

INTEROFFICE MEMORANDUM

Joseph Barbarotta
Executive Director
Facilities Services



654 Ferry Street New Haven, CT 06513 Tel. (475) 220-1631 Fax. (203) 936-5229 To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/For Approval - Renewal of Contract for On

Call Generator Maintenance and Testing

Meeting Date: June 7,2021

cc: John Barbarotta, Luz Perez

For consideration and approval of the Renewal of Contract #21683-2-5 to Tri State Maintenance Services LLC, 356 Old Maple Avenue, No. Haven, CT for On Call Generator Maintenance and Testing for the NHPS for Fiscal Year 2021-2022.

Amount of Contract: Not to exceed \$50,000.

Funding Source: 2021-2022 Operating Budget

Acct. #190-47400-56624

Key Questions:

- Please describe how this service is <u>strategically aligned</u> with school or District goals.
 The service is to perform repair and maintenance services to the generators throughout
 the district.
- 2. Please describe the <u>evidence of effectiveness</u> for this contractor. In addition, how is or will the contractor be evaluated? If a continuation service, what are the results of last year's evaluation? Inspections and maintenance reports are provided. The contractor's performance is inspected by the board of education electrical technicians as well as daily collaboration with AFB trades manager. These services respond to daily HVAC issues.
- 3. Why do you believe this agreement is <u>fiscally sound</u>? Include how the contractor was selected (various quotes vs. RFP vs. Sole Source), whether and why the cost has increased over last year (if continuation), and what an alternative might cost. The contract is a renewal and the pricing remains the same as last fiscal year. This contract was awarded to the lower of two bidders. This service was performed off of state contracts in the past so this is a new bid for facilities. The contract is necessary for life safety purposes as the generator maintenance is necessary to back up the electrical power throughout the district.



City of New Haven

Bureau of Purchases

200 Orange Street, Room 301 New Haven, CT 06510

Tel: 203-946-8201 Fax: 203-946-8206

The City of New Haven ("City") is accepting sealed Bids for the following:

Title:	On Call Generator Maintenance
Solicitation #:	21683
Project #:	N/A

Responses must be submitted in the form and manner specified in this request. Solicitation details are outlined in the **Project Summary**.

Forms and specifications may be obtained and your digital submission through the Bureau of Purchases, website:

https://newhavenct.bonfirehub.com/portal/?

Honorable Justin Elicker	Mayor
Michael V. Fumiatti, Sr,	Purchasing Agent



City of New Haven Bureau of Purchases 200 Orange Street Rm 301 New Haven, CT 06510

Telephone: (203) 946-8201 Fax: (203) 946-8206 www.newhavenct.gov/gov/depts/purchasing/

INVITATION TO BID

Project Summary											
Project Name:	On	Call Ge	nera	ator Ma	aint	enar	nce				
Solicitation #:	21	21683									
City Project #:	N/	N/A									
Solicitation/Advertise Date:	Fe	February 16, 2020									
Bid Closing Date:		arch 12,			Bid	Openino	g Time:		3	:00	PM
Pre-Bid Meeting Date:	N/	A			Pre	-Bid Mee	eting Tim	ie:			
Pre-Bid Meeting Location:	N/	N/A								•	
Department:	BOE- Facilities										
Solicitation Type:		Construction	X	Service		SCD*	- Consti	ructio	on SCD*		Service
Contract Term:		Construction (See Specification)					Service X y e a			Renewals Option(s) (at the sole discretion of CONH)	
Projection Description:		rvice ar		•		_	erat	or	sys	stem	S
Material Markup Allowed		oughou	t ti i								
Material Markup Allowed	X									up or	
Insurance Requirements:	F	Refer to Rider		A			r is atta			3110 10	,,,,,
Local Preference:	Ye	S									
MBE/WBE Utilization Form:	Requ	ired if your ba	se Bi	d Submissi	on is	\$150,0	00 or gi	reate	r		
Bid Bond:	N/	N/A Percentage Amount: %							%		
Labor, Material and Performance Bond:	N/	Д			I						•
Wage Rates:		Prevailing State	X		le Wag 7.42 - FY 2				Dav Baco Fede	on	N/A

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

Con	tractor/Vendor Name:	In State Mainten	ange Servi	US, LL								
	Address:	35100H Hapk	Ave	Late de la								
Tel	lephone and/or Fax #:	8.036911343										
	Email Address:	time Pristik mo	un coll									
	Contact Person:		anu									
					L. d. Sheistean amphy							
	For the pur	poses of this Disclosure and	Certification Aff	davit, the follow	s definitions apply:							
(b) "C m	Contract" means any agreement of the naterials or any combination of the	son" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures. Intract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, intract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, intract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, perials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the eases, 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.										
(d) "A	City" means any official agency, b Affiliate Entity" means any entity li	sted in sections 9 or 10 below	or any entity under	common manage	ement with the Contractor.							
					sk							
Sta	te of Counce Inco	1	County o	f New	Mwer !							
Ι, ͺ	Thomas Grulia	your name above)	being	first duly swo	orn, hereby deposes and says that:							
1.	I am over the age of 18 a	and understand the obliga	ations of makin	g statements	under oath; I understand that the City of							
	New Haven is relying on	my representations here	in.		0							
2a.	I am the corpora	ate secretary or majority ncluding sole proprietors	owner	In Stile !	Maintenance Services, La nsert Company Name above							
2b.	Orlam	an individual and my na	me is:									
			-	if an ir	ndividual, insert your name above							
3.					Agreement") and of all pertinent circumstances							
4.					accurate, attach an explanation of the status of none apply).							
4a.	As required by Conn. G	en. Stat. §12-41, the Contracto	or (and each owne	r, partner, officer,	most recent grand list and all taxes are current.							
4b.	The Contractor (includir with the City of New Ha	ng any owner, partner, officer oven for the most recent grand l	ist and does not o	we any back taxes	s to the City of New Haven, either directly or							
4c.	The Contractor or an over the City of New Haven of installment payments.	vner, partner, officer, represent or ii) owes back taxes and has Such agreement is attached a	ind incorporated	herein by referei	Contractor either i) has a PILOT agreement with y of New Haven to pay said back taxes in nce and the payments under said agreement							
5.	Affiliate Entity) does not	have any outstanding moneta	ry obligations to tr	e City of New na	partner, officer, other authorized signatory, or ven.							
6.	Dlogge select the applicable rep	presentation about the Contract	tor's business reg	stration:	2/10-4187300							
6a.	V proprietorship and its C	ticut corporation, partnership, li onnecticut Secretary of the Sta	ite Business ID #:		Insert State Registration # above							
6b.	proprietorship but is reg Contractor's Connecticu	Contractor is a foreign corporation, partnership, limited liability company or sole proprletorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:										
6c.	proprietorship and is no	n corporation, partnership, lim t registered to do business in t in the State of:	ne State of Conne	cticut. The	Please insert State name above							
	Contractor is registered in the State of. Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing busing in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).											

EVERY SECTION MUST BE COMPLETED For help completing this form contact 203-946-8201

7.	New Haven. For purposes (including officers) of the C the Contractor, and "affilia any other person serving	s of this Affidavit, "affiliated with the bus Contractor or any owner, board member or ted with the City of New Haven" means an	ne business of the Contractor who are also at iness of the Contractor" includes any current agent of the Contractor, or of any subsidiary by employee, agent, public official, board men the City of New Haven. If none state none.	nt or former employer or parent company on the commissioner of the
	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB

8. 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	DOB		
Tristate Maintenance		50520-2-5	32174		
Tri State Maintenance		21683-2-5	3274		

 The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):

Organization Name	Address	Type of Ownership
1 None		
2		

10. 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 (<u>must be on company letterhead and notarized</u>):

Name		Title	% of Ownership	DOB
1 hone				
2				

11. 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
1 Nove		
2		

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

Signature & Title of person completing this form:
THIS FORM MUST BE NOTARIZED NOTARY SEAL (if available)
Signature of Notary: Man Andrews
Subscribed and sworn to, before me on this: 15th Day of Lebuary 2021
My Commission Expires: Left 30 2025

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)

OP ID: JG

DATE (MM/DD/YYYY) 04/19/2021

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ne te certi	rms and conditions of th ificate holder in lieu of su	ne policy uch endo	, certain po prsement(s)	olicies may ı	require an endorsement		
CIA 272 HAI	DDUCER IRDIELLO INSURANCE 5 WHITNEY AVE MDEN, CT 06518 hord Circulous	3-281-1123	CONTACT Richard K. Ciardiello NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CONTACT Richard K. Ciardiello FAX (A/C, No): 203-281-1145							
RIC	hard K. Ciardiello					INSU	JRER(S) AFFOR	DING COVERAGE		NAIC #
					INSURER	A:UTICA I	NATIONAL	INSURANCE		12475
INSU	URED STATE MAINTENANCE SERVICES				INSURER	В:				
LLC	C; Tri State Generator Co.,				INSURER	C:				
LLC 356	Old Maple Avenue				INSURER	D:				
Nor	th Haven, CT 06473				INSURER	E:				
					INSURER	F:				
CO	OVERAGES CERT	ΓΙFΙC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FOUND AND CONDITIONS OF SUCH	QUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN RI	CONTRACT HE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	0	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	X	5157073		04/30/2021	04/23/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
^	X ANY AUTO			E4.4E04.0		0.4/0.0/0.004	0.4/0.0/0.000	(Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	X	Х	5145813		04/30/2021	04/30/2022	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH COOLIDDENICE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE	Х	Х	5157114		04/30/2021	04/30/2022	AGGREGATE	\$	5,000,000
	X DED X RETENTION\$ 10,000		-					AGGREGATE	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	Ψ	
			X	5145809		05/25/2021	05/25/2022	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
RE; add with terr	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ; GoTo Services, LLC. 117 Kendall ditionally insured. City of New Have h respect to the general liability an ms and conditions as their interest luded in favor of the City of New H	Streen s	eet, l hall uto l y ap	New Haven, CT 06513 be named as Addition iability coverages per	is listed al Insu the	d as red	e space is requir	ed)		
CERTIFICATE HOLDER						ELLATION				
City of New Haven 200 Orange Street					THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E PROVISIONS.		
	New Haven, CT 06519				. ما	IZED REPRESE				
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