



**Cuyahoga County Board of Control Agenda
Monday, March 24, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:

<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 3/17/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-190

Department of Public Works, recommending to amend Board Approval No. BC2024-732, dated 10/15/2024, which approved an RFP exemption and made an award on Purchase Order No. 24004197 to Lake Erie Construction Company for the removal and replacement of guardrails located on Usher Road in Olmsted Township, by changing the amount from \$51,225.00 to \$52,510.60.

Funding Source: Road and Bridge

BC2025-191

Department of Public Works, submitting an amendment to Contract No. 2987 with Precision Industrial Services, Inc. for carpet and installation services for various County buildings, for the period 1/20/2023 – 1/19/2026, to extend the time period to 1/19/2027, and for additional funds in the amount not-to-exceed \$300,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-192

Department of Public Works, submitting an amendment to Contract No. 3909 (fka Contract No. 3251 and 2584) with AVI Food Systems, Inc. for food service operations at the Cuyahoga County Justice Center Cafeteria for the period 7/1/2012 – 6/30/2025 to add \$15,000.00 to the contract for anticipated loss of revenue payment to AVI Food Systems, Inc. effective upon signatures of all parties.

Funding Source: General Funds

BC2025-193

Department of Public Works, recommending an award on RQ15173 and enter into Contract No. 5259 with Schirmer Construction LLC (7-5) in the amount not-to-exceed \$490,757.00 for rehabilitation of existing Monticello Boulevard Bridge over Euclid Creek in the City of South Euclid, effective upon signatures of all parties through project completion.

Funding Source: County Motor Vehicle \$7.50 License Tax Funds

BC2025-194

Fiscal Office, submitting an amendment to Contract No. 4715 (fka Contract No. 1259 and CE0600277) with MHC Software, LLC for Enterprise Resource Planning printing integration software licenses, support and implementation services for the period 10/27/2016 – 7/31/2026 to extend the time period for a period of 3 years from the effective date of this amendment, to expand the scope of services in accordance with Schedule A, for additional funds in the amount not-to-exceed \$9,000.00, to replace the insurance requirements and to incorporate Amendment Five – Schedule C into this amendment.

Funding Source: General Fund

BC2025-195

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$24,376.00 for a state contract purchase of (2) Cisco Catalyst 3400 ethernet network switches, Cisco Smart Net Total Care – extended care services, (2) server racks, (4) Meraki Outdoor Dual Band Wireless Access Points, (4) Meraki Dual-Band Sector Antennas, related accessories and licenses for use at various County parking lots on Superior Avenue.
- b) Recommending an award on Purchase Order No. 25000638 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$24,376.00 for a state contract purchase of (2) Cisco Catalyst 3400 ethernet network switches, Cisco Smart Net Total Care – extended care services, (2) server racks, (4) Meraki Outdoor Dual Band Wireless Access Points, (4) Meraki Dual-Band Sector Antennas, related accessories and licenses for use at various County parking lots on Superior Avenue.

Funding Source: Parking Services Fund

BC2025-196

Department of Information Technology on behalf of the Public Defender's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,200.00 for a joint cooperative purchase of (100) Samsung Portable Solid State External Drives.

- b) Recommending an award on Purchase Order No. 25000801 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,200.00 for a joint cooperative purchase of (100) Samsung Portable Solid State External Drives.

Funding Source: General Fund 78% reimbursed by Office of the Ohio Public Defender

BC2025-197

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Bugcrowd Inc. in the amount not-to-exceed \$43,906.50 for renewal of Vulnerability Disclosure Program Essentials Platform for the period 3/31/2025 – 3/30/2026.
- b) Recommending an award on Purchase Order No. 25001046 to Bugcrowd Inc. in the amount not-to-exceed \$43,906.50 for renewal of Vulnerability Disclosure Program Essentials Platform for the period 3/31/2025 – 3/30/2026.

Funding Source: General Fund

BC2025-198

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Logicalis, Inc. in the amount not-to-exceed \$234,560.85 for a joint cooperative purchase for renewal of NetApp support licenses and maintenance services with various start dates between 5/1/2025 and 10/1/2025 through 7/31/2026 for the Bluebridge Network in Cleveland.
- b) Recommending an award on Purchase Order No. 25001061 to Logicalis, Inc. in the amount not-to-exceed \$234,560.85 for a joint cooperative purchase for renewal of NetApp support licenses and maintenance services with various start dates between 5/1/2025 and 10/1/2025 through 7/31/2026 for the Bluebridge Network in Cleveland.

Funding Source: General Fund

BC2025-199

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Logicalis Inc. in the amount not-to-exceed \$25,500.00 for a joint cooperative purchase of Elasticsearch digital solutions subscription services for the period 5/1/2025 - 4/30/2026.
- b) Recommending an award on Purchase Order No. 25001124 to Logicalis Inc. in the amount not-to-exceed \$25,500.00 for a joint cooperative purchase of Elasticsearch digital solutions subscription services for the period 5/1/2025 - 4/30/2026.

Funding Source: General Fund

BC2025-200

Department of Information Technology, recommending an award on RQ14080 and enter into a Master Contract with various vendors (85-43) in the total amount not-to-exceed \$450,000.00 for Staff Augmentation services, effective upon signatures of all parties for a period of 5 years.

