



NEW HAVEN PUBLIC SCHOOLS

## MEMORANDUM

Joseph Barbarotta  
Executive Director  
Facilities Services



654 Ferry Street  
New Haven, CT 06513  
Tel. (475) 220-1631  
Fax. (203) 936-5229

**To:** Finance and Operations Committee

**From:** Joseph Barbarotta

**Re:** F&O Agenda Item/For Approval  
Renewal of Contract for On Call Fire Extinguisher Services

**Meeting Date:** June,7,2021

**cc:** J. Barbarotta, L. Perez

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For consideration and approval of an Award of Contract #21704-2-5 to **Life Safety Services and Supplies LLC 325 Sandbank Road Cheshire ,Ct 06410** for On Call Fire Extniguisher Services for the NHPS for Fiscal Year 2021-2022.

**Amount of Contract:** Not to exceed \$25,000.

**Funding Source:** 2021-2022 Capital Projects 3C202072-58700

### Key Questions:

- 1. Please describe how this service is strategically aligned with school or District goals.** The service is to perform fire sprinkler repairs district wide. Unfunded state law requires annual inspections of the fire sprinkler systems.
- 2. Please describe the evidence of effectiveness for this contractor. In addition, how is or will the contractor be evaluated? If a continuation service, what are the results of last year's evaluation?** Inspections and maintenance reports are provided. The contractor's performance is evidenced by the annual report. The contractor's performance is inspected by the city fire department.
- 3. Why do you believe this agreement is fiscally sound? Include how the contractor was selected (various quotes vs. RFP vs. Sole Source), whether and why the cost has increased over last year (if continuation), and what an alternative might cost.** The scope of the mandated inspections now requires quarterly inspections therefore, we eliminated 4 monthly reports as they would be redundant of the quarterly reports. The contract is a renewal and the pricing remains the same as last fiscal year.



# City of New Haven

## Bureau of Purchases

200 Orange Street, Room 301

New Haven, CT 06510

Tel: 203-946-8201 Fax: 203-946-8206

The City of New Haven ("City") is accepting sealed Bids for the following:

Title:

**Fire Extinguishers  
Maintenance Services**

Solicitation #:

**21704**

Project #:

**N/A**

Responses must be submitted in the form and manner specified in this request. Solicitation details are outlined in the **Project Summary**.

Forms and specifications may be obtained and your digital submission through the Bureau of Purchases, website:

[https://newhavenct.bonfirehub.com/portal/?](https://newhavenct.bonfirehub.com/portal/)

**Honorable Justin Elicker**

**Mayor**

Michael V. Fumiatti, Sr,

Purchasing Agent



City of New Haven  
 Bureau of Purchases  
 200 Orange Street Rm 301  
 New Haven, CT 06510

Telephone: (203) 946-8201 Fax: (203) 946-8206  
 www.newhavenct.gov/gov/depts/purchasing/

## INVITATION TO BID

### Project Summary

|                                       |   |                                     |              |                          |                                     |   |                          |                          |  |  |
|---------------------------------------|---|-------------------------------------|--------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|--|--|
| Project Name:                         | Fire Extinguishers Maintenance Services   |                                     |              |                          |                                     |   |                          |                          |  |  |
| Solicitation #:                       | 21704   |                                     |              |                          |                                     |   |                          |                          |  |  |
| City Project #:                       | N/A   |                                     |              |                          |                                     |   |                          |                          |  |  |
| Solicitation/Advertise Date:          | April 12, 2020  |                                     |              |                          |                                     |   |                          |                          |  |  |
| Bid Closing Date:                     | May 7, 2020   |                                     |              |                          |                                     | Bid Opening Time:   | 3:00                     |                          | PM   |  |
| Pre-Bid Meeting Date:                 | N/A   |                                     |              |                          |                                     | Pre-Bid Meeting Time:   |                          |                          |  |  |
| Pre-Bid Meeting Location:             | N/A   |                                     |              |                          |                                     |   |                          |                          |  |  |
| Department:                           | Citywide  |                                     |              |                          |                                     |   |                          |                          |  |  |
| Solicitation Type:                    | Construction  | <input checked="" type="checkbox"/> | Service      | <input type="checkbox"/> | SCD* - Construction                 | <input type="checkbox"/>                                      | SCD* - Service           | <input type="checkbox"/> |  |  |
| Contract Term:                        | Construction  | (See Specification)                 | Service      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | y   | e                        | 4                        | Renewals Option(s)<br>(at the sole discretion of the CONH) |  |
| Projection Description:               | Provide annual services for FE maintenance including refills and recharging as needed |                                     |              |                          |                                     |   |                          |                          |  |  |
| Material Markup Allowed               | NA  |                                     |              |                          |                                     | Yes, enter percent markup on Statement of Qualifications form |                          |                          |  |  |
| Insurance Requirements:               | Refer to Rider  | <b>A</b>                            |              |                          | (This Rider is attached)            |   |                          |                          |  |  |
| Local Preference:                     | <b>Yes</b>  |                                     |              |                          |                                     |   |                          |                          |  |  |
| MBE/WBE Utilization Form:             | <b>Required if your base Bid Submission is \$150,000 or greater</b>                   |                                     |              |                          |                                     |   |                          |                          |  |  |
| Bid Bond:                             | N/A   |                                     |              |                          |                                     | Percentage Amount:  |                          |                          | <b>%</b>   |  |
| Labor, Material and Performance Bond: | N/A   |                                     |              |                          |                                     |   |                          |                          |  |  |
| Wage Rates:                           | Prevailing State  | <input checked="" type="checkbox"/> | Livable Wage | \$17.42                  | per Hour - FY 20/21                 | Davis Bacon Federal   | <input type="checkbox"/> | N/A                      |  |  |

