



NEW HAVEN PUBLIC SCHOOLS

## AGREEMENT COVER SHEET

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name: **Maria Asis, MD**

Doing Business As, if applicable: **N/A**

Business Address: **60 Newtown Road, Woodbridge, CT 06525**

Business Phone: **203-623-0394**

Business email: **mariagilbride@gmail.com**

Funding Source & Acct # including location code: **Nutrition and Health Literacy Program. AN#2528-6441-56694-0404**

Principal or Supervisor: **Erik Patchkofsky, Physical Education, Health & Athletics Director**

Agreement Effective Dates: From **11/08/2022** to **04/30/2023**

Hourly rate or per session rate or per day rate. **\$764.00 per 1 video**

Total amount: **\$13,750.50**

Description of Service: Please provide a one or two-sentence description. *Please do not write "see attached."*

**Create educational videos about healthy cooking and nutrition for the NHPS learning community. It is a part of the Nutrition and Health Information Literacy in NHPS program funded by the National Network of Libraries (Region 7).**

Submitted by: **Erik Patchkofsky** Phone: **475-220-1100**



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Erik Patchkofsky, Physical Education, Health & Athletics Director  
**Date:** 10/17/2022  
**Re:** Health Literacy Grant Funding for Healthy Cooking Videos

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Please ***answer all questions and attach any required documentation as indicated below***. Please 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.

1. **Contractor Name:** Maria Asis, MD
2. **Description of Service:** Creation of educational videos about healthy cooking and nutrition for the NHPS learning community. This is a part of the Nutrition and Health Information Literacy in NHPS program.
3. **Amount** of Agreement and hourly or session cost: \$13750.50 (\$764.00 per video)
4. **Funding Source** and account number: Nutrition and Health Information Literacy Program #2528-6441-56694-0404
5. **Approximate number of staff served** through this program or service: 80 NHPS middle and high school staff
6. **Approximate number of students served** through this program or service: About 13,000 NHPS middle and high school student
7. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much? N/A
  - b. What would an alternative contractor cost: \$15, 240 Blaq Pearl or \$22,500 i43 Media.
  - c. If this is a continuation, when was the last time alternative quotes were requested? N/A
  - d. For new or continuation: is this a service existing staff could provide. If no, why not?  
No, certified medical professional/nutritionist is required.
8. **Type of Service:**  
**Answer all questions:**
  - a. Professional Development?

- i. If this is a professional development program, can the service be provided by existing staff? If no, why not? Yes, existing staff will provide professional development.
- b. After School or Extended Hours Program? No
- c. School Readiness or Head Start Programs? No
- d. Other: (Please describe) The grant will fund the development of health literacy inclusion to the existing health education curriculum.

**9. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? *Yes*
- b. Is the Contractor Local? *Yes, Woodbridge*
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? *No*
- d. Is the Contractor a public corporation? *No*
- e. Is this a renewal/continuation Agreement or a new service? *New*
- f. If it is a renewal/continuation has cost increased? If yes, by how much? *N/A*
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: *The funds provided by the grant will facilitate and expedite the creation of the updated health curriculum in conformance with the recent State requirements.*

**10. Contractor Selection: In this section, please describe the selection process, including other sources considered and the rationale for selecting the contractor. Please answer all questions:**

- a. What specific skill set does this contractor bring to the project? Please attach a copy of the contractor's resume if an individual or link to contractor website if a company: *The contractor has a unique combination of medical nutrition, knowledge, chef skills, instruction, and video-producing abilities. The contractor is also bilingual and can provide translation services (Spanish).*
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source designation from the City of New Haven Purchasing Department? *A total of three quotes were obtained. Maria Asis, MD was chosen because her profile is the best match for the required work.*
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected? *No, Contractor is a medical doctor with knowledge of nutrition and chef skills. She also is an educator with awards in medical student teaching.*
- d. Who were the members of the selection committee that scored bid applications? *Erik Patchkofsky, Kim Rogers, Nally Sahin, and Liliya Garipova.*
- e. If the contractor is Sole Source, please attach a copy of the Sole Source designation letter from the City of New Haven Purchasing Department. *N/A*

**11. Evidence of Effectiveness & Evaluation**

**Answer all questions**

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? *The contractor will provide nutritional knowledge and instruction through a series of cooking videos to*

*help expand and support the current health curriculum. This will be measured and monitored with the alignment of the State Healthy and Balanced Living Curriculum Framework educational standards.*

- b. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness. *N/A*
  - c. How is this service aligned to the District Continuous Improvement Plan? *This service aligns with the District Continuous Improvement Plan through the NHPS Instructional Framework for Health Education.*
12. Why do you believe this Agreement is fiscally sound? *Yes. This Agreement ensures that the Nutrition and Health Literacy program will comply with the new state Health Standards.*
13. What are the implications of not approving this Agreement? *It will not be in alignment with the new state health standards.*