- a) Contract No. 5202 with Agents-511, LLC dba Interapt, LLC in the anticipated amount of \$66,000.00.
- b) Contract No. 5252 with COGENT Infotech Corporation in the anticipated amount of \$64,000.00.
- c) Contract No. 5253 with Enterprise Solutions, Inc. dba Enterprise Global Solutions, Inc. in the anticipated amount of \$64,000.00.
- d) Contract No. 5254 with Mansai Corporation in the anticipated amount of \$64,000.00.
- e) Contract No. 5255 with TEKsystems, Inc. in the anticipated amount of \$64,000.00.
- f) Contract No. 5256 with US Tech Solutions, Inc. in the anticipated amount of \$64,000.00.
- g) Contract No. 5257 with Vertex Computer Systems, Inc. in the anticipated amount of \$64,000.00.

Funding Source: General Fund

BC2025-201

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems in the amount not-to-exceed \$5,087.88 for a state contract purchase of (1) Video Workstation Tower and monitor, related accessories, system configuration and set up at the Juvenile Justice Center's Guard Shack.
- b) Recommending an award on Purchase Order No. 25001049 to Integrated Precision Systems in the amount not-to-exceed \$5,087.88 for a state contract purchase of (1) Video Workstation Tower and monitor, related accessories, system configuration and set up at the Juvenile Justice Center's Guard Shack.

Funding Source: Sheriff Central Security Internal Service Fund

BC2025-202

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,140.00 for a state contract purchase of (30) HP Elite Mini Desktop Computers.
- b) Recommending an award on Purchase Order No. 25000710 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,140.00 for a state contract purchase of (30) HP Elite Mini Desktop Computers.

Funding Source: General Fund

BC2025-203

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp. in the amount not-to-exceed \$5,250.00 for renewal of (1) digital video recorder (DVR) examiner license for use by Ohio Internet Crimes against Children (ICAC) Task Force unit for the period 4/27/2025 – 4/26/2026.
- b) Recommending an award on Purchase Order No. 25001029 to Carahsoft Technology Corp. in the amount not-to-exceed \$5,250.00 for renewal of (1) digital video recorder (DVR) examiner license for use by Ohio Internet Crimes against Children (ICAC) Task Force unit for the period 4/27/2025 – 4/26/2026.

Funding Source: Internet Crimes Against Children Federal Grant Award

BC2025-204

Public Defender's Office, submitting a Site Agreement with James Bell Associates, Inc. in the amount of \$54,500.00 for site implementation services in connection with JCAMP Implementation Support Services Project for the period 2/12/2025 – 7/31/2025.

Funding Source: U.S. Department of Health and Human Services Children's Bureau Judicial, Court, and Attorney Measures of Performance (JCAMP) Grant

BC2025-205

Public Defender's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Monarch Endeavors, LLC in the amount not-to-exceed \$12,000.00, effective upon signatures of all parties for a period of 1-month for management-level bootcamp training sessions to be held on 3/20/2025 and 3/27/2025.
- b) Recommending an award and enter into Contract No. 5230 with Monarch Endeavors, LLC in the amount not-to-exceed \$12,000.00, effective upon signatures of all parties for a period of 1-month for management-level bootcamp training sessions to be held on 3/20/2025 and 3/27/2025.

Funding Source: General Fund 78% reimbursed by Office of the Ohio Public Defender

BC2025-206

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to West Publishing Corporation aka Thomson Reuters in the amount not-to-exceed \$20,000.00 for the purchase of Clear Proflex online software subscription services for Law Enforcement Division for the period 2/1/2025 – 12/31/2025.

b) Recommending an award on Purchase Order No. 25000385 to West Publishing Corporation aka Thomson Reuters in the amount not-to-exceed \$20,000.00 for the purchase of Clear Proflex online software subscription services for Law Enforcement Division for the period 2/1/2025 – 12/31/2025.

Funding Source: Federal Equitable Sharing Account

BC2025-207

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$30,000.00 for the purchase of various laundry chemicals for use in the County Jail for the period 3/1/2025 – 2/28/2026.
- b) Recommending an award on Purchase Order No. 25000876 to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$30,000.00 for the purchase of various laundry chemicals for use in the County Jail for the period 3/1/2025 – 2/28/2026.

Funding Source: General Fund

BC2025-208

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to ZOLL Medical Corporation in the amount not-to-exceed \$64,500.00 for a joint cooperative purchase of (3) AutoPlus NXT Starter Kits.
- b) Recommending an award on Purchase Order No. 25001072 to ZOLL Medical Corporation in the amount not-to-exceed \$64,500.00 for a joint cooperative purchase of (3) AutoPulse NXT Starter Kits.

Funding Source: FY2022 Edward Byrne Memorial Justice Assistance Grant

BC2025-209

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$50,087.05 for a state contract purchase of (233) cases of duty and training ammunition for Law Enforcement Officers.
- b) Recommending an award on Purchase Order No. 25001219 to Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$50,087.05 for a state contract purchase of (233) cases of duty and training ammunition for Law Enforcement Officers.

Funding Source: General Fund

BC2025-210

Sheriff's Department, recommending an award and enter into Contract No. 5270 with OCV, LLC in the amount not-to-exceed \$84,464.00 for a sole source purchase of VINE (Victim Information & Notification Everyday) network custom mobile app with push and alert system notifications of inmate's status for iPhone and Android mobile devices, maintenance and support commencing upon contract signature of all parties for a period of 3 years.

Funding Source: General Fund

BC2025-211

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Agilent Technologies, Inc. in the amount not-to-exceed \$9,452.84 for a joint cooperative purchase of various lab supplies for use by the Drug Chemistry Lab.
- b) Recommending an award on Purchase Order No. 25001174 to Agilent Technologies, Inc. in the amount not-to-exceed \$9,452.84 for a joint cooperative purchase of various lab supplies for use by the Drug Chemistry Lab.

