Gail Sharry, Executive Director NHPS Food Service P: (475) 220-1610 F: (203) 946-7650

To: New Haven Board of Education Finance and Operations Committee

From: Thomas Lamb, Chief Operating Officer

Gail Sharry, Executive Director

Michael Gormany, City Budget Director

Date: Friday March 17, 2023

Re: Approval of Change for Gilman Cheese

Executive Summary:

Approval is requested for change order number # 1 for the below mentioned vendor. The purpose of the change order is to increase the original amount of the contract. Gilman Cheese is one of the food suppliers for the Food and Nutrition program. Based on the number of meals served and current menu, Food service is projected to exceed the overall value of the contract.

Vendor Number: 11226

Vendor Name: Gilman Cheese Corporation

Vendor Address: 300 S. River Drive, Gilman, WI 54433

Change Order Purpose ⊠Increase Compensation □Time Extension

☐ Decrease Compensation ☐ Time Decrease

Original Contract Amount\$50,000Change Order #1\$70,000

New Amount of Contract \$120,000

Funding Source: 25215200-55587

Food Service

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	Please provide an overview of this CO (please pay particular attention to sections 17,18,19))					
2	CONTRACT TITLE:												
3	CONTRACT #.:				Co	O#		CO DATE:					
4	CONTRACTOR:					•			VFI	NDOR	CODE:		
5	Contractor EMAIL:							PROJECT No.:					
	CONTRACTOR ENVAILE.									I COL	51 NO		
6													
	CONTRACT START DATE: DATE UNCH		E UNCHA	ANGED DATE INCREASED DATE DECREASE			ED		CONTRA	ACT END DATE:			
7	FUNDING SOURCE OF CONTRACT:						CAP	O #:					
8	FUNDING SOURCE CO:						CAP	O #:					
:9	ORIGINAL AWARDED AMOUNT:												
10	CONTRACT AMOUNT PRIOR TO THIS CO: AMOUNT OF THIS CO:							ACT	UAL		ESTIMATE		
11				IS CO:					INCR	EASE		DECREASE	+
											1		1
12	NEW CONTRACT AMOUNT:												

Rev.02/2022 Page 1 of 3

13	What is the total percentage increase/decrease over the original contract, including the current CO? %							
		YES	NO	N/A				
14	Is this Chan							
15	Has the cost of this contract been increased from the original amount?							
16 17	Is this a Time and Material change order because of increase/decrease funding?							
17	Is any part of this Change Order outside of the scope of the original bid documents? IF YES you MUST elaborate in memo section above							
18	Has any of the work described in this Change Order been ordered to be done? IF YES you MUST							
40	elaborate in memo section above							
19	Are there any unit prices or lump-sum amounts in this Change Order that were not taken from the Contractor's original bid for the project? If the answer is yes, approved quotes and prices, with back-							
	up, must be							
	of the prices							
20	COMPANY	HOLDING PERFORMANCE BOND: (If Applicable)						
21		CHANGE ORDER HISTORY	CONTRACT #					
22		PREVIOUS CHANGE ORDERS:	AMOUNT	AMOUNT				
CO#	Date	DESCRIPTION in lieu of CO memo If you need more line attach a separate page	INCREASE	(1	DECREA	(SE)		
		ii you need more line ditaon a separate page						
		SUB TOTALS						
		NET INCREASE / (DECREASE)						
23		THIS CHANGE ORDER	AMOUNT		AMOUN			
ITEM		Brief description (attach quotes etc.)	INCREASE	(1	DECREA	(SE)		
	<u> </u>	SUB TOTALS			-			
		NET INCREASE / (DECREASE)						

Signature Page to follow

Rev.02/2022 Page 2 of 3

24									
	Contract Number:	CO#	DATE:						
	Contract Number.	ΟΟ #	DATE.						
ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.									
	Boton Knews RD	Betsy Fuentes	1/26/2023						
D	ULY AUTHORIZED CONTRACTOR'S SIGNATURE:	TITLE:	DATE:						
BY SIGNING BELOW, WE CERTIFY THAT THIS CHANGE ORDER HAS BEEN REVIEWED BY									
THE APPROPRIATE PARTIES AND FOUND TO BE IN COMPLIANCE WITH THE RULES, REGULATIONS AND POLICIES OF OUR INDIVIDUAL DEPARTMENTAL REQUIREMENTS.									
	REQUESTING AGENCY DEPART	TMENT HEAD SIGNATURE:	DATE						
	SMALL CONTRACTOR DEVE	DATE							
	COMMISSION ON EQUAL	DATE							
	CAPO REVISED AND APPI	DATE							
	PURCHASING AGEN	DATE							
	OFFICE OF CORPORATION COUNSEL:	DATE							
CC	NTROLLER: - CERTIFIED AS TO SUFFICIENCY O	DATE							
		This section is utilized when and as needed:							

COMPANY/FIRM:

DATE:

Rev.02/2022 Page 3 of 3

24

ENGINEER/ARCHITECT: