

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee From: Joseph Barbarotta Date: 6/28/2021 Re: On Call HVAC Repair Services

Contractor Name: Boisvert Plumbing LLC

Contractor Address: 1165 Main Street East Hartford 06108

Is the contractor a Minority or Women Owned Small Business? Renewal or Award of Contract/Agreement? This contractor is not a minority or woman based business. This a rebid and Award of Contract

Total Amount of Contract/Agreement and the Hourly or Service Rate: Not to Exceed \$200,000.00

Contract or Agreement #: 21749

Funding Source & Account #: Capital Projects 3C22-2262-58101

Key Questions: (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. What specific service will the contractor provide?

The service is to perform HVAC and boiler startups and chiller, water pumps, cooling towers, AHU, fan coils air supply fans, air exhaust fans checklists and maintenance that is beyond the scope of our in house steamfitters.

2 .How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? <u>Please</u> <u>describe the selection process</u> including other sources considered and the rationale for selecting this method of selection: The contractor was chosen via the City of New Haven Purchasing Departments bid process and they are the 2cd lowest bidder.

3. If this is a renewal with a current vendor, has the vendor's performance been satisfactory under the existing contract or agreement? This contract was rebid as the existing contract had expired. This contractor has a good track record of reliable, responsive, professional knowledgably mechanics.

4. If this Contract/Agreement is a Renewal has cost increased? If yes, by how much? N/A

5. If this Contractor is New has cost for service increased from previous years? If yes, by how much/? This contract was rebid and the hourly price increased from \$95.00 per hour to \$121.50 per hour for an increase of \$26.50 per hour or 28%

6. Is this a service existing staff could provide? Why or why not? Our staff does perform some of these services but the sheer volume requires many additional work hours and staff and they do have restrictions with some materials and tools. No existing staff is not trained and does not possess the knowledge, equipment and materials necessary to perform this work.

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE						DATE	(MM/DD/YYYY)				
			CERTIFICATE OF LIABILITY INSURANCE 06/08/2021					/08/2021			
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.											
lf	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).										
	DUCE	<u>v</u>				CONTA NAME:		,			
Sta	teF	CURT SMITH AGENO	CY			PHONE (A/C, No	86024	33202	FAX (A/C, No): 86024	13705
		37 WINTONBURY M	ALL			E-MAIL ADDRE	Curt@ac	entcurtsmith.			
		BLOOMFIELD, CT 06	002				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURER A : State Farm Fire and Casualty Company 25143				25143	
INSU	RED					INSURE	RB:				
		BOISVERT PLUMBING LL	.C			INSURE	RC:				
		1165 MAINS ST STE 300	100			INSURE	RD:				
		EAST HARTFORD, CT 06	108			INSURE					
<u> </u>			DTIEL	C A T		INSURE	RF:				
COVERAGESCERTIFICATE NUMBER: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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
	\times	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	1.00	00,000
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А			- _Y	Y	97-BHM-Y043-8		08/22/2020	08/22/2021	MED EXP (Any one person)	\$ 10,0	
A]	- '	'	1 97-DI IM-1043-0		00/22/2020	00/22/2021	PERSONAL & ADV INJURY	Y \$ 1,000,000 \$ 2,000,000	
	GEI								GENERAL AGGREGATE		50,000
	<u> </u>								PRODUCTS - COMP/OP AGO	∍ ຈ \$	
	AUT	TOMOBILE LIABILITY	Y	Y 067 156	067 1563-C24-07	7 1563-C24-07 03/24/202	03/24/2020	03/24/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	
	X	ANY AUTO							BODILY INJURY (Per person)	\$ 500	0,000
А		OWNED AUTOS ONLY X SCHEDULED							BODILY INJURY (Per accider	it) \$ 500	,000
	HIRED NON-C								PROPERTY DAMAGE (Per accident)	\$ 500	,000
									\$		
	X								EACH OCCURRENCE		00,000
A		EXCESS LIAB CLAIMS-MADE	_{DE} Y	Y	97-BH-V687-0		05/13/2021	05/13/2022	AGGREGATE	\$ 10,0	000,000
	WO	DED RETENTION \$								\$	
	AND	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y /	Y/N Y N/A	Y	97-BK-Q856-4			20 08/22/2021	X PER OTH- STATUTE ER		00,000
А	OFF						08/22/2020		E.L. EACH ACCIDENT		0,000
	(Mar								E.L. DISEASE - EA EMPLOY	1.00	0,000
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	1 \$ 1,00	50,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEH	IICLES (ACORI	D 101, Additional Remarks Schedu	ule, may b	be attached if mo	re space is requi	red)		
		New Haven shall be named as ad								onditions	as theirs
inte	rest	s may appear. Waiver of subroga	tion is i	nclud	ed in favor of the City of Ne	ew Hav	en for Genera	al Auto and W	orker's Compensation		
CEI	CERTIFICATE HOLDER CANCELLATION										
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
City of New Lloyon AUTHORIZED REPRESENTATIVE						NTATIVE					
		200 Orange Street New Haven			CT 06510						
							© 19	88-2015 AC	ORD CORPORATION	All rig	hts reserved.