Funding Source: General Fund

BC2025-212

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to B&H Foto and Electronics dba B&H in the amount not-to-exceed \$13,716.20 for a joint cooperative purchase of (2) Kolari Cameras, filters, various accessories and supplies for routine maintenance of camera equipment for the Forensic Photography and Investigative units.
- b) Recommending an award on Purchase Order No. 25001196 to B&H Foto and Electronics dba B&H in the amount not-to-exceed \$13,716.20 for a joint cooperative purchase of (2) Kolari Cameras, filters, various accessories and supplies for routine maintenance of camera equipment for the Forensic Photography and Investigative units.

Funding Source: General Fund

BC2025-213

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4107 with Cleveland Rape Crisis Center juvenile diversion services for at-risk minority youth for the Positive Youth Development: Preventing Delinquency Through Gender-Specific Programming in connection with the 2023 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2023 – 3/31/2025 to extend the time period to 6/10/2025, to incorporate Exhibit 1 - Revised Budget, and for additional funds in the amount not-to-exceed \$12,500.00, effective upon signatures of all parties.

Funding Source: Ohio Department of Youth Services, Department of Justice Office of Justice Program for Juvenile Justice Delinquency and Prevention

C. – Exemptions

BC2025-214

Department of Public Works, requesting an alternative procurement process, which will result in the release of a Formal Request for Proposals for furniture and fixtures for 1801 Superior Avenue, Cleveland to be used by the Department of Health and Human Services to qualified suppliers on Joint Cooperative Purchasing platforms, open to the County, including but not limited to Sourcewell, Omnia Partners, State of Ohio Contract, NASPO ValuePoint, Federal GSA schedule. Only vendors with existing Joint Cooperative Purchasing contracts will be eligible for award under this alternative procurement.

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2025-215

Fiscal Department, presenting proposed travel/membership requests for the week of 3/24/2025:

Dept:	Department of Information Technology							
Event:	AXON Week '25							
Source:	AXON							
Location:	Phoenix, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Sharon Faenza	4/21/2025 – 4/25/2025	\$849.00	\$203.00	\$1,456.00	\$100.00	\$757.00	\$3,365.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

This conference attendance is in support of the \$ 20MM investment of Axon hardware and software to be implemented within Cuyahoga County throughout 2025 and 2026.

Dept:	Department of Information Technology							
Event:	AXON Week 2025							
Source:	AXON							
Location:	Phoenix, AZ							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Steven Bartczak	4/21/2025 – 4/26/2025	\$1,149.00	\$360.00	\$1,500.00	\$0.00	\$800.00	\$3,809.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Attendance at the conference will help ensure that our team understand the latest in public safety technology and learning about the innovative solutions of the future. Axon Week is public safety's premier technology and training conference and will feature keynotes on the future of public safety technology, training, and breakout sessions on innovative solutions in the public safety sector. Expert speakers and panels will address highly requested topics on public safety policy, training, crime reduction, communication, and officer wellness among other topics.

BC2025-216

Department of Purchasing, presenting proposed purchases for the week of 3/24/2025:

Direct Open Market Purchases
(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001080	1-year subscription and renewal of (8) Redgate SQL Essentials licenses	Department of Information Technology	Axelliant LLC	\$9,824.24	General Fund
25001082	Miscellaneous small equipment parts for use by the Fleet Division	Department of Public Works	Sohars All Season Mower Service Inc.	Not-to-exceed \$49,000.00	40% General Fund, 40% Sanitary Fund, and 20% Road and Bridge Fund
25001137	(5) 32" Walk behind auto scrubbers with accessories	Department of Public Works	Amico LLC dba United Business Supply	\$40,995.00	General Fund
25001202	Firearm accessories for Mossberg 590	Sheriff Department	Drellishak & Drellishak Inc. dba Pro-Tech Security Sales	\$9,298.80	General Fund
25001207	(1) Commercial Generator	Department of Public Works	Cummins Inc.	\$8,319.57	Sanitary Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Corrections Planning Board, submitting pass-through Subgrant Award from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the total amount not-to-exceed \$1,030,506.00 for alcohol and other drug assessment, case management and intensive outpatient treatment services for the period 7/1/2024 – 6/30/2025 in connection with the SFY2025:

- a) \$810,006.00 Treatment Alternatives to Street Crime Program (TASC)
- b) \$220,500.00 Drug Court Program

Funding Source:

- a) Ohio Department of Mental Health and Addiction Services pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS);
- b) \$137,910.00 from the Ohio Department of Mental Health and Addiction Services pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) and \$82,590.00 supplemental funds from ADAMHS Board.

Item No. 2

Court of Common Pleas/Domestic Relations Court Division, submitting a grant award from Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount of \$75,000.00 for the Families First Program in connection with CY2025 Core Contract for the period 1/1/2025-12/31/2025.

Funding Source: Alcohol, Drug Addiction and Mental Health Services Board

Item No. 3

Court of Common Pleas/Domestic Relations Court Division, submitting a grant award from American Academy of Matrimonial Lawyers Ohio Chapter (AAML) in the amount of \$5,000.00 for social and therapeutic services provided to minor children enrolled in the Cuyahoga County Domestic Relations Court Families First Program for the period 1/1/2025 through 12/31/2025.

Funding Source: The Ohio Chapter of the American Academy of Matrimonial Lawyers

Item No. 4

Sheriff's Department, submitting a Memorandum of Understanding with U.S. Department of Justice, Drug Enforcement Administration for the National License Plate Reader Data Sharing Program to establish the terms, conditions, use and dissemination of License Plate Reader information, effective upon signatures of all parties a period of 5 years.

