project #:	N/A

Responses must be submitted in the form and manner specified in this request. Solicitation details are outlined in the **Project Summary**.

Forms and specifications may be obtained and your digital submission through the Bureau of Purchases, website:

https://newhavenct.bonfirehub.com/portal/?

Honorable Justin Elicker	Mayor
Michael V. Fumiatti, Sr,	Purchasing Agent



City of New Haven Bureau of Purchases 200 Orange Street Rm 301 New Haven, CT 06510

Telephone: (203) 946-8201 Fax: (203) 946-8206 www.newhavenct.gov/gov/depts/purchasing/

INVITATION TO BID

Project Summary												
Project Name:	On	Call Du	mps	ster	Ser	vice	es					
Solicitation #:		21708										
City Project #:	N/A	4										
Solicitation/Advertise Date:	Ар	ril 26, 2	020)								
Bid Closing Date:	Ма	y 14, 2	020)		Bid (Opening	g Time:		3:	00	PM
Pre-Bid Meeting Date:	N/A	4				Pre-l	Bid Mee	eting Tim	ie:			
Pre-Bid Meeting Location:	N/A	N/A										
Department:	BOE- Facilities											
Solicitation Type:		Construction	X	Serv	/ice		SCD*	- Const	ructio	n	SCD* -	Service
Contract Term:		Construction	(See Sp	oecificati	on)	Serv	ice	Х	y e a r	3	Renew Option((at the so discretion CONH)	(s) ble
Projection Description:	Con City	tractor to re	epair	and	servi	ce d	umps	ster at	sc	hool f	acilitie	s in
Material Markup Allowed	Х										up or	
					Stat						ons fo	orm
Insurance Requirements:	F	Refer to Rider		Α		(Thi	s Ride	r is atta	ched)		
Local Preference:	Ye	S										
MBE/WBE Utilization Form:	Requ	ired if your ba	ise Bio	d Sub	missio	on is \$	6150,0	00 or g	reate	er		
Bid Bond:	N/A	4				P	ercenta	ige Amoi	unt:			%
Labor, Material and Performance Bond:	N/A	Ą				- ·						
Wage Rates:		Prevailing State	Х	ре	Livable 17 er Hour -	7.42				Davi Baco Fede	on	N/A



ERTIFICATE OF LIABILITY INSURANCE

SDOYLE DATE (MM/DD/YYYY)

USAHAUL-03

-		EF		FICATE OF LIA	BIL	ITY INS	UKAN	GE	4/	19/2021
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVEL SURA	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
	IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain p	policies may			
PR	ODUCER License # 1780862					CT Sharon E	Doyle			
HL	JB International New England			-		o, Ext): (781) 7		FAX (A/C, No)		
	0 Ballardvale Street Imington, MA 01887			-	E-MAIL	ss. Sharon.	Doyle@hub	international.com		
	0			-						NAIC #
				-	INSURE			s Insurance Compan	v	13604
INS	SURED							ers' Association Insurance C		12262
	All American Waste, LLC			-	INSURE	R C : Nationa	I Fire & Ma	rine		20079
	15 Mullen Road			-	INSURE	R D : Pennsylv	vania Manufa	acturers Indemnity Con	npany	41424
	Enfield, CT 06082				INSURE	R E : Gemini	Insurance	Company		10833
					INSURE	RF:				
<u>C</u>	OVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	EQUI	REM	ENT, TERM OR CONDITION	I OF A	NY CONTRAG	CT OR OTHER	R DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS
	EXCLUSIONS AND CONDITIONS OF SUCH	POLIC ADDL			BEEN F	REDUCED BY	PAID CLAIMS. POLICY EXP			
	R I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	LIMI	rs	F 000 000
A								EACH OCCURRENCE DAMAGE TO RENTED	\$	5,000,000
	CLAIMS-MADE X OCCUR	Х	Х	1000066064211		1/1/2021	1/1/2022	PREMISES (Ea occurrence)	\$	200,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000 5,000,000
	POLICY X PRO- JECT LOC X OTHER: Retention \$250,000							PRODUCTS - COMP/OP AGG OVERALL POLICY	\$ \$	10,000,000
B	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	X ANY AUTO	X	Х	1521011133750A		1/1/2021	1/1/2022	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
									\$ \$	
C	X UMBRELLA LIAB X OCCUR								\$	5,000,000
	EXCESS LIAB CLAIMS-MADE	х	x	42UMO30996202		1/1/2021	1/1/2022	EACH OCCURRENCE AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 25,000							AUGREGAIE	\$	
D	WORKERS COMPENSATION							X PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY		x	2021011133750		1/1/2021	1/1/2022		¢	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPLOYER		1,000,000
E	DÉSCRIPTION OF OPERATIONS below Excess Auto Liab			GVE100238002		1/1/2021	1/1/2022	E.L. DISEASE - POLICY LIMIT Each Occurrence	\$	3,000,000
A				1000066064211		1/1/2021		Each Occurrence		5,000,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORI	D 101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	ed)		
pri	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC y Of New Haven and GoTo Services, LLC mary/non-contributory basis when requir lude waiver of subrogation when require	red by	y wri	tten contract executed prio	r to the	e loss/claim. C	liability, auto General Liabi	o liability and Umbrella li lity, Auto Liability & Wor	ability o kers Co	n a mpensation

CERTIFICATE HOLDER	CANCELLATION
City Of New Haven 200 Orange Street New Haven, CT 06519	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

© 1988-2015 ACORD CORPORATION. All rights reserved.

