

Gail Sharry, Executive Director NHPS Food Service P: (475) 220-1610 F: (203) 946-7650

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, 2022
Re:	Approval of Change for Thurston Foods Inc.

## **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. Thurston foods is the main food supplier for the Food and Nutrition program. Based on the number of meals served and current menu, Food service is projected to exceed the overall value of the contract.

Vendor Number: Vendor Name: Vendor Address:	43356 Thurston Foods 30 Thurston Drive, Wallingfor	rd CT 06492
Change Order Purpose	☐Increase Compensation □Decrease Compensation	□Time Extension □Time Decrease

Original Contract Amount Change Order #1	\$2,200,000 \$150,000
New Amount of Contract	\$2,350,000
Funding Source:	25215200-55587 Food Service

## CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	Please provid	le an ove	erview	of th	is CO (ple	ase	pay particula	r attention	to sec	tions 17,18,19	)
	Increase in fund district.	s needed	to con	tinue to	o provide n	utrit	ious meais t		VIIAV		
2	CONTRACT TITLE:	Grocer	У				OO DATE				
3	CONTRACT #.:	2022-04	4-144	2	D#		CO DATE:				
	CONTRACTOR:	Thursto	on Fo	ods				VENDOR	CODE:	43356	
4	Contractor EMAIL:	tim thurston@thurstonfoods.com									
	7-1-2022							6-30-	-2023		
6	CONTRACT STAF		TE UNCHA	NGED	DATE INCREA	SED	DATE DECREASE	ED	CONTR	ACT END DATE:	
				5200-5	J		-	CAPO#:			
7	FUNDING SOURCE O		2521	5200-5	55587			САРО#:			
8		SOURCE CO:		2,20	0,000.00	)					
:9		AWARDED A			0,000.00			,		-	
10	CONTRACT AMOUN	T PRIOR TO T	HIS CO:		00.00			ACTUAL		ESTIMATE	V
11		AMOUNT OF T	HIS CO:	150,0	00.00			INCREASE		DECREASE	
					0.000.00						
12	NEW	CONTRACT A	MOUNT:	2,35	0,000.0	U					

10	14/h at is the t	6.81818	%					
13	what is the t	otal percentage increase/decrease over the original contract, including the Please place an X in one l	YES NO	N/A				
14	Is this Chang	ge Order a final close-out of the Contract?						
15	Has the cost	of this contract been increased from the original amount? e and Material change order because of increase/decrease funding?						
16	Is this a Tim	f this Change Order outside of the scope of the original bid documents? IF	YES you					
17	A ALLOTT - Labor	the in many addition above						
18	Hos any of t	he work described in this Change Order been ordered to be done? IF YES	you MUST		V			
10	I I would be	manual apation about						
19		it refers or lump sup amounts in this Change Order that were not tak	en from the					
	up, must be	appended hereto along with certification by the person who approved the	reasonasieneee					
	of the prices	, and elaborate in memo section above						
		UN DING DEDEODMANCE POND: (If Applicable)						
20	COMPANY	HOLDING PERFORMANCE BOND: (If Applicable)						
			<b>CONTRACT</b> #	2022.04	1112			
21		CHANGE ORDER HISTORY	AMOUNT	2022-04-1442				
22		PREVIOUS CHANGE ORDERS:	AMO					
CO #	Date	DESCRIPTION in lieu of CO memo	INCREASE	(DECRE	EASE)			
00 //	Date	If you need more line attach a separate page						
	}							
		SUB TOTALS						
		NET INCREASE / ( DECREASE )						

23	THIS CHANGE ORDER	AMOUNT	AMOUNT
ITEM	Brief description (attach quotes etc.)	INCREASE	(DECREASE)
	Increase in funds needed to continue to provide nutritious meals to the New Haven Public School district.	150,000.00	
	SUB TOTALS	150,000.00	-
	NET INCREASE / (DECREASE)		

## Signature Page to follow

<sup>24</sup> 20	22-04-1442		
	Contract Number:	CO #	DATE:

ALLITERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.				
	Accant Representative	3/17/23		
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.				
DATE				
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DATE				

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