Funding Source: Not applicable

Item No. 5

Contracts \$0.00 – \$4,999.99 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
3018	5090 fka 2993, 563, 20002846	OhioGuidestone	for trauma informed mentoring services to the Promise Team youth population to change Per Diem Rates to an Hourly Rate	\$0	Court of Common Pleas/Juvenile Court Division	7/1/2020 – 6/30/2026	(Original) RECLAIM Grant	3/6/2025 (Executive)
N/A	4983 fka 3050 and 2739	OhioGuidestone	for diversion case management services to change Per Diem Rates to an Hourly Rate	\$0	Court of Common Pleas/Juvenile Court Division	7/1/2022 – 6/30/2026	(Original) RECLAIM Grant	3/19/2025 (Executive)
N/A	5243 fka 857	AEP OnSite Partners, LLC to change the name of the vendor to Onsite Partners Projectco, LLC	for the purchase of electricity generated by rooftop solar systems installed at various county facilities in connection with the aggregated solar project	\$0	Department of Public Works	6/1/2019-12/31/2031	(Original) The project is funded by the vendor. The vendor purchases and maintains the panels, then sells the power back to the County at the agreed upon rate.	3/18/2025 (Executive) 3/18/2025 (Law)

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0333	Resurfacing of West 210 th Street from Lorain Road to Center Ridge Road in the City of Fairview Park-Council District 1	\$1,063,157.00		\$250,000.00 with County Road and Bridge Funds and \$813,157.00 from the City of Fairview Park	3/17/2025 (Executive)

R2024-0333	Resurfacing of Dover Center Road from Butternut Ridge Road to Mill Road in the City of North Olmsted- Council District 1	\$500,000.00		\$250,000.00 with County Road and Bridge Funds and \$250,000.00 from the City of North Olmsted	3/17/2025 (Executive)
R2024-0333	Resurfacing of Coit Avenue from Woodworth Avenue to East 152 nd Street in the City of East Cleveland- Council District 10	\$614,539.00		\$250,000.00 with County Road and Bridge Funds and \$364,539.00 from the City of East Cleveland	3/17/2025 (Executive)
R2024-0333	Resurfacing of Avery Road from Royalton Road to Oakes Road in the City of Broadview Heights- Council District 6	\$300,000.00		\$150,000.00 with County Road and Bridge Funds and \$150,000.00 from the City of Broadview Heights	3/17/2025 (Executive)
R2024-0333	Resurfacing of Akins Road from State Road to the Eastern Corporation Line in the City of North Royalton- Council District 5	\$680,953.00		\$250,000.00 with County Road and Bridge Funds and \$430,953.00 from the City of North Royalton	3/17/2025 (Executive)
R2024-0333	Resurfacing of Rockside Road from the I-271/480 Bridge to Aurora Road in the City of Bedford Heights-Council District 9	\$500,000.00		\$250,000.00 with County Road and Bridge Funds and \$250,000.00 from the City of Bedford Heights	3/17/2025 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, March 17, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:00 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)

Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Levine Ross, County Council (Alternate for Meredith Turner)

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 3/10/2025

Leigh Tucker motioned to approve the minutes from the March 10, 2025, meeting; Robert Schleper seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-179

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Softeware, Inc. in the amount not-to-exceed \$7,301.20 for renewal of DonorPerfect Online subscription software and support to be used by the County Animal Shelter for the period 2/9/2025 – 2/9/2026.
- b) Recommending an award on Purchase Order No. 25001021 to Softeware, Inc. in the amount not-to-exceed \$7,301.20 for renewal of DonorPerfect Online subscription software and support to be used by the County Animal Shelter for the period 2/9/2025 – 2/9/2026.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-179 was approved by unanimous vote.

BC2025-180

Department of Public Works, submitting an amendment to Contract No. 2425 with Patriot Industrial Technologies, LTD for water treatment chemicals and services for boiler and air conditioning equipment at various County buildings for the period 5/2/2022 – 12/31/2024 to extend the time period to 9/30/2025 and for additional funds in the amount not-to-exceed \$22,500.00 which includes a contingency reserve of \$7,650.00, effective upon signatures of all parties.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-180 was approved by unanimous vote.

BC2025-181

Department of Public Works, submitting an amendment to Contract No. 4336 with Karvo Companies, Inc. for resurfacing of Sheldon Road from Engle Road to Smith Road in the Cities of Brook Park and Middleburg Heights in connection with the 2021-2024 Transportation Improvement Program for additional funds in the amount not-to-exceed \$353,212.41.

Funding Source: 76% Federal, 20% Ohio Public Works Commission, 2%, Municipalities and 2% \$5.00 Motor Vehicle License Tax Fund

Nichole English, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-181 was approved by unanimous vote.

BC2025-182

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Industrial Water Management LLC for water mitigation services in the amount not-to-exceed \$125,000.00, which includes a contingency of \$35,085.00 for additional preventative disinfection services, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 5242 with Industrial Water Management LLC for water mitigation services in the amount not-to-exceed \$125,000.00, which includes a contingency of \$35,085.00 for additional preventative disinfection services, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-182 was approved by unanimous vote.

BC2025-183

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to AdvizeX Technologies LLC in the amount not-to-exceed \$192,907.51 for the purchase of (6) HPE Synergy 480 Gen11 servers and (2) HPE Synergy 12000 CTO Frame, various accessories, and support for migration to the new Chassis located at the Columbus Data Center.
- b) Recommending an award on Purchase Order No. 25000735 to AdvizeX Technologies LLC in the amount not-to-exceed \$192,907.51 for the purchase of (6) HPE Synergy 480 Gen11 servers and (2) HPE Synergy 12000 CTO Frame, various accessories, and support for migration to the new Chassis located at the Columbus Data Center.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Houser seconded. Item BC2025-183 was approved by unanimous vote.

