



NEW HAVEN PUBLIC SCHOOLS

Gail Sharry, Executive Director  
NHPS Food Service  
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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 Precision Food Service

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**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. Precision Food Service is the kitchen equipment repair service for the Food and Nutrition program. Based on the number of work orders. Food service is projected to exceed the overall value of the contract.

**Vendor Number:** 56020  
**Vendor Name:** Precision Food Service  
**Vendor Address:** 410 Center Street Wallingford CT 06492

**Change Order Purpose**       Increase Compensation       Time Extension  
    Decrease Compensation       Time Decrease

**Original Contract Amount**                                         \$150,000  
**Change Order #1**     \$50,000  
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**New Amount of Contract**     \$200,000

**Funding Source:**     25215200-56623  
   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)				
	Increase in funds needed to ensure service and repair to NHPS district's food service equipment.				
2	CONTRACT TITLE:	On Call Kitchen Refrigeration			
3	CONTRACT #:	21801	CO#		CO DATE:
4	CONTRACTOR:	Precision Food Service		VENDOR CODE:	56020
5	Contractor EMAIL:	service@pfservicect.com		PROJECT No.:	
6	7-1-22				6/30/23
	CONTRACT START DATE:	DATE UNCHANGED	DATE INCREASED	DATE DECREASED	CONTRACT END DATE:
7	FUNDING SOURCE OF CONTRACT:	25215200-56623			C A P O #:
8	FUNDING SOURCE CO:	25215200-56623			C A P O #:
9	ORIGINAL AWARDED AMOUNT:	150,000.00			
10	CONTRACT AMOUNT PRIOR TO THIS CO:	150,000.00			
11	AMOUNT OF THIS CO:	50,000.00	ACTUAL	<input checked="" type="checkbox"/>	ESTIMATE
			INCREASE	<input checked="" type="checkbox"/>	DECREASE
12	NEW CONTRACT AMOUNT:	200,000.00			

13	What is the total percentage increase/decrease over the original contract, including the current CO?	33.3333		
	<i>Please place an X in one box on each line</i>	YES	NO	N/A
14	Is this Change Order a final close-out of the Contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Has the cost of this contract been increased from the original amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Is this a Time and Material change order because of increase/decrease funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Has any of the work described in this Change Order been ordered to be done? IF YES you MUST elaborate in memo section above	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 appended hereto along with certification by the person who approved the reasonableness of the prices, and elaborate in memo section above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20 COMPANY HOLDING PERFORMANCE BOND: (If Applicable)

21	CHANGE ORDER HISTORY		CONTRACT #	21801
22	PREVIOUS CHANGE ORDERS:		AMOUNT INCREASE	AMOUNT (DECREASE)
CO #	Date	DESCRIPTION in lieu of CO memo If you need more line attach a separate page		
<b>SUB TOTALS</b>				
<b>NET INCREASE / ( DECREASE )</b>				

23	THIS CHANGE ORDER	AMOUNT INCREASE	AMOUNT (DECREASE)
ITEM	Brief description (attach quotes etc.)		
	Increase in funds needed to ensure service and repair to NHPS district's food service equipment.	\$50,000.00	
<b>SUB TOTALS</b>		\$50,000.00	-
<b>NET INCREASE / ( DECREASE )</b>		\$50,000.00	

Signature Page to follow

24	21801		
	Contract Number:	CO #	DATE:

ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.		
<i>Matt Wood</i>	<i>Vice President</i>	<i>3/20/23</i>
DULY 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 DEPARTMENT HEAD SIGNATURE:	DATE
SMALL CONTRACTOR DEVELOPMENT SIGNATURE:	DATE
COMMISSION ON EQUAL (CEO) SIGNATURE:	DATE
CAPO REVISED AND APPROVED SIGNATURE:	DATE
PURCHASING AGENT SIGNATURE:	DATE
OFFICE OF CORPORATION COUNSEL: - APPROVED TO FORM & CORRECTNESS.	DATE
CONTROLLER: - CERTIFIED AS TO SUFFICIENCY OF APPROPRIATION OR AVAILABILITY OF FUNDS	DATE

<i>This section is utilized when and as needed:</i>			
24	ENGINEER/ARCHITECT:	COMPANY/FIRM:	DATE: