

# CITY OF NEW HAVEN

## BUREAU OF PURCHASES

### Solicitation Information Template - SIT

**<https://newhavenct.bonfirehub.com>**

City Department:	Health				
Contact:	Brooke Logan	Email	blogan@newhavenct.gov	Telephone #	203-946-8351
Reviewer: (See Definition Below)	Brooke Logan, Julia Einhorn	Email	<a href="mailto:blogan@newhavenct.gov">blogan@newhavenct.gov</a> , jeinhorn@newhavenct.gov		
Advisor: (See Definition Below)		Email			
Observer: (See Definition Below)		Email			
Solicitation Type: see Solicitation Format Guide	Construction under \$100k (non SCD)		Construction \$100k to 1 Million		Construction over \$1 million
	Commodity		Service		Grant RFP
	SCD Service		SCD Under \$100k		SCD \$100 -\$150k
	RFP	X	RFP w/ LWI		RFP Hybrid
Project Name: If you have had a prior solicitation use the same naming convention – this helps when searching historical records – Also Keep it Simple	Syringe Disposal Contractor				
Project Number: Construction projects require a Project # - request from Engineering	N/A				
<b>Brief Overview/Mayoral Summary:</b> <small>This will be used for the Advertisement and the Web Page. Be thorough but not too wordy</small>	The Health Department is seeking a contractor to ensure the regular clean-up and disposal of syringes deposited in sharps containers in City public restrooms, syringe disposal units/trees, and public spaces. The contractor must be available to respond within one business day to complaints of syringe litter in public locations and to conduct appropriate clean-up and disposal of syringes found in these locations.				
Solicitation Budget:	\$25,000	Publish Budget	Yes	X	No

<b>Solicitation Term:</b>	One year			<b>Options to renew</b> (cannot exceed 4)	
		Input 1, 2, 3 or 4 Above			
<b>Solicitation Term:</b> (for longer construction projects)	July 1, 2023 to June 30, 2024				
<b>Advertisement:</b> We advertise in the New Haven Register, please provide your Hearst Acct# if you require other papers, please provide funding PO	<b>Hearst Account # &amp; PO #</b>			<b>Other Publication:</b> Indicate if you need to advertise in other publications	<b>Biznet</b>
<b>Dates:</b> (These are subject to change)	<b>Advertise Date:</b>	April 17, 2023		<b>Close Date:</b>	May 15, 2023
<b>Pre-Solicitation Meeting</b> Date must be a minimum of 7 days after ad date and 7 days prior to closing date	<b>Date:</b>	N/A	<b>Time:</b>		<b>Location:</b>
<b>Funding Source &amp; Acct #</b>	<b>City:</b>	23143201-56694	<b>State:</b>		<b>Federal:</b>
<b>Special Requirements, Certifications Etc</b> Please include in this section any special items or licensing etc that would be appropriate/required for this solicitation	N/A				
<b>Specifications:</b> Please put all the specifications into this box – if they are very large you may include a separate email with the document	<ol style="list-style-type: none"> <li>1. Name of Vendor/Contractor</li> <li>2. Permanent main office address</li> <li>3. Contact Information: Phone, E-mail</li> <li>4. If an organization, when organized</li> <li>5. Legal form of ownership. If a corporation, where incorporated.</li> <li>6. How many years have you been engaged in services, under your present name?</li> <li>7. Experience in work similar in scope of services and in importance to this solicitation opportunity. <ul style="list-style-type: none"> <li>• Proposals are currently or previously been provided, include for each client:</li> <li>• Name of Organization</li> <li>• Gross cost of agreement</li> <li>• Date services started</li> <li>• Services being provided</li> </ul> </li> </ol>				

	<ul style="list-style-type: none"> <li>Responsible official, address, and telephone number of person available as a reference.</li> </ul> <p>8. Have you ever failed to complete any work awarded to you? If so, where and why?</p> <p>9. Have you ever defaulted on a contract? If so, where and why?</p> <p>10. Describe any pending litigation or other factors, which could affect your organization's ability to perform this agreement</p> <p>11. Names, titles, reporting relationships, and background and experience of the principal members of your organization, including the officers. Indicate which individuals are authorized to bind the organization in negotiations with the City of New Haven</p> <p>12. Name, title, address and telephone number of the individual to whom all inquiries about this Proposal should be addressed.</p> <p>13. Will you upon request, fill out a detailed financial statement and furnish any other information or sign a release that may be required by the City of New Haven?</p> <p>14. Must meet City minimum insurance requirements for the Health Department</p> <p>15. Tax Identification number(s)</p> <p>16. As a Vendor are you able to receive electronic payment by P Card? Please explain your answer.</p> <p>17. Addendum acknowledgement Indicate Yes or None. In the event that you indicate “none” and there have been addendum issued, you are still responsible for the addendum content. See section <b>Interpretation of Addenda for details</b></p>					
<b>Bid Table:</b> Formerly known as Calc Sheet – Contact Procurement Analyst for Template (Bids)						
<b>RFP Selection Criterion:</b> Contact Purchasing if you need suggestions:	40 points: Description of relevant experience and qualifications. 25 points: Budget. 25 points: Maintenance/monitoring schedule. 10 points: Local (New Haven County) business.					
Have the Special and or General Conditions sections been Modified in any way?	N/A					
Architect/Engineering Firm:	N/A					
A/E Contact:	Contact		Email		Telephone	