BC2025-184

Department of Information Technology on behalf of the Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cellebrite, Inc. in the amount not-to-exceed \$34,440.00 for the purchase of:
 - 1) Configuration and Onboarding (Remote) session for up to 12 participants for the period 2/24/2025 – 2/23/2026.
 - 2) (3) Barcode Readers
 - 3) (3) Guardian Pro User Subscriptions for the period 3/27/2025 through 3/26/2026.
- b) Recommending an award on Purchase Order No. 25000999 to Cellebrite, Inc. in the amount not-to-exceed \$34,440.00 for the purchase of:
 - 1) Configuration and Onboarding (Remote) session for up to 12 participants for the period 2/24/2025 – 2/23/2026.
 - 2) (3) Barcode Readers
 - 3) (3) Guardian Pro User Subscriptions for the period 3/27/2025 through 3/26/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Katherine A. Gallagher asked Brianna Witt to further explain the price of the contract since IT is paying for the contract and whether the

current price is for the entire contract or an addition to the contract. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-184 was approved by unanimous vote.

BC2025-185

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to CAKE.com Inc. in the amount not-to-exceed \$10,332.60 for the purchase of Clockify's annual standard software license subscription for the period 2/28/2025 – 2/28/2026.
- b) Recommending an award on Purchase Order No. 25001025 to CAKE.com Inc. in the amount not-to-exceed \$10,332.60 for the purchase of Clockify's annual standard software license subscription for the period 2/28/2025 – 2/28/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Michael Houser asked is this a new contract or renewal. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-185 was approved by unanimous vote.

BC2025-186

Clerk of Courts,

- a) Submitting an RFP exemption, which will result in an award recommendation to United States Postal Service in the amount not-to-exceed \$475,000.00 for the purchase of refill postage for the period 3/1/2025 – 8/1/2025, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.
- b) Recommending an award on Purchase Order No. 25000889 to United States Postal Service in the amount not-to-exceed \$475,000.00 for the purchase of refill postage for the period 3/1/2025 – 8/1/2025, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

Angela Williamson, Clerk of Courts, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2025-186 was approved by unanimous vote.

BC2025-187

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to OD Security North America, LLC in the amount not-to-exceed \$190,750.00 for a joint cooperative purchase of (1) Soter RS Full Body Security Scanning System.

- b) Recommending an award on Purchase Order No. 25000996 to OD Security North America, LLC in the amount not-to-exceed \$190,750.00 for a joint cooperative purchase of (1) Soter RS Full Body Security Scanning System.

Funding Source: FY2022 Byrne Discretionary Funding Grant Program

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-187 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-188 through BC2025-189; Michael Houser seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-188

Fiscal Department, presenting proposed travel/membership requests for the week of 3/17/2025:

Dept:	Public Defender's Office							
Event:	Criminal Defense Investigation Training							
Source:	Michigan Council of Professional Investigators							
Location:	East Lansing, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jason Dietz	4/7/2025 – 4/9/2025	\$395.00	\$84.00	\$223.74	\$331.64	\$0.00	\$1,034.38	General Fund 78% reimbursed by Office of the Ohio Public Defender
Jamie Gregorski	4/7/2025 – 4/9/2025	\$395.00	\$84.00	\$223.74	\$322.66	\$0.00	\$1,025.40	General Fund 78% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Designed to enhance investigators interviewing skills and strategies in things such as witness interviewing, documentation, statements, report writing, and testifying.

Dept:	Public Defender's Office							
Event:	YDAP Summer Academy							
Source:	The Gault Center							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Caitlyn Idoine	6/1/2025 – 6/7/2025	\$200.00	\$220.00	\$1,871.46	\$455.00	\$347.92	\$3,094.38	General Fund 78% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

YDAP Summer Academy is a youth defense trial advocacy curriculum developed to strengthen youth defense as a specialized practice and enhance the capacity of youth defenders to provide meaningful, high-quality representation to their clients at every stage of the juvenile legal system.

Dept:	Department of Public Safety and Justice Services							
Event:	Annual Training Workshop							
Source:	National Association of SARA Title II Program Officials							
Location:	Milwaukee, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alan Finkelstein (Community Partner)	4/20/2025 – 4/25/2025	\$515.00	\$200.00	\$660.24	\$0.00	\$0.00	\$1,375.24	80% Hazardous Materials Emergency Planning Grant 20% Local Emergency Planning Committee

								Discretionary Funds
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*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

**** Alan Finkelstein will be in the Milwaukee area for another conference and is not requesting mileage or airfare for this travel.

Purpose:

The Department of Public Safety & Justice Services, on behalf of the Local Emergency Planning Committee (LEPC), requesting authorization for Alan Finkelstein, LEPC committee member, to attend the National Association of SARA Title III Program Official 2025 Spring Workshop. This conference will be held in Milwaukee, Wisconsin.

Dept:	Department of Public Safety and Justice Services							
Event:	2025 Annual Training Conference							
Source:	National Fusion Center Association							
Location:	Washington, DC							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Eric Morgan (Community Partner)	4/21/2025 – 4/25/2025	\$595.00	\$300.00	\$1,280.08	\$180.00	\$485.00	\$2,840.08	FY2022 Urban Area Security Initiative Grant

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Collaborate and network with Fusion Centers from across the network. Learn from our technology panel about new technologies on the horizon. Meet with the Presidents and Executive Directors for our stakeholder partners. Engage with our federal partners and hear from new agency leaders. There will also be three training tracks, Analytic Tradecraft, Legal/Privacy, TLO/ILO/FLO/Private Sector Engagement.

