



NEW HAVEN PUBLIC SCHOOLS

## Operations Memorandum

**To:** New Haven Board of Education Finance and Operations Committee

**From:** Marquelle Middleton, Director of School Choice Enrollment

**Date:** July 26, 2023

**Re:** Purchase Order with School Mint to provide lottery software management

**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.

<b>Company Information</b>	
Vendor Name:	School Mint Inc.
Doing Business as: <small>(DBA)</small>	
Vendor Address:	319 Monroe St Lafayette, LA 70501
Vendor Contact Name:	
Vendor Contact Email:	
Is the contractor a minority or women owned small business?	No
<b>Agreement/Contract Information</b>	
New or Renewal Agreement/Contract?	Year 2 2022-2025
Effective Dates: (mm/dd/yy) <small>Multi-yr. require Board of Aldermen approval</small>	From 07/1/2023 To 06/30/2023
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	FY 22-23 - \$33,320 <b><u>FY 23-24 - \$34,986 &lt;- Current</u></b> FY 24-25 - \$36,735.30
Funding Source Name: Acct. #:	190-40700-56694
Contract #: <small>(Local or State)</small>	A22-2196



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**Key Questions:**

**1. What specific service will the contractor provide:**

to provide lottery software management to support the districts school choice application and placement process

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

- Quotes**
- Sealed Bid #** \_\_\_\_\_
- Sole Source #** \_\_\_\_\_
- RFP#** \_\_\_\_\_
- 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 Solicitation (Bid/RFQ/RFP) process; answer the following:**

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

N/A – Multi Year

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

N/A – Multi Year



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**Key Questions: - Continued**

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

This vendor has been providing this service to the district and has met all obligations under existing multi year agreement in place.

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

Year 2 does have an increase of 5% which equates to \$1,666.00.

**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 this is a service that is provided by a vendor who has the technology and knowledge to perform the services requested.



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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**

<b>1. Has this vendor performed service(s) in prior fiscal years?</b>	
If Yes,	Vendor # 11378
If No or New,	Vendor must provide completed W9
<b>2. A quotes or proposal submitting regarding the agreement/contract.</b>	
If RFP	Attach Vendor Submitted
Other	Copy of State Contract, Quotes, etc.
<p><b>3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, read the following and select the applicable Rider.</u></b></p> <p><b>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></b></p> <p><b>Failure to obtain or incorrect COIs will be returned for revision and will delay its processing.</b></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><b>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.</b></p>	
Emailed Disclosures are acceptable.	