

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter (in MS Word format)
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances
<input checked="" type="checkbox"/>	Prior Notification Form
<input checked="" type="checkbox"/>	Fiscal Impact Statement - Should include comprehensive budget
<input checked="" type="checkbox"/>	Supporting Documentation (if applicable)
<input checked="" type="checkbox"/>	E-mailed submission documents, including Cover letter & Order (in MS Word format)

IN ADDITION IF A GRANT:

<input type="checkbox"/>	Notice of Intent
<input type="checkbox"/>	Grant Summary
<input type="checkbox"/>	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: February 14TH, 2023

Meeting Submitted For: March 7TH, 2023

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond / Brooke Logan

Title of Legislation:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT RENEWAL WITH WORLDWIDE TRAVEL STAFFING INC FOR NURSING SERVICES IN THE AMOUNT OF \$400,000 TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: Legistar File ID: LM-2023-0092

This item is to enter into a new one-year contract with Worldwide Travel Staffing, Inc for temporary nursing services. The contract previously went out to bid with the option to renew.

Coordinator's Signature: *see wet signature copy

Controller's Signature (if grant): *see wet signature copy

Mayor's Office Signature: _____

Call (203) 946-7670 or email bmONTALVO@newhavenct.gov with any questions.

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Submitted By: Maritza Bond / Brooke Logan

Title of Legislation:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT RENEWAL WITH WORLDWIDE TRAVEL STAFFING INC FARNAM ASSOCIATES LLC FOR NURSING SERVICES IN THE AMOUNT OF \$400,000 TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: Legistar File ID: LM-2023-0092

This item is to enter into a new one-year contract with Worldwide Travel Staffing, Inc for Temporary nursing services. The contract previously went out to bid with the option review, Therefore, we are requesting unanimous consent.

Coordinator's Signature:

Controller's Signature (if grant):

Mayor's Office Signature:

Call (203) 946-7670 or email bmontalvo@newhavenct.gov with any questions.

CITY OF NEW HAVEN

Health Department



54 Meadow Street, 9th Floor • New Haven, Connecticut 06519 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

March 6, 2023

The Honorable Tyisha Walker-Myers
President, New Haven Board of Alders
City of New Haven
165 Church Street
New Haven, Connecticut 06510

RE: Order authorizing the Mayor of the City of New Haven to enter into a one-year contract renewal with Worldwide Travel Staffing, Inc. for nursing services in the amount of \$400,000 for the period of July 1, 2023 to June 30, 2024 and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Dear President Walker-Myers:

In accordance with the Order of New Haven Board of Alders (Board) authorizing the Mayor to apply for and accept all grants on behalf of the City of New Haven (City), passed on 17 October 1994, I write to respectfully request the Honorable Board of Alders to authorize the Mayor of the City of New Haven to enter into a one-year contract renewal with Worldwide Travel Staffing, Inc. in the amount of \$400,000 for nursing services grant for the period of July 1, 2023 to June 30, 2024 and to execute, acknowledge, implement, and deliver any and all documents as may be considered necessary or appropriate with respect thereto. Through this contract, Worldwide Travel Staffing, Inc. will provide nursing services in New Haven public schools and the Health Department clinic to ensure continuity of services for students and the community.

This is a contract renewal for an award that resulted from an RFP/Q solicitation processes. The solicitation was written with the option to renew. Therefore, we are requesting **unanimous consent**.

Should you require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Bond", is written over a faint, larger signature.

Maritza Bond, MPH
Director of Health

Attachments

..TITLE

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT RENEWAL WITH WORLDWIDE TRAVEL STAFFING INC FOR NURSING SERVICES IN THE AMOUNT OF \$400,000 TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

..BODY

WHEREAS, the City of New Haven recognizes the importance of provide public health nursing services to students and the general public;

WHEREAS, upon securing nursing services, the Health Department can ensure that each New Haven public and parochial school is assigned a full-time nurse and the Health Department clinic can be staffed to meet the health needs of residents;

NOW, THEREFORE, be it ORDERED by Board of Alders of the City of New Haven that the Mayor, on behalf of the City, is authorized to enter into a one-year contract renewal in the amount of \$400,000 with Worldwide Travel Staffing, Inc. and to execute any revisions, amendments or modifications to said contract.

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **February 14th, 2023**

FROM: Department/Office Health Department
Person Maritza Bond, Director Telephone 203-946-8351

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT RENEWAL WITH WORLDWIDE TRAVEL STAFFING INC FOR NURSING SERVICES IN THE AMOUNT OF \$400,000 TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Check one if this an appointment to a commission

☐ Democrat

☐ Republican

☐ Unaffiliated/Independent/Other _____

INSTRUCTIONS TO DEPARTMENTS

1. Departments are responsible for sending this form to the alder(s) affected by the item.
2. This form must be sent (or delivered) directly to the alder(s) **before** it is submitted to the Legislative Services Office for the Board of Alders agenda.
3. The date entry must be completed with the date this form was sent the alder(s).
4. Copies to: alder(s); sponsoring department; attached to submission to Board of Alders.