NEW HAVEN PUBLIC SCHOOLS

**AGREEMENT**  
**By And Between**  
**The New Haven Board of Education**  
**AND**

**Maria Asis, MD**

FOR DEPARTMENT/PROGRAM:

**Physical Education, Health & Athletics Department**

This Agreement entered into on the 18th day of October, 2022, effective (no sooner than the day after Board of Education Approval), the 24th day of October, 2022, by and between the New Haven Board of Education (herein referred to as the “Board” and, Maria Asis, MD located at, 60 Newton Road, Woodbridge, CT 06525 (herein referred to as the “Contractor”).

**Compensation:** The Board shall pay the contractor for satisfactory performance of services required the amount of \$764.00 per day, hour or session, for a total of 18 days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Thirteen thousand seven hundred and fifty dollars and fifty cents (\$13,750.50). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

**Fiscal support** for this Agreement shall be by the Federal Health Literacy Grant **Program** awarded to the Physical Education, Health and Athletics Department of the New Haven Board of Education, **Account Number:** 2528 -6441 -56694 **Location Code:** 0404.

This agreement shall remain in effect from 11/7/2022 to 4/30/2023.

**SCOPE OF SERVICE:** *In the space below, please provide brief summary of service.*

*Create educational videos about healthy cooking and nutrition for the NHPS learning community in alignment with the new State health standards.*

**Exhibit A: Scope of Service:** Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

**Exhibit B: Student Data Privacy - attached**

**Exhibit C: Contractor's Declaration Attesting to Compliance with Executive Order No. 13G** – form must be completed by the contractor. See attached form for contractors who are working with students or staff in school or in after school programs, regardless of location.

**APPROVAL:** This Agreement must be approved by the New Haven Board of Education **prior to service start date**. Contactors **may begin service no sooner than the day after Board of Education approval.**

**HOLD HARMLESS:** The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

**TERMINATION:** The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.

  
Contractor Signature

\_\_\_\_\_  
President  
New Haven Board of Education

3127/2023  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Miriam Celeste Ascis, MD.  
\_\_\_\_\_  
Contractor Printed Name & Title



NEW HAVEN PUBLIC SCHOOLS

## EXHIBIT B

### STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.



## Maria C. Asis, MD

60 Newton Road, Woodbridge, CT 06525

203-623-0394

Private Practice	Generations Obstetrics and Gynecology (Formerly: Asis Medical Associates) 2446 Whitney Avenue Hamden, CT 06518	July 1, 2012 – Present August 1, 1993 – June 30, 2012
Hospital Affiliations	Yale New Haven Hospital, Attending	August 1, 1993 – Present
Teaching Positions	Yale University School of Medicine Associate Clinical Instructor Physician Assistant Student Mentor Nurse Practitioner Student Mentor	July 1993-Present
Education	Culinary Medicine Specialist American Institute of Ultrasound in Medicine Certified Menopause Practitioner Residency in Obstetrics and Gynecology New York Hospital – Cornell Medical Center Tufts University School of Medicine, MD Tufts University, Jackson College, BS, Biology	September 2022, anticipated January 2021 2017 June 1993 May 1989 May 1985 Magna Cum Laude
Associations	North American Menopause Society Menopause Practitioner American College of Obstetricians & Gynecologists - Fellow; Committee Member Committee to Support Vaginal Birth – YNHH Reviewer, Menopause Journal Secretary, New Haven Obstetrical Society Quality Assurance Committee Medical Executive Committee Ob/Gyn Hospital of Saint Raphael	2009 - present 2016 - present 2019 - present 1996-1998 2006-2012 2006-2012
Awards:	Lee Buxton Award , Medical Student Teaching	2017
Personal	Birthdate: Jun 22, 1963 Birthplace: Cordoba, Argentina	
Languages Spoken:	English, Spanish	
Home cook:	playing_with_fire622 (IG account)	

# 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:	MARIA ASIS
Address:	2446 Westway Ave
Telephone and/or Fax #:	203-562-2533
Email Address:	masis@generationsobgy.com
Contact Person:	MARIA C ASIS

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, materials or any combination of the foregoing, or any lease, lease by way of concession, 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 agency, board, authority, department office, 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.

State of	County of
I, MARIA C ASIS (type or print your name above)	being first duly sworn, hereby deposes and says that:
1. I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.	
2a. I am the corporate secretary or majority owner (including sole proprietorship) of	NA Insert Company Name above
2b. Or I am an individual and my name is:	MARIA ASIS G. BRIDE if an individual, insert your name above
3. I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.	
4. Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).	
4a. N/A As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the 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. N/A The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement.	
4c. N/A The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.	
5. N/A Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.	
6. Please select the applicable representation about the Contractor's business registration:	
6a. N/A Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	Insert State Registration # above
6b. N/A Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:	Insert State Registration # above
6c. N/A Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of:	Please insert State name above
Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).	