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

	EVERY SECTION MUST BE COMPLETED	
	For help completing this form contact 203-946-8201	
Contractor/Vendor Name:	All American Waste LLC	
Address:	15 Mullen Road, Enfield, CT 06082	
Telephone and/or Fax #:	880-746-3200 / 800-826-7952 / 203-741-5927	
Email Address:	jengravalle@aawilc.com	
Contact Person:	Joe Engravalle	

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:
 (a) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
 (b) "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, meterials or any combination of the foregoing, or any lease, lease by way of doncession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
 (c) "City" means any official agéncy, board, authority, départment affice, or other subdivision of the City of New Haven.
 (d) "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

Sta	te of	Cennesticut	Co	unty of Hardord				
I,	Gera	ld Antonacci (type or print your name above)		being first duly	sworn, hereby deposes and says that:			
1. X		over the age of 18 and understand the obliga Haven is relying on my representations here		f making statemer	nts under oath; I understand that the City of			
2a.		I am the corporate secretary or majority of						
		(Including sole proprietors)			Insert Company Name ábove			
2b.		Or I am an individual and my na	me is:					
3.	i om fu	illy informed regarding the preparation and terms of the		liferenced anreement (an individual, Insert your name above be "Agreement") and of all pertinent circumstances			
X	related	thereto.						
4.	Please the rel	e select the applicable representation(s) regarding to levant tax obligations to this Affidavit (mark an "X"	in the ap	opropriate box or "N/	A" if none apply).			
48.	x	As required by Conn. Gen. Stat. §12-41, the Contracto Contractor) has filed a list of taxable personal property	with the	City of New Haven for	the most recent grand list and all taxes are current.			
4b.	NA	The Contractor (including any owner, partner, officer or with the City of New Haven for the most recent grand li through a lease or other agreement.	r authoria ist and d	ed signatory thereof) bes not owe any back	is not required to file a list of taxable personal property taxes to the City of New Haven, either directly or			
4c.	NA	The Contractor or an owner, partner, officer, represent the City of New Haven or ii) owes back taxes and has installment payments. Such agreement is attached a are not in default.	executed ind inco	i an agreement with th porated herein by re	e City of New Haven to pay said back taxes in ference and the payments under said agreement			
6.	X	Other than as may be described in section 4 above, the Affiliate Entity) does not have any outstanding moneta	ry obliga	tions to the City of New				
6.	Pleas	a select the applicable representation about the Contract	tor's bus	iness registration				
6a.	X	Contractor is a Connecticut corporation, partnership, il proprietorship and its Connecticut Secretary of the Sta			27-4018253			
6b.		Contractor is a foreign corporation, partnership, limited						
	NA	proprietorship but is registered to do business in the S Contractor's Connecticut Secretary of the State Busin	tate of C ess ID #:	onnecticut. The	Insert State Registration # above			
80.		Contractor is a foreign corporation, partnership, lim						
	NA	proprietorship and is not registered to do business in t Contractor is registered in the State of:			Please insert State name above			
		Contractor has confirmed with the Connecticut Secretary of th in the State of Connecticut and no registration with the Conne Connecticut registrations, certificates or approvals relevant to	cticut Sec	retary of the State is requ	ide pursuant to the Agreement do not constitute doing business ired. Contractor does otherwise have the following State of ate N/A).			

City of New Haven - Disclosure & Certification Affidavit (Form #1421) (rev 5/2020)

7. The following list is a list of the names of <u>all</u> persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and natarized):

Name	Oity Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1 None			
2			

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DQB
1 All American Waste LLC		21565-2-2	
2			

9. The Contractor possesses an ownership Interest In the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Organization Name	Address	Type of Ownership
1 USA Hauling & Recyaling Inc.	15 Mullen Road, Enfield	
2		

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (26) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (<u>must be on company letterhead and notarizad</u>):

Neme		Title	% of Ownership	DOB
1	Frank Antonacci	Managing Member		11/17/54
2	Gerald Antonacci	Member		2/4/59

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1		<u>9</u>
2		

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will <u>promptly</u> inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, amission of information or failure of the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature # Title of person completing this form:	
THIS FORM MUST BE NOTARIZED	NOTARY SEAL (if available)
Signature of Notary: SIAC	M suvedis.
Subscribed and sworn to, before me on this: c	mousing pay of Pebruary 201
	igust 31, 2022

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)

City of New Haven - Disclosure & Certification Affidavít (Form #1421) (rev 5/2020)