FISCAL IMPACT STATEMENT

DATE: March 6, 2023
FROM (Dept.): Health
CONTACT: MARITZA BOND, DIRECTOR PHONE 203-946-8351

SUBMISSION ITEM (Title of Legislation):

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ENTER INTO A ONE-YEAR CONTRACT RENEWAL WITH WORLDWIDE TRAVEL STAFFING INC FOR NURSING SERVICES IN THE AMOUNT OF \$400,000 TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

List Cost: Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

				CAPITAL/LINE
	GENERAL	SPECIAL	BOND	ITEM/DEPT/ACT/OBJ CODE
A. Personnel				
1. Initial start up				
2. One-time				
3. Annual		\$400,000		24022957-56694
B. Non-personnel				
1. Initial start up				
2. One-time				
3. Annual				

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time
2. Annual

Other Comments:

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)	Maritza Bond, Monika Lopez	Email	mbond@newhavenct.gov Monika.lopez@new-haven.k12.ct.us	
Advisor: (See Definition Below)	Maritza Bond	Email	mbond@newhavenct.gov	
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		
	SCD Service	SCD Under \$100 k	SCD \$100 - \$150k	
	RFP	X	RFP w/ LWI	

Temporary and Per Diem Nursing Staff

Project Name: If you have had a prior solicitation use the same naming convention – this helps when searching historical records – Also Keep it Simple	
Project Number: Construction projects require a	N/A

Project # - request from Engineering	The Department of Health of the City of New Haven seeks the services of a personnel agency to provide temporary registered nurses and advanced practice nurse practitioners to work in school health office providing school nursing services, adult and pediatric vaccination clinics, including COVID-19 vaccination clinics, sexual health clinics, pediatric clinics for back-to-school physicals, and other community-based clinics offered by the New Haven Health Department					
Brief Overview/Mayoral Summary: This will be used for the Advertisement and the Web Page. Be thorough but not too wordy						
Solicitation Budget:	\$300,000		Publish Budget		Yes	No
Solicitation Term:	One year with the option to review for an additional two years.	2	Options to renew for two additional one year terms (cannot exceed 4)			
	Input 1, 2, 3 or 4 Above					
Solicitation Term: (for longer construction projects)	July 1, 2022 to June 30, 2023					
Advertisement: We advertise in the New Haven Register, please provide your Hearst Acct# if you require other papers, please provide funding PO	Hearst Account # & PO #	Account for advertising - 24022957-56694		Other Publication: Indicate if you need to advertise in other publications		Biznet
Dates: (These are subject to change)	Advertise Date:	March 21, 2022		Close Date:		April 5, 2022
Pre-Solicitation Meeting Date must be a minimum of 7 days after ad date and 7 days prior to closing date	Date:	N/A	Time:	Location :		
Funding Source & Acct #	City:	2402295 7-56694	State:	Federal:		
Special Requirements,	Nursing and other medical staff must be licensed to practice in the State of Connecticut, must meet					

<p>Certifications Etc</p> <p>Please include in this section any special items or licensing etc that would be appropriate/required for this sonication</p>	<p>minimum insurance requirements set forth by the City of New Haven, City of New Haven will not indemnify temporary staffing agency</p>
<p>Specifications:</p> <p>Please put all the specifications into this box – if they are very large you may include a separate email with the document</p>	<ol style="list-style-type: none"> 1. Name of Vendor/Contractor 2. Permanent main office address 3. Contact Information: Phone, E-mail 4. If an organization, when organized 5. Legal form of ownership. If a corporation, where incorporated. 6. How many years have you been engaged in services, under your present name? 7. Provide hourly rate table 8. Include current certificate of insurance that meets City of New Haven standards for medical providers 9. Experience in work similar in scope of services and in importance to this solicitation opportunity. <ul style="list-style-type: none"> • Proposals are currently or previously been provided, include for each client: • Name of Organization • Gross cost of agreement • Date services started • Services being provided • Responsible official, address, and telephone number of person available as a reference. 10. Have you ever failed to complete any work awarded to you? If so, where and why? 11. Have you ever defaulted on a contract? If so, where and why? 12. Describe any pending litigation or other factors, which could affect your organization's ability to perform this agreement 13. 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 14. Name, title, address and telephone number of the individual to whom all inquiries about this Proposal should be addressed. 15. 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? 16. Tax Identification number(s) 17. As a Vendor are you able to receive electronic payment by P Card? Please explain your answer. 18. 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 Interpretation of Addenda

	for details			
Bid Table: Formerly known as Calc Sheet – Contact Procurement Analyst for Template (Bids)				
RFP Selection Criterion: Contact Purchasing if you need suggestions:	50 points budget 50 points experience			
Have the Special and or General Conditions sections been Modified in any way?	N/A			
Architect/Engineering Firm:	N/A	Contact	Email	Telephone
A/E Contact:				