



NEW HAVEN PUBLIC SCHOOLS

Finance and Operations Memorandum

From: Baron Young

Date: July 2, 2025

Re: Award of Contract to EMS LINQ LLC for Café Management Application services.

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 advance for consideration by the full.

Company Information		
Vendor Name:	EMS LINQ	
Doing Business as: (DBA)	Titan	
Vendor Address:	2801 Via Fortuna, Suite 400	
Vendor Contact Name:	Laura Kirkham	
Vendor Contact Email:	lkirkham@linq.com	
Purchase Overview Information		
New or Renewal?	New	
Effective Dates: (mm/dd/yy) <small>Multi-yr. require Board of Aldermen approval</small>	From 7/1/2025	To 6/30/2028
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown (Note any session costs or hourly rates)</small>	\$146,893.50 \$48,964.50 per contract year.	
Funding Source Name: Acct. # (incl. Location Codes): <small>Multiple funding sources require breakdown</small>	Food Service Contract services -25215200-56694	
Contract #: <small>(Local or State)</small>		
Brief Description of Services: <small>Do Not Write "See Attached"</small>	PROVIDE POS SYSTEM FOR FOOD SERVICE CAFETERIAS.	



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Procurement Selection Information

1. How was the Vendor selected? **Attach appropriate supporting documents*

☐ Quotes

☐ Sealed Bid # _____

☒ RFP# __2025-RFP-181_____

☐ Sole Source # _____

☐ State Contract # _____

☐ Exempt Professional

☐ Accountant

☐ Actuary

☐ Appraiser

☐ Architect

☐ Artist

☐ Dentist

☐ Engineer

☐ Expert Professional Consultant

☐ Land Surveyor

☐ Lawyer

☐ Physician/Medical Doctor

2. If Quotes used, when was the last time alternative quotes were requested?

N/A

3. If the vendor was selected through Solicitation (Sealed 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)*

Baron Young
Jennifer Punzo
Melanie Gibson



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Vendor Classification and Background
4. Do the department's employees have any possible conflict of interest with the selected vendor? If yes, please explain:
NO
5. Is this Vendor a Minority owned or Woman owned Business?
NO
6. Is the vendor a Public Corporation or a Not for Profit Organization? If, Not for Profit Organization specific Local or National?
NO
7. Is this a service existing staff could provide? If no, why not?
NO.
8. What specific skillset does this vendor bring to the project or program?
N/A
9. Explain how the vendors performance will be measured and monitored to ensure that the need and obligations are met.
N/A
10. What specific need will be the vendor address?
NHPS Food Service POS and inventory.
11. If Renewal, has the vendor met all obligations under previous/existing agreement/contract?
N/A



Financial Information
<u>If Renewal:</u>
12. Has the cost increased? If yes, by how much and why?
N/A
13. If a continuing service, provide evaluation or archival data to demonstrate effectiveness.
N/A
14. Why do you believe this Purchase is fiscally sound?
N/A
15. What are the implications of not approving this agreement?
N/A
<u>If New:</u>
16. Has the cost of service increased from previous years? If yes, explain.
NO.



Program Information
17. Program Type:
<input type="checkbox"/> Afterschool Program <input type="checkbox"/> Extended Hours Program <input type="checkbox"/> School Readiness <input type="checkbox"/> Head Start <input type="checkbox"/> Professional Development <input type="checkbox"/> Other: (specify) _____
18. Approximate # of Students served through the program?
N/A
19. Approximate # of Staff served through the program?
N/A
20. Will the output of this agreement contribute to the building's internal capabilities? If yes, explain.
N/A
21. How is this aligned to the NHPS Strategic Operating Plan?
N/A