Dept:	Department of Public Safety and Justice Services							
Event:	25 th Annual International Family Justice Center Conference							
Source:	Alliance for Hope International							

Location:	San Diego, CA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Junglen	4/27/2025 – 5/2/2025	\$28.00	\$328.00	\$1,318.60	\$384.80	\$750.00	\$2,809.40	Health and Human Services Levy

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

**** Registration included with affiliation agreement already approved by the County. The \$28 is for a mandatory pre-conference session on 04/28/2025

Purpose:

The purpose of this trip is to attend the annual national conference hosted by the Alliance for Hope ("the Alliance"). The Alliance is the creator of the Camp Hope America model and attendance at this annual conference is a requirement for all Camp Hope program affiliates. Cuyahoga County's Witness Victim Services is the only Camp Hope affiliate in the tri-state area and is recognized as a leader in the program.

Dept:	Department of Public Safety and Justice Services							
Event:	Opioid Solutions Leadership Network Peer Exchange 4							
Source:	National Association of Counties							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brandy Carney	4/29/2025 – 5/1/2025	\$0.00	\$76.00	\$0.00	\$257.80	\$600.00	\$933.80	General Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

**** Lodging is being paid for by the National Association of Counties

- Lodging - \$500.00

**** All remaining costs will be reimbursed to Cuyahoga County by the National Association of Counties upon completion of the Peer Exchange

Purpose:

The Department of Public Safety & Justice Services requesting authority for Brandy Carney, Director, to attend the Opioid Solutions Leadership Network (OSLN) IIII Peer Exchange April 29 through May 1, 2025. The Peer Exchange IIII will be held at the National Association of Counties (NACo) headquarters in Washington, D.C. This includes 29 counties represented on the Network. Evidence-based treatments in rural communities, coordinating services to create a comprehensive system of care and, overcoming barriers and utilizing opioid settlement funds as leverage for change will be discussed.

Dept:	Department of Public Safety and Justice Services							
Event:	2025 National VOAD Conference							
Source:	National Voluntary Organizations Active in Disasters							
Location:	Louisville, KY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Serena Steele	5/18/2025 – 5/23/2025	\$575.00	\$172.00	\$1,288.45	\$334.80	\$700.00	\$3,070.25	General Fund

*Paid to host

**Staff reimbursement

*** Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

The Department of Public Safety & Justice Services, Office of Emergency Management, requesting authority for Serena Steele to attend the 2025 National Voluntary Organizations Active in Disasters (VOAD) Conference in Louisville, Kentucky. This conference will be held May 19 through May 22, 2025, at the Galt House Hotel and focus on promoting cooperation, communication, coordination, and collaboration among organizations that mitigate and alleviate the impact of disasters.

BC2025-189

Department of Purchasing, presenting proposed purchases for the week of 3/17/2025:

Direct Open Market Purchases
(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000881	Promotional Products for the Animal Shelter	Department of Public Works	Universal North Inc. dba Universal Creative Concepts	Not-to-exceed \$15,000.00	General Fund

25000899	Plow and Salt Spreader for Truck	Department of Public Works	McGivern Enterprise Inc dba A & A Hydraulic & Equipment	\$16,445.40	General Fund
25000980	FastVue reporter software and one year subscription for the Palo Alto Firewalls	Department of Information Technology	Above & Beyond Electronics LLC	\$9,672.45	General Fund
25001004	Various General Motors automotive parts	Department of Public Works	Tim Lally Chevrolet, Inc.	Not-to-exceed \$20,000.00	General Fund
25001017	Miscellaneous rigid parts for automotive repair	Department of Public Works	Lakeside Supply Company	Not-to-exceed \$25,000.00	Sanitary Sewer Fund
25001022	Flowers & Misc. Landscape Materials	Department of Public Works	Maria Gardens, Inc.	\$6,227.44	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000947	Factory Authorized – (2)- Model 2224 Vertical Wastewater Pumps W/ Explosion Poof Motor Complete with Accessories*	Department of Public Works	The Trombold Equipment Company	\$21,738.00	Sanitary Sewer Fund
25001002	Factory Authorized – Backhoe repairs*	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$18,786.89	Sanitary Sewer Fund
25000992	Out-of-home care placement services for the period of 2/1/2025-2/28/2025**	Division of Children and Family Services	Compassion Care Group	\$23,800.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

**Approval No. BC2024-987, dated 12/23/2024, which amended BC2024-77 dated 1/29/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2024 in the amount not-to- exceed \$1,000,000.00 by extending the time period to 12/ 31/ 2025 and by changing the amount not-to-exceed from \$1,000,000.00 to \$1,500,000.00.

V - OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting an amendment to Contract No. 4220 (fka Contract No. 3384) with Schirmer Construction Company, Inc. for rehabilitation of Warrensville Center Road Bridge Nos. 05.92 East and 05.92 West over Greater Cleveland Regional Transit Authority in the City of Shaker Heights for no additional funds.

