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: Thursday, March 16, 2023

Re: Approval of Change for J&A Baked Goods Inc

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. J&A Baked Goods is one of the main bakery 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: 13936

Vendor Name: J&A Baked Goods Inc, d.b.a Michelle's Bakery

Vendor Address: 25 Railroad Ave, West Haven CT 06516

Change Order Purpose ☐ Increase Compensation ☐ Time Extension

☐ Decrease Compensation ☐ Time Decrease

Original Contract Amount \$175,000

Change Order #1 \$ 75,000

New Amount of Contract \$250,000

Funding Source: 25215200-55587

Food Service

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	1																
1	Please provide an overview of this CO (please pay particular attention to sections 17,18,19)						40\										
	Increase in fund district.	ds need	ded to co	ontinue	to pr	ovide nutr	itious meals	to ti	ne Ne	w Hav	ven Public S	chool					
2	CONTRACT TITLE:	Brea	d and	Baker	y Ite	ems				•							
3	CONTRACT #.:	2022	-08-14	72 ^c	O#		CO DATE:										
4	CONTRACTOR:	J&A Ba	ked Good	is, inc. c	i/b/a I	Michelle's F	amily Bakery	V	ENDOR	CODE:	13936						
5_	Contractor EMAIL:	greg	mancı	rso@	gma	il.com				CT No.:							
6	7-1-22		·					i	6-30								
	CONTRACT STAR	T DATE;	DATE UNCH	ANGED	DATE	NCREASED	DATE DECREASE	ED		CONTR	ACT END DATE:	· ·					
7	FUNDING SOURCE OF	CONTRA	2521	5200-5	558 7	,		CA	P O #:	,	OTTE						
8	FUNDING 5	FUNDING SOURCE CO: 25215200-55587 CAPO#															
:9	ORIGINAL A	AWARDEL	AMOUNT:	\$175	,00	0.00					· · · · · · · · · · · · · · · · · · ·						
10	CONTRACT AMOUNT	PRIOR TO	THIS CO:	\$175	,000	0.00											
11	A	MOUNT O	INT OF THIS CO: \$75,000.00														
								INCF	REASE	V	DECREASE						
12	NEW C	ONTRACT	AMOUNT:	\$250	,000)											

13	What is the total percentage increase/decrease over the original contract, including	the surrent CO2			
<u> </u>	Please place an V in a	ine conem co.	42.8571		%
14	The this origing Order a linal close-out of the Contract?	ine DOX on each line	YES	NO	N/A
15	Has the cost of this contract been increased from the original amount?		┼╂╼╼╉╌	~	11
16	19 UBS A THUR HID MAIOTISI COOMA OPTION BOOMS 5 in .	<u> </u>	╎╏╼┇ ┤	1	
1 "	MUST elaborate in memo section above	? IF YES you	 -		╁┾╗
18	Has any of the work described in this Change Order been ordered to be done? IF yelaborate in memo section above		~	╎╘ ┋	
19	Are there any unit prices or lump our amounts to the				1
	Contractor's original bid for the project? If the answer is yes, approved quotes and up, must be appended hereto along with certification by the person who approved to the prices, and elaborate in memo section above				
20_	COMPANY HOLDING PERFORMANCE BOND: (If Applicable)	~			
21	CHANCE OPDED HISTORY				
22	CHANGE ORDER HISTORY	CONTRACT#	2022	2-08-1	<u> 472</u>
CO#	PREVIOUS CHANGE ORDERS: Date DESCRIPTION OF Factor OF COMMERCENS	AMOUNT		AMOUN	
	Date DESCRIPTION in lieu of CO memo If you need more line attach a separate page	INCREASE	(D	ECREA	SE)
	yas and the state of the page		 		
,					ν
		 	 		
	SUB TOTALS NET INCREASE / (DECREASE)				
		<u> </u>			
23 ITEM	THIS CHANGE ORDER	AMOUNT		MOUNT	
	Brief description (attach quotes etc.)	INCREASE		CREAS	
	Increase in funds needed to continue to provide nutritious meals to the New Haven Public School distric	[‡] \$75,000.00			
			<u> </u>		_
- 					
					-
	SUB TOTALS	\$75,000.00			
	NET INCREASE / (DECDEASE)	-			— ┙

Signature Page to follow

24 0000			
2022-08-1	472		
Contract	Number:	CO#	DATE:
AVL TERMS AND C	ONDITIONS OF T	HE ORIGINAL CONTRACT REMAI	N IN FULL FORCE AND EFFECT
THE WAY			THE AND LIFEUI.
DULY AUTHORIZED CO	NTRACTOR'S	TITLE	
/ SIGNATURI	<u>:</u>	TITLE: Fres.	DATE: 2 (7) 23
REGULATIONS A	ND POLICIES C	ND FOUND TO BE IN COMP FOUR INDIVIDUAL DEPAR	ER HAS BEEN REVIEWED BY LIANCE WITH THE RULES, IMENTAL REQUIREMENTS.
REQUESTING	AGENCY DEPARTA	ENT HEAD SIGNATURE:	
		ILAD SIGNATURE:	DATE
SMALL CO	MTPACTOR DEVEL		
	THORCIOR DEVELO	PMENT SIGNATURE:	DATE
0011111			
COMMI	SSION ON EQUAL (C	EO) SIGNATURE:	DATE
CAPO RI	VISED AND APPRO	VED SIGNATURE:	DATE
			DATE
PU	RCHASING AGENT	SIGNATURE:	
			DATE
OFFICE OF CORPORA	TION COUNSEL: - AI	PROVED TO FORM & CORRECTNESS.	
		TO TO TO THE BLOOKRECINESS.	DATE
CONTROLLER: - CERTIFIED A	9 TO SUBSICIONAL CO		
	O JOPPICIENCY OF A	PPROPRIATION OR AVAILABILITY OF FUNDS	DATE
	This	section is utilized when and as needed:	
ENGINEER/ARCHI	ECT:	COMPANY/FIRM:	
			DATE

DATE: