



NEW HAVEN PUBLIC SCHOOLS

## Operations Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Typhanie Jackson  
**Date:** August 11, 2023  
**Re:** Purchase Order with Video Concepts Inc. to set up video and staging equipment for Convocation

**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:	Video Concepts Inc.
Doing Business as: (DBA)	
Vendor Address:	34-39 56 <sup>th</sup> St, Woodside NY 11377
Vendor Contact Name:	
Vendor Contact Email:	
Is the contractor a minority or women owned small business?	No
Agreement/Contract Information	
New or Renewal Agreement/Contract?	Purchase Order
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From 08/11/2023 To 09/30/2024
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$7,733.30
Funding Source Name: Acct. #:	2023-2024 Operating Budget 19040500-56694
Contract #: <small>(Local or State)</small>	



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**Key Questions:**

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

To set up video and staging equipment and stage for Convocation 8/28/23 which is the 1st meeting with teachers and staff in a venue that's conducive to the number of people who will be in attendance.

**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

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

N/A



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**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?**

N/A

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

N/A

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

N/A – Purchase Order and meets the City of New Haven Procurement guidelines.

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

No this vendor is to provide the district the video equipment and staging equipment for the Convocation event.



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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 # _____
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.	

Revised 5/2023

For: Office Use Only

PLEASE DO NOT PROCESS WITHOUT A PO NUMBER!

<b>Faxed:</b>		<b>Emailed:</b>	
Vendor No.		Date Entered	

**CITY OF NEW HAVEN**  
 Department of Education  
 54 Meadow St., New Haven, CT 06519  
**VENDOR PURCHASE ORDER**

P.O.
▲
This number must appear on all invoices and package of shipment

Vendor:

**General Funds**

Fiscal Year: **2023-2024**

**PURCHASE ORDERS NOT COMPLETED AND DELIVERED WITHIN 60 DAYS ARE AUTOMATICALLY CANCELLED**

Deliver To:

Date Prepared	Agency	Program	Location	Object
	<b>190</b>			

Quantity	Description	Unit Cost	Total Cost
	Shipping Charge		
<b>PLEASE NOTIFY BUSINESS OFFICE IF YOUR TOTAL COST EXCEEDS OUR TOTAL AMOUNT BEFORE SHIPPING</b>			

Authorized Supervisor's Signature	Business Office Approval	Principal's Signature	<b>TOTAL AMOUNT</b>	
   Click or tap to enter a date.	<i>Karen Barnes</i>  Click or tap to enter a date.	   Click or tap to enter a date.		

**FOR PAYMENT:** Send Your Invoice Electronically or By Mail:  
 Email: [NHInvoice@newhavenct.gov](mailto:NHInvoice@newhavenct.gov) or Email Above  
 Mail: **New Haven Public Schools**  
**Attn: Dept. of General Funds**  
**54 Meadow Street, New Haven, CT 06519**  
 Fax: **1-203-946-7436**



Creative Driven by Technology

# Invoice

Invoice Number: 03069  
 ARC 2.6 Wall v2 - Ref. Quote 23-0147

Client
Heather Barbarotta 375 Quinnipiac Ave. New Haven, CT 06513 ATTN: Accounts Payable

Venue / Site
Heather Barbarotta 375 Quinnipiac Ave. New Haven, CT 06513

Account Manager	Terms	Discount	Days	Invoice Date	Client PO
Pat Giovannello	Net 30		1	8/3/2023	

**Qty. Description**

**LED Wall Systems**

**11.4' x 6.5' LED Video Wall - 7x4 Wall - 1.75 Ratio**

- 28 Unilumin UpadIII 2.6mm Indoor LED Panels
- 2 NovaPro HD 2K Processor
- 2 Kuzar Tower Lift K-57

**Staging Equipment**

- 60 Black Velour Drape per foot w/50% fullness

**Camera Package**

**1 Cam w/Op, 1 Cam Fixed**

- 2 URSA Broadcast 4K Camera
- 2 Sachtler Video 18 Tripod
- 2 Camera Riser w/Black Skirt
- 1 ATEM Television Studio Pro 4K Switcher
- 1 Video Patch Kit

**Production Show Labor**

- 1 LED Video Wall Engineer
- 1 Camera Operator
- 1 Setup Technician
- 1 Strike Technician

<b>Subtotal:</b>	<b>\$7,083.30</b>
<b>Delivery and Pickup:</b>	<b>\$650.00</b>
<b>Total:</b>	<b>\$7,733.30</b>

**Total Applied Payments:** **\$0.00**

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**Balance Due:** **\$7,733.30**