ACORD 25 (2016/03)

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

	EVERY SECTION MUST BE COMPLETED							
Co	Contractor/Vendor Name: Bois Virt Dlumbing							
	ender Walle. Dolovert Diamburg							
Te	Address: 1165 Main St East Hartford CT NILLS							
	siepi	Email And	860-216-910	4	CT OFFICO			
		Email Address:	INTO & BOISU	ert Servic	PE LAND			
L		Contact Person:	Jamie Cough	h	CS:COVY]			
		For the purp	Oses of this Discl					
(a) " (b) "	Person	" means one (1) or more indi	oses of this Disclosure and Certifi viduals, partnerships, corporations, a	cation Affidavit, the foll	owing definitions apply:			
r	nateria	Is or any combination of the	formal commitment entered into by the	he city to expend funds in	Ires.			
0	city leas	ses, grants or demises proper	ty belonging to the city or otherwise	of concession, concessio	return for work, labor, services, supplies, equipment, on agreement, permit, or per agreement whereby the to occupy or to use said property of the city.			
(c) " (d) "	Affiliate	eans any official agency, boa	ry belonging to the city, or otherwise and, authority, department office, or o ad in sections 9 or 10 below or any e	ther subdivision of the Cit	to occupy or to use said property of the city.			
<u> </u>		entity means any entity list	ird, authority, department office, or o ed in sections 9 or 10 below or any e	ntity under common man	agement with the Contractor			
	ate of				permaterie.			
1,	1	1	С	ounty of HC	1- teland			
.,		oreg Boisu	ert					
1.		(type or print		being first duly s	worn, hereby deposes and says that:			
	Nev	Ver the age of 18 and	d understand the obligations of	of making statement	s under oath; I understand that the City of			
2a.	INCV	l am the corporate	y representations herein.		s under oath, I understand that the City of			
and the colporate secretary or majority owner and a secretary of majority owner					Philadauna			
2b.		Orlomo	luding sole proprietorship) of		Insert Company Name above			
		Or ram a	n individual and my name is:		V			
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances Please select the applicable representation (a) model is the select the applicable representation (b) model is the select the applicable representation (c) model is the select the select the applicable representation (c) model is the select the							
4.	Pleas	se select the applicable rep	ropontellar ()	the agreement (the	"Agreement") and of all pertinent circumstances			
4a.	the r	elevant tax obligations to the	a Affiliation(s) regarding taxes or,	if none of the below are	accurate attack			
	NA	Contractor) has filed a list	cruit gizzari, the Contractor (and ea	ach owner, partner officer	authorized at			
4b.	r íð	The Contractor (including a	any owner, partner, officer or authoria	City of New Haven for the	a most recent grand list and all taxes are current. of required to file a list of taxable personal property			
	NA	through a lease or other or	nor the most recent grand list and do	pes not owe any back tax	as to the City of the a list of taxable personal property			
4c.	, în	The Contractor or an owne	recificiti.		and only of New Haven, either directly or			
	NH	the City of New Haven or ii	owes back taxes and has executed	an agreement with the C	Contractor either i) has a PILOT agreement with			
-	are not in default							
5.	Other than as may be described in section 4 above, the Contractor (including and the payments under said agreement							
6.	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Please select the applicable representation about the Contractor's business registration: V Contractor is a Connecticut corporation partnership to the partner is the partner i							
6a.	Contractor is a Connecticut corporation, partnership, limited liability compared							
6b.	/	Contractorship and its Conn	ecticut Secretary of the State Busine	ss ID #: 11 23741	1133747			
	N/A	proprietorship but is registered to it partnership, limited liability c		ompany or sole	Insert State Registration # above			
		Contractor's Connecticut Se	cretary of the State Ducing	nnecticut. The				
6c.	N/A			V company or cole	Insert State Registration # above			
		Contractor is registered in th	Chat a business in the State o	Connecticut The				
		Contractor has confirmed			Please insert State name above rsuant to the Agreement do not constitute doing business Contractor does otherwise have the following of			
		Connecticut registrations, certifi	no registration with the Connecticut Secre cates or approvals relevant to the Agreem	tary of the State is required	I rsuant to the Agreement do not constitute doing business Contractor does otherwise have the following State of A).			
				ent (if not applicable, state N	A).			

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

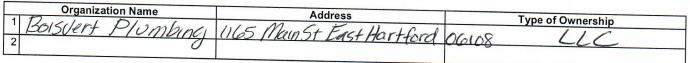
7. The following list is a list of the names of <u>all</u> persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) 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

Name	City Affiliation Role & Time Frame	Cast of Arriteria	
1 Alana		Contractor Affiliation Role & Time Frame	DOB
1/0/14			202
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	A		
1 Price port Plan la	Affiliation (if applicable)	Contract Number	DOB
POISOUF Flumbing		21627 B-2-2	7/10/20
2 parciart Plumb, Ch		0102022	119/20
LANSVER TOWNDING		21669 - 1 - 4	12/2019

The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):



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):

Name	Title		
1 1/200	Inde	% of Ownership	DOB
2 10112			
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):

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	
1/200	LINE OF WOOKFORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
NONE		

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 omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate City.

Signature & Title of person completing this form:	member
THIS FORM MUST BE NOTARIZED Signature of Notary:	NOTARY SEAL (if available)
Subscribed and sworn to, before me on this:	Water asky
My Commission Expires: 0つ/	31 2023.

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.)