Funding Source: 42.4% Federal, 18.2% Ohio Public Works Commission and 39.4% County Motor Vehicle \$5.00 License Tax Fund

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Robert Schleper seconded. The motion to adjourn was unanimously approved at 11:12 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-190

TITLE	Usher Road Guardrail Replacement
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The purchase order was for the removal and replacement of guardrails on Usher Road in Olmsted Township.</p> <p>These additional funds, in the amount of \$1522.50, are being requested to pay for an unforeseen task that had to be completed in order for the vendor to complete the project.</p>
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	10.15.2024	BC2024-732
AMENDMENT (A) – 1	Add \$1,285.60	pending

BC2025-191

Title	Public Works – Precision Industrial Services - Amendment – Carpet and Installation Services	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	CM2987	Precision Industrial Services	1.20.2023 – 1.19.2026	\$450,000.00	1/9/23	BC2023-01

A-1	CM2987	Precision Industrial Services	1.20.2026 – 1.19.2027	\$300,000.00	Pending	Pending
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<p>Service/Item Description (include quantity if applicable). Public Works is requesting to amend the contract with Precision Industrial Services, to extend the contract through January 19, 2027 and adding an additional \$300,000.00 to the contract.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): To extend the existing term and add funds to the contract with Precision Industrial Services for carpet and installation services for County buildings.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: Precision Industrial Services 2445 Parliament Square Toledo, Ohio 43617</p>	<p>Owner, executive director, other (specify): Darrel Francis, CEO</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p>	<p>NON-COMPETITIVE PROCUREMENT</p>
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____ The original RQ#13412 and was procured as an RFP.</p>	<p>Provide a short summary for not using competitive bid process. Precision Industrial Services is the current vendor and we are requesting authorization to extend this contract one year and add additional funds. *See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) /</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p>

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Was originally procured as an RFB.
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW600100 / 52500
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: Time was required to negotiate the appropriate scope of services increase.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A - The original contract is in place.	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
This has been an ongoing project and the vendor has been paid up to date for services already completed.	

HISTORY (see instructions): see chart above

BC2025-192

Title	Public Works - AVI Food Systems Amendment / Food Service Operations at the Justice Center Cafeteria.	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0		AVI Food Systems	7.1.2012 – 6.30.2017	\$0.00	6.26.2012	R2012.0110 CON2012-83
A-1	CM2584	AVI Food Systems	7.1.2017 – 6.30.2022	\$445,000.00	12.18.2017	BC2017-941
A-2	CM3251	AVI Food Systems	7.1.2022 – 3.31.2023	\$0.00	8.1.2022	BC2022.468
A-3	CM3251	AVI Food Systems	4.1.2023 – 6.30.2024	\$0.00	5.15.2023	BC2023-316
A-4	CM3909	AVI Food Systems	4.1.2023 – 6.30.2024	\$15,000.00	2.5.2024	BC2024-82
A-5	CM3909	AVI Food Systems	4.1.2023 – 12.31.2024	\$0.00	4.1.2024	ION#3
A-6	CM3909	AVI Food Systems	1.1.2025 – 6.30.2025	\$0.00	1.6.2025	ION#3

A-7	CM3909	AVI Food Systems	1.1.2025 – 6.30.2025	\$15,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

Public Works is requesting approval to amend the Justice Center Cafeteria contract, per the chart above, to add funds in the amount of not-to-exceed \$15,000.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

To add an additional \$15,000.00 to the existing contract for this food services contract located at the Justice Center complex while the new contract is in the final scoring/evaluation/award process.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address: AVI Food Systems Inc. 2590 Elm Road, NE Warren, Ohio 44483	Owner, executive director, other (specify): Jeremy VanNess, Vice President for Finance & CFO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. AVI Food systems, Inc. is the current vendor and provides a food source for the Justice Center's staff, those attending court proceedings as well as those serving on a jury. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Funds – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): above

BC2025-193

Title	MONTICELLO BLVD. (C.R.313) BRIDGE 03.20M REHABILITATION OF EXISTING BRIDGE OVER EUCLID CREEK IN THE CITY OF SOUTH EUCLID
Department or Agency Name	Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM 5259	Schirmer Construction LLC.	N/A	\$490,757.00	Pending	Pending

Service/Item Description (include quantity if applicable).
The project consists of the reconstruction of the existing upper and lower gabion walls, drainage pad and catch basin, and embankment slope along the west bank of Euclid Creek.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A
Project Goals, Outcomes or Purpose (list 3):

The project consists of the reconstruction of the existing upper and lower gabion walls, drainage pad and catch basin, and embankment slope along the west bank of Euclid Creek

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
Schirmer Construction, LLC 31350 Industrial Pkwy. North Olmstead, Ohio 44070	Nick IAFIGLIOLA
Vendor Council District:	Project Council District:
District 1	District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of South Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 15173_____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 7 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (6%) SBE (19%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. The first bidder was denied by the Reconsideration panel. The second bidder was approved by the Reconsideration Panel. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: First Bidder did not meet the goals for this project . Second bidder was approved .	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received? Mathematically Balanced	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% County Motor Vehicle \$7.50 License Tax Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project. Pending approval	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/18/24
Date documents were requested from vendor:	2/27/2025
Date of insurance approval from risk manager:	3/3/2025
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-194

Title	Fiscal Department ERP Check Printing Software		
Department or Agency Name	Fiscal Department		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE1600277	MHC Software, Inc.	10/01/2016 – 09/30/2021	\$194,635.00	10/11/2016	R2016-0141
A-1	CE1600277	MHC Software, Inc.	10/26/2021	\$8,505.00	02/25/2019	BC2019-143
A-2	CE1600277	MHC Software, Inc.	10/26/2021	\$12,990.00	09/16/2019	BC2019-688
A-3	CE1600277	MHC Software, Inc.	10/26/2021	\$6,900.00	06/15/2020	BC2020-337
A-4	1259	MHC Software, Inc.	07/31/2026	\$108,007.73	11/07/2022	BC2022-665
A-5	1259	MHC Software, Inc.	07/31/2026	\$0.00	Pending	Pending
A-6	4715	MHC Software, Inc.	3 years from effective date	\$9,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

