



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: Mystic Aquarium

Doing Business As, if applicable: N/A

Business Address: 55 Coogan Blvd
Mystic, CT 06355

Business Phone: 860-572-5955 ext 431

Business email: Educationinfo@mysticaquarium.org

Funding Source & Acct # including location code: 2553-6399-56697-0019

Principal or Supervisor: Sandra Kaliszewski

Agreement Effective Dates: From 10/13/22. To 6/30/23.

Per day rate. \$800 per visit

Total amount: \$7,200.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

The Mystic Aquarium's Traveling Outreach Program will provide Mauro-Sheridan students in grades 3-5 with 45 minutes of learning to 6 classrooms one day per month from October through June. Students will explore topics in sea animals, the sea shore, coral reef communities, invertebrates, whales, amphibians, etc. with hands on activities.

Submitted by: Sandra Kaliszewski Phone: 475-220-2800



NEW HAVEN PUBLIC SCHOOLS

Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Sandra Kaliszewski
Date: 8/16/22
Re: Mystic Aquarium Agreement

Please ***answer all questions and attach any required documentation as indicated below***. 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. **Contractor Name:** Mystic Aquarium
2. **Description of Service:** The Mystic Aquarium's Traveling Outreach Program will provide Mauro-Sheridan students in grades 3-5 with 45 minutes of learning, with 2 instructors to 6 classrooms one day per month from October through June. Students will explore topics in sea animals, the sea shore, coral reef communities, invertebrates, whales, amphibians, etc.
3. **Amount of Agreement session cost:** \$800.00 per visit with a total of \$7,200.00
4. **Funding Source** and account number: 2553-6399-56697-0019
5. Approximate number of staff served through this program or service: 6
6. Approximate number of students served through this program or service: 150
7. **Continuation/renewal or new Agreement?**
Answer all questions:
 - a. If continuation/renewal, has the cost increased? If yes, by how much? N/A
 - b. What would an alternative contractor cost: N/A
 - c. If this is a continuation, when was the last time alternative quotes were requested? N/A
 - d. For new or continuation: is this a service existing staff could provide. If no, why not? Mystic Aquarium staff have special training and skills to provide to our students that our staff is not proficient in.

8. Type of Service:

Answer all questions:

- a. Professional Development?
 - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? N/A
- b. After School or Extended Hours Program? No
- c. School Readiness or Head Start Programs? No
- d. Other: (Please describe) Mystic staff will teach the students during the school day.

9. Contractor Classification:

Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? Within 90 miles of New Haven, located in Mystic CT
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? Yes
- e. Is this a renewal/continuation Agreement or a new service? New Service
- f. If it is a renewal/continuation has cost increased? If yes, by how much? N/A
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: Yes. The instructors from Mystic will be modeling lesson delivery and inquiry strategies for classroom teachers in turn.

10. Contractor Selection: In this section, please describe the selection process, including other sources considered and the rationale for selecting the contractor. Please answer all questions:

- a. What specific skill set does this contractor bring to the project? Please attach a copy of the contractor's resume if an individual or link to contractor website if a company:
The contractor has been providing educational programming to many districts throughout CT for many years. They are well versed in content related to sea creatures and aquatics.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source designation from the City of New Haven Purchasing Department? The contractor was selected based on previous field trips and programs provided.
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected? N/A
- d. Who were the members of the selection committee that scored bid applications? N/A
- e. If the contractor is Sole Source, please attach a copy of the Sole Source designation letter from the City of New Haven Purchasing Department. N/A

11. Evidence of Effectiveness & Evaluation Answer all questions

- a. What **specific need** will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?
- b. Pre and post assessment of services and alignment of state science standards.
- c. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness. This is a new service.

- d. How is this service aligned to the District Continuous Improvement Plan? Directly aligned to our magnet theme and helps student acquire the necessary skills for the 5th and 8th grade science state assessment.
12. Why do you believe this Agreement is fiscally sound? Please review Mystic Aquariums detailed curriculum.
13. What are the implications of not approving this Agreement? If this agreement is not approved, students will miss out on hands on opportunities that directly tie with our school and district improvement plan.

Rev: 8/2021



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT
By And Between
The New Haven Board of Education
AND

Mystic Aquarium

FOR DEPARTMENT/PROGRAM:

Mauro-Sheridan

This Agreement entered into on the 6th day of September 2022, effective (no sooner than the day after Board of Education Approval), the 13th day of September, 2022, by and between the New Haven Board of Education (herein referred to as the “Board” and, Mystic Aquarium located at, 55 Coogan Blvd, Mystic, CT 06355 (herein referred to as the “Contractor”).

Compensation: The Board shall pay the contractor for satisfactory performance of services required the amount of \$800.00 per day, for a total of 9 days.

The maximum amount the contractor shall be paid under this agreement: (\$7,200.00). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

Fiscal support for this Agreement shall be by ARP ESSER III **Program** of the New Haven Board of Education, **Account Number:** 2553-6399-56697 **Location Code:** 0019.

This agreement shall remain in effect from September 12, 2022 to June 30, 2023.

SCOPE OF SERVICE: *Please provide brief summary of service to be provided.*

The Mystic Aquarium’s Traveling Outreach Program will provide Mauro-Sheridan students in grades 3-5 with 45 minutes of learning to 6 classrooms one day per month from October through June. Students will explore topics in sea animals, the sea

shore, coral reef communities, invertebrates, whales, amphibians, etc. with hands on activities.