**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: | Life Safety Service + Supply LLC |
| Address:                | 325 Sandbank Rd # 12 Cheshire Ct |
| Telephone and/or Fax #: | 203-272-1332 / 203-272-1396      |
| Email Address:          | George@lifesafety-service.com    |
| Contact Person:         | George DeLauri                   |

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  | CT  | County of  | New Haven   |
| 1.  | George DeLauri<br><small>(type or print your name above)</small>  |  | 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   |  | Life Safety Service + Supply LLC<br><small>Insert Company Name above</small>              |
| 2b.   | Or I am an individual and my name is:   |  | George DeLauri, vice president<br><small>if an individual, insert your name above</small> |
| 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.   | <input checked="" type="checkbox"/>   | 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.   | <input checked="" type="checkbox"/>   | 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.   | <input checked="" type="checkbox"/>   | 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.  | <input checked="" type="checkbox"/>   | 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.   | <input checked="" type="checkbox"/>   | Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:   | 0503830<br><small>Insert State Registration # above</small>                               |
| 6b.   | <input checked="" type="checkbox"/>   | 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 #:  | <small>Insert State Registration # above</small>  |
| 6c.   | <input checked="" type="checkbox"/>   | 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:   | <small>Please insert State name above</small>   |
| 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):

|   | Name | City Affiliation Role & Time Frame | Contractor Affiliation Role & Time Frame | DOB |
|---|------|------------------------------------|--|-----|
| 1 | N/A  | N/A                                | E  |     |
| 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 | Affiliation (if applicable) | Contract Number | DOB |
|---|---------------------------------|-----------------------------|-----------------|-----|
| 1 | Life Safety Service & Supply    | same                        | 21704-2-5       | N/A |
| 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):

|   | Organization Name | Address | Type of Ownership |
|---|-------------------|---------|-------------------|
| 1 | none              |         |                   |
| 2 |                   |         |                   |

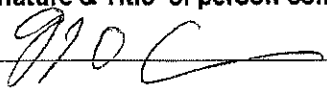
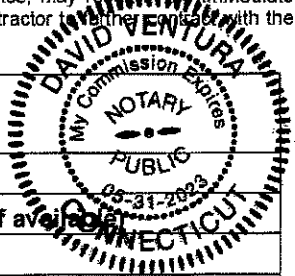
10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company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

|   | Name           | Title     | % of Ownership | DOB    |
|---|----------------|-----------|----------------|--------|
| 1 | Drew Marchetti | President | 100            | 8/1/61 |
| 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 | PRINCIPAL PLACE OF BUSINESS |
|---|------------|---------------------------------|-----------------------------|
| 1 | none       |                                 |                             |
| 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 enter into any agreement with the City.

|   |  |   |                                   |           |      |
|---|--|---|-----------------------------------|-----------|------|
| Signature & Title of person completing this form: |  |    |                                   | vice Pres |      |
| <b>THIS FORM MUST BE NOTARIZED</b>                |  |   | <b>NOTARY SEAL</b> (if available) |           |      |
| Signature of Notary:                              |  |  |                                   |           |      |
| Subscribed and sworn to, before me on this:       |  | 24  | Day of                            | March     | 2021 |
| My Commission Expires:                            |  | 5-31-2023   |                                   |           |      |

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.)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2021

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.

**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).

|  |  |
|--|--|
| <b>PRODUCER</b><br>Hollis D. Segur Inc.<br>10 Research Pkwy, Ste. 400<br>Wallingford, CT 06492           | <b>CONTACT NAME:</b> Jill Keilty<br><b>PHONE (A/C, No, Ext):</b> (203) 699-4579<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> jsk@hdsegur.com |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |
| <b>INSURED</b><br><br>Life Safety Service & Supply LLC<br>325 Sandbank Rd, Unit 12<br>Cheshire, CT 06410 | <b>INSURER A:</b> Arch Insurance Company <b>NAIC #</b> 11150   |
|  | <b>INSURER B:</b> Graphic Arts Mutual Insurance Company <b>25984</b>   |
|  | <b>INSURER C:</b> Utica Mutual Insurance Company <b>25976</b>  |
|  | <b>INSURER D:</b>  |
|  | <b>INSURER E:</b>  |
|  | <b>INSURER F:</b>  |

**COVERAGES** **CERTIFICATE 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   | 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | MFGL07208811  | 3/24/2021               | 3/24/2022               | EACH OCCURRENCE \$ 1,000,000  |
|          |   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                            |
|          |   |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000   |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
|          |   |           |          |               |                         |                         | \$  |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | X         | X        | 5431767       | 3/24/2021               | 3/24/2022               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |   |           |          |               |                         |                         | \$  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  | X         | X        | MFUM07411511  | 3/24/2021               | 3/24/2022               | EACH OCCURRENCE \$ 5,000,000  |
|          |   |           |          |               |                         |                         | AGGREGATE \$ 5,000,000  |
|          |   |           |          |               |                         |                         | \$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       | X        | WC5431814     | 3/24/2021               | 3/24/2022               | <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 and GoTo Services, LLC, 117 Kendall St, New Haven CT 06513 are included as Additional Insureds for General Liability and Auto Liability coverages when required by written contract or agreement, subject to the terms and conditions of the insurance policy. A waiver of subrogation is included in favor of the City of New Haven and GoTo Services, LLC on General Liability, Auto Liability and Workers Compensation policies when required by written contract or agreement, subject to the terms and conditions of the insurance policy. 30 day notice of cancellation (10 days for non-payment of premium) is provided to the City of New Haven if required by written contract.

**CERTIFICATE HOLDER** **CANCELLATION**

|   |  |
|---|--|
| City of New Haven<br>200 Orange St<br>New Haven, CT 06519 | 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<br>  |