7. The following list is a list of the names of all 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 notarized): *N/A*

	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1				
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): *N/A*

	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1				
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): *N/A*

	Organization Name	Address	Type of Ownership
1			
2			

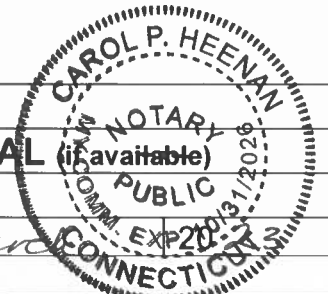
10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized): *N/A*

	Name	Title	% of Ownership	DOB
1				
2				

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): *N/A*

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1			
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 promptly 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, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements 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:			
<i>[Signature]</i>			
<b>THIS FORM MUST BE NOTARIZED</b>		<b>NOTARY SEAL (if available)</b>	
Signature of Notary: <i>Carol P. Heenan</i>			
Subscribed and sworn to, before me on this: <i>27th</i> Day of <i>March</i>			
My Commission Expires: <i>12/31/2026</i>			

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.)

# BLAQ PEARL

P H O T O G R A P H Y

INVOICE # 480  
DATE: 10/11/2022

2155 State Street  
Rear Unit 6  
Hamden, CT. 06517  
United States  
Phone: (203)-491-8625

**TO:**  
Erik Patchkofsky  
New Haven Public Schools  
480 Sherman Parkway  
New Haven, CT. 06511  
Phone: (203)-946-8497

VIDEOGRAPHER	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
TeQoa Griffith	18 Educational Videos	Video Scripts Videography/Editing Uploading to designated location Nutrition related videos	\$685 per video (\$12,330) \$2000 for Nutritionist	\$14,330 subtotal +6.35% tax (if applicable)  Amount Due: <b>\$15,240</b>

*Payment Due: Before end of the Nutrition and Health Literacy Program.*

Find us on Facebook: <https://www.facebook.com/blaqpearlphotos>

Make all checks payable to Blaq Pearl Photography  
If you have any questions concerning this invoice, Email: [blaqpearlphotos@gmail.com](mailto:blaqpearlphotos@gmail.com)

**THANK YOU FOR YOUR BUSINESS!**

**From:**  
**Alberto Cordero**  
 i43 Media LLC  
 Videography  
 (203) 444-5094  
 [email protected] (/cdn-cgi//email-protection)



<b>Bill To:</b>	<b>Eric Barbarito</b>
	[email protected] (/cdn-cgi//email-protection)
<b>Project:</b>	<b>New Haven Public Schools</b>
Type	Other
Date	TBD
Time	TBD
Location	TBD

# NEW HAVEN PUBLIC SCHOOLS INVOICE

Version 1

## INVOICE

### Videography

QTY	UNIT	PRICE	TAX	TOTAL
		<b>\$22,500.00</b>		<b>\$22,500.00</b>

Videography will include filming of Nutritional Literacy Project, which includes subject teaching students about the importance of a healthy diet, budgeting, assessing pricing, meal prepping, evaluating different foods and meals, and how to safely utilize leftovers.

There will be a total of 18 videos created for this project.

Filming Dates - TBD

Completed films will be delivered digitally and physically at the completion of the project.

### Editing

QTY UNIT PRICE TAX TOTAL

Post-production

Editing will consist of editing 18 films, which will include graphics and translation into three (3) languages.

Limited to one (1) revision. Anything after the first revision, will be subject to an additional fee.

Studio Setup

Studio setup includes a multi-cam set up, lighting, and audio.

Subtotal: \$22,500.00

Total Amount: \$22,500.00

PAYMENT PLAN

- 1. \$11,250.00 Mar 24, 2023 #191661-000134 UNPAID
- 2. \$11,250.00 Mar 24, 2024 #191661-000135 UNPAID

Total Amount: \$22,500.00

[email protected] (/cdn-cgi/l/email-protection) | (203) 444-5094 | CT

Maria Asis, MD  
60 Newtown Road  
Woodbridge, CT. 06525  
maragilbride@gmail.co  
m203-623-0394

# NHPS Grant Invoice

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DATE	DESCRIPTION	SUBJECT	LOCATION	TOTALS
Beginning 11/08/2022	Educational Videos (18)	Nutrition and Health	Hillhouse Kitchen	\$13,750.50
	\$764.00 per video			

Maria Asis, MD

Date: 11/08/22