



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Dr. Michelle Kelly-Baker, District School Climate Coordinator
Date: 12/13/2022
Re: New Haven Public School Climate Survey

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:	Panorama Education	
Doing Business as: (DBA)	Panorama Education	
Vendor Address:	24 School Street, Boston, MA 02108	
Vendor Contact Name:	Albert Lee	
Vendor Contact Email:	alee@panoramaed.com	
Is the contractor a minority or women owned small business?	No	
Agreement/Contract Information		
New or Renewal Agreement/Contract?	Renewal	
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From July 1, 2022	To June 30, 2023
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$80,000	
Funding Source Name: Acct. #:	2511-6291-56694	
Contract #: <small>(Local or State)</small>		



NEW HAVEN PUBLIC SCHOOLS

Key Questions:

1. What specific service will the contractor provide:

Panorama Education provides districtwide stakeholder surveys for students, staff, and families across NHPS. These surveys are aligned to the district’s strategic goals of improving culture, climate, equity, and social-emotional learning for schools and students. Panorama Education, Inc. will provide licenses, access to platform and support for Family Surveys, Student Surveys, Teacher/Staff Surveys, and Administrator Surveys. In addition, as defined in their Terms and Conditions, survey design, administration, analysis, and reporting.

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

- Quotes**
- Sealed Bid #** _____
- Sole Source #** _____
- RFP#** 2022-11-1491_____
- State Contract #**_____
- 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 RFP process; answer the following:

a. Please explain how the vendor was chosen? **Attach Vendor Proposal*

Scorecard on City of New Haven Bonfire hub

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

**Jessica Haxhi
Dr. Michelle Baker
Lemuel Cosme**



NEW HAVEN PUBLIC SCHOOLS

Key Questions: - Continued

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

Yes

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

No

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

N/A

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

No. Panorama works closely with the district during the entire administration process. Their web-based platform allows for easy reporting and school-based analysis and creation of PowerPoint presentations and a national teacher-based resource help center. Panorama will incorporate the use QR codes.



NEW HAVEN PUBLIC SCHOOLS

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 letter/proposal outlining the Scope of Services the agreement/contract will entail.	
If RFP	Attach Vendor Submitted- X
Other	Attach Letter outlining the scope.
<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> <p>Emailed Disclosures are acceptable.</p>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2022

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 The Richards Group 48 Harris Place PO Box 820 Brattleboro VT 05302	CONTACT NAME: Sarah Houle PHONE (A/C, No, Ext): (802) 254-6016 E-MAIL ADDRESS: shoule@therichardsgroup.com	FAX (A/C, No): (802) 254-7110
	INSURER(S) AFFORDING COVERAGE	
INSURED Panorama Education Inc. 10-24 School Street Fl 4 Boston MA 02108	INSURER A: Sentinel Insurance	NAIC # 11000
	INSURER B: The Travelers Indemnity Co	25658
	INSURER C: Underwriters @ Lloyds London	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22/23 MASTER**REVISION NUMBER:**

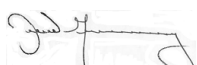
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			04SBAAE2874	09/30/2022	09/30/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			04SBAAE2874	09/30/2022	09/30/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			04SBAAE2874	09/30/2022	09/30/2023	EACH OCCURRENCE	\$ 8,000,000
							AGGREGATE	\$ 8,000,000
								\$
B	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	N/A	UB7S89980A	09/30/2022	09/30/2023	<input checked="" type="checkbox"/> PER STATUTE	
							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
C	Errors & Omissions Cyber Liability			W16C73220901	09/30/2022	09/30/2023	Limit (includes defense)	\$5,000,000
							Cyber Limit	\$5,000,000

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

Certificate Holder is Additional Insured as respects General Liability, Auto, Umbrella and Cyber Liability when required by written contract or agreement, and subject to the terms, conditions, and limits as specified in the policy. Coverage is Primary as respects General Liability and Non-Contributory as subject to the terms, conditions, and exclusions of policy. Waiver of Subrogation applies in favor of the certificate holder with respect to the General Liability, Auto Liability and Cyber Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

City of New Haven Bureau of Purchases 200 Orange Street, Room 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



1. EVERY SECTION MUST BE COMPLETED				
Contractor/Vendor Name:				
DBA (if applicable)				
If you are a DBA, please be advised you must file a Trade Name Certificate with the CONH City/Town Clerk				
Physical principal place of business:	Address	City	State	Zip
Mailing Address: (complete only if different from principal place of business):	Address	City	State	Zip
Telephone #:				
Email Address:				
Contact Person:				

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, purchase order, Memorandum of Understanding, or other 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 "CONH"
(d)	"Affiliate Entity" means any entity listed in sections 5 or 6 below or any entity under common management with the Contractor.
(e)	"DOB" means Date of Birth for individuals

State of		County of	
I,		being first duly sworn, hereby deposes and says that:	
	Type your name above		
2.	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. (click 2a or 2b)		
2a.	I am the corporate secretary or majority owner (including sole proprietorship) of:	Type company name above	
2b.	Or I am an individual and my name is:	Type individual name above	

3.	Please click 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		
3a.	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.		
3b.	The Contractor (including any owner, partner, officer, or authorized signatory thereof) is not required to file a list of taxable personal property with the CONH for the most recent grand list and does not owe any back taxes to the CONH, either directly or through a lease or other agreement.		
3c.	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 CONH 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.		
3d.	Other than as may be described in section 3a-c 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.		

4.	Please click the applicable representation about the Contractor's business registration:	
4a.	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship.	Type State registration # above
4b.	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut.	Type State registration # above
4c.	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:	Type State name above
4d.	Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Contract 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 affirm they have and will maintain the following State of Connecticut registrations, certificates, or approvals relevant to the Agreement (attach if Applicable) (if not applicable, state N/A).	

5.	The following list is a list of the names of <u>all</u> 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
5a.				
5b.				

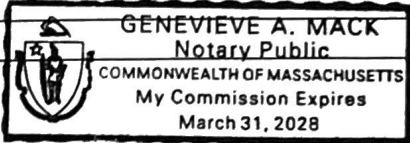
6.	<u>Contractor must disclose all existing and recent contracts with the City.</u> The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials 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
6a.			
6b.			
6c.			
6d.			

7.	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
7a.			
7b.			

8.	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
8a.				
8b.				

9.	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
9a.			
9b.			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement (if required) 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 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 all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature of person completing this form:	<i>Katie Mallett</i>		
Title of person completing this form:	President		
Contractor/Vendor Name:	Panorama Education Inc		
Date:	11/17/2022		
THIS FORM MUST BE NOTARIZED			
Signature of Notary:	<i>Genevieve A. Mack</i>		
Subscribed and sworn to, before me on this:	17	Day of	November
My Commission Expires:	<i>March 31, 2028</i>		