Exhibit A: Scope of Service: Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education **prior to service start date**. Contactors may begin service no sooner than the day after Board of Education approval.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.

Mary Ellen Mateleska
Contractor Signature

President
New Haven Board of Education

8/16/2022
Date

Date

MaryEllen Mateleska, Director of Education
Contractor Printed Name & Title
Conservation



Thank you for scheduling an Outreach Program with Mystic Aquarium! To guarantee your reservation, please review the following confirmation. Within 5 days of receiving this confirmation, please respond to the email to confirm you have reviewed and agree to these program protocols.

- Please make sure to have a clean, open space for our instructors to set up their program materials. Live animals may be a part of your traveling program and the instructor will need to be able to transport them to the classroom space using a wheeled cart. We recommend having the Mystic Aquarium instructor stay in the same area and having each group of kids come to them for the program if possible.
- Please also make sure there is access to electricity and a place to dump water (sink or outside).
- There must be always an adult from the outreach client with the students to supervise and deal with any issues.
- To make the programs more personable, we recommend that the youth wear name tags if possible. *At this time, Mystic Aquarium will be conducting controlled touching experiences.*
- Mystic Aquarium reserves the right to cancel programs due to unforeseen circumstances, and a full refund will be given if the Aquarium cancels and cannot reschedule.
- Please direct all questions and or concerns regarding your reservation to educationinfo@mysticaquarium.org or call 860.572.5955 ext. 431, and a member of our reservations team will respond.
- Payment is due 90 days after each visit.
- You can make payment by card over the phone by calling 860-572-5955 ext. 431 or by check through mail. Please make sure to write the order number on the check and remit all checks to:
 - "Sea Research Foundation, Inc"
 - Attention: Education Department
 - 55 Coogan Blvd., Mystic, CT 06355

THE FOLLOWING COVID PROTOCOLS WILL BE IMPLEMENTED BY THE OUTREACH CLIENT:

1. The location of the program will either be outside under a cover or indoors in a large space with adequate ventilation.
2. The Outreach Client will make sure there is a clean area for the Mystic Aquarium staff to set up.
3. The group size for each program will not exceed 25 participants.
4. A designated chaperone must always be present during the programming involving students/minors.
5. If multiple groups will be seen, it is the responsibility of the Outreach Client to arrange for rotations allowing appropriate time in between rotations to allow for thorough cleaning and disinfection.
6. Participants will wash hands with soap and water prior to touching the animals and artifacts. Do not have the youth apply hand sanitizer prior to the program.

THE FOLLOWING COVID PROTOCOLS WILL BE IMPLEMENTED BY MYSTIC AQUARIUM STAFF:

1. Mystic Aquarium staff will not work if ill.
2. All program materials brought into your facility will be disinfected both before and after our arrival. Materials will also be disinfected between programs if more than one program is booked.
3. Mystic Aquarium staff will follow any masking requirements made by the outreach client.

PROGRAM INFORMATION:

| | |
|--|---|
| Order Number | 2189284 |
| Facility or School Name | Mauro Sheridan Magnet School |
| Site Phone Number | 203-691-2849 |
| Address of Program Location | 191 Fountain Street, New Haven, CT 06515 |
| Main Contact Name and Phone # (We will call this to confirm the program or if there are any issues) | Sandy Kaliszewski and 203-982-8082 |
| Email | sandy.kaliszewski@new-haven.k12.ct.us |
| Date of Visit | 10/13/22, 11/10/22, 12/15/22, 1/12/23, 2/9/23, 3/16/23, 4/13/23, 5/11/23, 6/8/23 |
| Additional Information | See Schedule Below |

CLASS SPECIFICS:

| Daily Schedule Instructor 1 (up to 25 kids in class) | Time |
|---|-------------|
| 1st class/group | 9:45-10:30 |
| 2nd class/group | 10:45-11:30 |
| 3rd class/group | 11:45-12:30 |

| Daily Schedule Instructor 2 (up to 25 kids in class) | Time |
|---|-------------|
| 1st class/group | 9:45-10:30 |
| 2nd class/group | 10:45-11:30 |
| 3rd class/group | 11:45-12:30 |

| Date | Class Program | Activity/Animals |
|------------|------------------------|------------------------|
| 10/13/2022 | Invertebrate Lab | Live Invertebrates |
| 11/10/2022 | Explore the Shore | Matching Game |
| 12/15/2022 | Beluga Echolocation | Animal Training |
| 1/12/2023 | Amphibians in Jeopardy | Live Reptile/Amphibian |
| 2/9/2023 | Eat or be Eaten | Food Web Activity |
| 3/16/2023 | Coral Reef Communities | Dried Specimens |
| 4/13/2023 | Squid Dissection | Squid |
| 5/11/2023 | Amazing Sharks | Shark Bingo |
| 6/8/2023 | All Sort of Animals | Trivia! |

MaryEllen Mateleska

MaryEllen Mateleska
Director, Education & Conservation

8/16/2022

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Sea Research Foundation, Inc

2 Business name/disregarded entity name, if different from above
Mystic Aquarium

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ **501(c)(3) Non for Profit**

C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
55 Coogan Blvd

6 City, state, and ZIP code
Mystic, CT 06355

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|------------------------|--|--|--|---|--|--|--|--|
| Social security number | | | | | | | | |
| | | | | - | | | | |

or

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Employer identification number | | | | | | | | |
| 0 | 6 | - | 1 | 4 | 8 | 0 | 3 | 0 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Romina Moran* Date ▶ *11/8/21*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.