



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Frank Fanelli, Director of Project Management
Date: August 11, 2023
Re: Purchase Order with Dalene Hardwood Flooring Co. Inc. to remove and replace flooring at Conte School Hallway due to water damage

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:	Dalene Hardwood Flooring Co. Inc.	
Doing Business as: (DBA)		
Vendor Address:	45 Nutmeg Rd. South Windsor CT 06074	
Vendor Contact Name:	Chris Dalene	
Vendor Contact Email:	CDalene@daleneflooring.com	
Is the contractor a minority or women owned small business?	No	
Agreement/Contract Information		
New or Renewal Agreement/Contract?	Purchase Order	
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From 08/4/2023	To 06/30/2024
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$11,585.00	
Funding Source Name: Acct. #:	2023-2024 Capital Projects 3C22-2261-58101	
Contract #: <small>(Local or State)</small>	State 20PSX0088	



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Key Questions:

1. What specific service will the contractor provide:

Rip Out, remove and dispose of existing to remove and replace flooring at Conte School Hallway due to water damage

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

- Quotes**
- Sealed Bid #** _____
- Sole Source #** _____
- RFP#** _____
- State Contract #20PSX0088**
- 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*

N/A

b. Who were the members of the selection committee? *(Minimum 3 members required)*

N/A



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Key Questions: - Continued

4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

N/A Purchase Order

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters

N/A

6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?

This is a small project that is needed for water damage the school took, there is no financial comparison available.

7. Is this a service that existing staff could provide? Why or why not?

No this is a specialized service that licensed professionals provide the materials and perform for the district.



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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 # _____
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.	

Emergency.



45 Nutmeg Rd. So., South Windsor, CT 06074-0145

PROPOSAL

www.DaleneFlooring.com
Ph: 860-289-4305 Fax: 860-290-3774

To: Frank Fanelli

Project Name: Conte West Hills Magnet School

Address:

Hallway
Address: 511 Chapel Street
New Haven CT

Phone: 1-475-306-1318

Contact: Frank Fanelli

Fax:

Email: Frank.Fanelli@new-haven.k12.ct.us

Date: August 7, 2023

We propose to furnish and install the following items according to plans and specifications as noted below.

Resilient Flooring

Skim coat floor to accept new finish flooring.

Scrape existing adhesive residue that is remaining from demo by others.

Test floors for moisture and provide results to client.

Supply and install Philadelphia Indwell 7"x48" 20 Mil LVT color: Blue Ridge installed direct glue method.

Supply and install Tarkett 6"x1/8" Bedrock in all areas to receive new LVT as well as rooms shown on scope sheet.

Demo existing flooring and dispose of.

For the sum of: \$11,585.00

Notes:

Tax is not included.

Moving of existing furniture is not included.

We hereby propose to furnish labor and materials complete in accordance with the above specifications For The Sum Of:

TERMS: NET 10 DAYS FROM DATE OF INVOICE

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Failure of the contractor/customer to make payment to DALENE HARDWOOD FLOORING CO., INC. as they become due shall excuse DALENE HARDWOOD FLOORING CO., INC. from performance of any additional portion of this contract at its option, but DALENE HARDWOOD FLOORING CO., INC. shall be entitled to all payments due for work performed to date. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation insurance.

Interest shall be charged at the rate of 1-1/2" PER MONTH (18% ANNUALLY) on the entire account if not paid when due as specified above. All costs, disbursements and attorney's fees made or incurred in collecting payment of this account shall be included and paid as part of the debt due hereunder. This proposal is valid for a period of thirty (30) days.

Authorized Signature _____

Carter Colby, Commercial Estimator

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the works as specified. Payment will be made as outlined above.

Date: _____

8/7/23

Accepted: _____

Print Name: _____

Frank Fanelli



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2023

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.

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).

PRODUCER Alliant Insurance Services, Inc. 40 Stanford Dr 2nd Fl Farmington CT 06032	CONTACT NAME: Deanna Coughlin PHONE (A/C. No. Ext): 860-269-2166 FAX (A/C. No): E-MAIL ADDRESS: Deanna.Coughlin@alliant.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Dalene Hardwood Flooring Co., Inc. DBA Dalene Flooring Carpet One P.O. Box 145 45 Nutmeg Rd S South Windsor CT 06074	INSURER A: Charter Oak Fire Insurance Co	NAIC # 25615
	INSURER B: Travelers Prop. Casualty Co. of America	25674
	INSURER C: Travelers Casualty and Surety Co	19038
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 595017486

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> No XCU Exclusion GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	6300J434124	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	810-2L343120-23-14-G	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP0J469277	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	UB0J434124	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of New Haven is included as Additional Insured as required by written contract and executed prior to a loss, but limited to the operations of the Insured under said contract, with respect to the Automobile, General Liability and Umbrella/Excess Liability policies. Automobile, General Liability and Umbrella/Excess Liability evidenced herein are primary and noncontributory to other insurance available to an additional insured, but only to the extent required by written contract with the insured and executed prior to a loss. A Waiver of Subrogation applies in favor of above mentioned additional insureds with respect to insured operations where required by written contract but limited to the operations of the Insured under said Contract and executed prior to a loss, with respect to the Automobile, General Liability, Workers' Compensation and Umbrella/Excess Liability policies. See attached endorsements. 30 days' notice of cancellation or non-renewal will be provided to Certificate Holder, except 10 days' notice for cancellation for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

City of New Haven
 200 Orange Street Rm 301
 New Haven CT 06510

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

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