



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Gilda Herrera
Date: 3/13/2023
Re: 18PSX0210-Purchase Order, Shi International Inc, Licensing

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:	SHI International Inc, 52190
Doing Business as: (DBA)	Securly
Vendor Address:	29 Maplewood Drive, Clinton CT 06413
Vendor Contact Name:	Jeff Levin
Vendor Contact Email:	Jeff_Levin@shi.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-yr. require Board of Aldermen approval</small>	From 8/1/2023 To 7/31/2024
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$18,175.00
Funding Source Name: Acct. #:	ESSER Carryover 25536399 54413 0104
Contract #: <small>(Local or State)</small>	State 18PSX0210



NEW HAVEN PUBLIC SCHOOLS

Key Questions:

1. What specific service will the contractor provide:

Licensing subscription 3 years volume, quantity of 25,000@ \$0.7270
Alerts if student's content shows signs of bullying, self-harm or violence analyses content across email and DOCs using Longest-learning Artificial Intelligence. Covers all devices including Chromebooks, iPad, Mac and Windows. (Securly)

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

- Quotes**
- Sealed Bid #** _____
- Sole Source #** _____
- RFP#** _____
- State Contract # 18PSX0210**
- 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 Solicitation (Bid/RFQ/RFP) process; answer the following:

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

The vendor was selected via quote as an awarded vendor under the State Contract 18PSX0210.

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

N/A, under State Contract.



NEW HAVEN PUBLIC SCHOOLS

Key Questions: - Continued

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

Yes, the vendor has provided this service for a number of years and has since met all obligations of the district needs.

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

There is 4% decrease in comparison to the 22-23 quote.

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

N/A - Renewal.

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

This is a service that is provided under a State Contract as a specialized service that existing staff cannot provide the district.



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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 # <u>52190</u>
If No or New,	Vendor must provide completed W9
2. A quote or proposal submitting regarding the agreement/contract.	
If RFP	Attach Vendor Submitted
Other	Copy of State Contract, Quotes, etc.
<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>	