This amendment is to add services for a period of three years from the effective date in the amount of 3,000.00 per year. This software will allow the County to print tri-fold checks. With this print style we can run checks through a “fold and seal” machine instead of manually folding and sealing envelopes. This amendment contains updated insurance requirements set by the Law Department. Amendments 4 and 5 were previously mislabeled as Amendment 5 was signed in 2021 and Amendment 4 was signed in 2022. However, amendment 5 was never executed as it did not go to BOC for final approval. The current amendment has a clause for Amendment 5 to be properly approved at the same time as Amendment 6. Additionally, Amendment 5 is for \$0 as it did not change the amount of the contract.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): - The ability to print tri-fold checks - Feed checks through the “fold and seal” machine

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MHC Software, LLC 12000 Portland Avenue South Suite 230 Burnsville, MN 55337	Gina Armada CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This amendment is to add services to the already existing contract that supports all check printing for the County. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) CNV1
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. Pg. 28	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100110
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

If late, have services begun? ☐ No ☐ Yes (if yes, please explain)

Have payments been made? ☐ No ☐ Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2025-195

Title	PO25000638STAC-2025-Procurement of Wireless access points, network switch, brackets and licensure
Department or Agency Name	The Department of Information technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25000638 STAC	MNJ Technologies Direct	2025	\$24,376.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with MNJ Technologies Direct Inc., for the Purchase of Wireless Access Points, network switch and various mounting brackets with licensure for the Parking Lot project in the amount of \$24,376.00.

This request is for the Parking Lot project for the Parking lots that exist adjacent to the Virgil Brown building and for the Parking Lot on Superior Avenue and East 17th next to the Cleveland Fire Station. The Department of Public Works is acquiring this parking lot from Shaia Parking and this equipment will be used to connect three surveillance cameras to the County's surveillance servers.

Indicate whether: ☒ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Procurement of:

1. Wireless access points
2. Network Switch
3. Brackets
4. Licensure

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. STS#534612 Expires on 6.30.2025 STS#534354 Expires on 12.19.2026 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS#534612 Expires on 6.30.2025 STS#534354 Expires on 12.19.2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % Parking Services Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100180
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-196

Title	Department of Information Technology on behalf of the Cuyahoga County Public Defender	
Department or Agency Name	100 External Hard Drives	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000801 JCOP	MNJ Technologies Direct, Inc.		\$11,200.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology on behalf of the Cuyahoga County Public Defender plans to contract with MNJ Technologies Direct, Inc., for 100 External Hard Drives in the amount of \$11,200.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The Department of Information Technology on behalf of the Cuyahoga County Public Defender plans to contract with MNJ Technologies Direct, Inc., for 100 External Hard Drives in the amount of \$11,200.00. Qty. 100 Samsung T7 MU-PC1T0T/AM 1 TB Portable Solid State Drive External

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089 Vendor Council District:	Jimmy Lochner Account Representative Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Ohio State term contract pricing.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA contract # NCPA - 01-148 expires November 30, 2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund PD100100 78% reimbursed by Office of the Ohio Public Defender
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-197

Title	VDP Essentials by Bugcrowd
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25001046	Bugcrowd	03/31/2025 – 03/30/2026	\$43,906.50	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information plans to contract with Bugcrowd, for VDP Essentials by Bugcrowd in the amount of \$43,906.50.</p> <p>A Vulnerability Disclosure Program is the first step for organizations hoping to improve collaboration with the Security Researcher Community. Bugcrowd's proprietary platform, Crowdcontrol, makes this a safe and easy process for any organization to launch. VDP Essentials by Bugcrowd includes access to:</p> <p>- Embedded Submission Form</p>

<ul style="list-style-type: none"> - Email Intake System - Unlimited Triage and Validation by Bugcrowd's Industry Leading Security Operations Team - Program Set up - SDLC Integration - Advanced Program Reporting - Ongoing Program Health - Ongoing Support & Account Management <p>Subscription term 03/31/2025 – 03/30/2026</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This software was previously approved by the Information Security Officer and purchased by the Department of Information Technology. Bugcrowd is currently in use and this request is being made to renew the subscription beginning March 31, 2025.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
BugCrowd 300 California Street, Suite 220 San Francisco, CA 94104	Patrick Schakow Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>Bugcrowd is the owner of VDP Essentials by Bugcrowd, which is currently in use by the Department of Information Technology as part of the security and disaster recovery platform.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100135
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:

Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24001035 EXMT	Bugcrowd, Inc.	03/31/2024 – 03/30/2025	\$39,915.00	03/18/2024	BC2024-210

BC2025-198

Title	NetApp Renewal for the Information Technology Department's Storage Appliances
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25001061 JCOP	Logicalis, Inc.	05/01/2025 – 07/31/2026	\$234,560.85	PENDING	PENDING

Service/Item Description (include quantity if applicable).
<p>The Department of Information Technology plans to contract with Logicalis, Inc., for the subscription May 1, 2025 – July 31, 2026 for NetApp Renewal for the IT Infrastructure Teams Storage Appliances in the amount of \$234,560.85.</p>

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This maintenance agreement is to cover the IT Infrastructure Team's storage appliances for equipment hardware failures and allows the County access to security and functionality software patches to support a stable and secure storage platform.</p> <p>The hard drives within these storage appliances do have moving parts similar to records on a record player where the arm moves across a disk to read and write the data to the drives, but at a much faster rate than what a record player records data.</p> <p>Over time it is common that these hard drives do fail due to the immense workload of reading and writing data 24/7 of the arms moving over the disk, which this support agreement covers the replacement and installation of those drives.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Logicalis, Inc. 3333 Richmond Road, Suite 420 Beachwood, Ohio 44122	Shawn O'Leary Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A competitive process was completed by the federal government resulting in an award made to Logicalis. All vendors awarded a GSA contract have gone through a competitive process and are vetted and awarded by the federal government. This product support agreement is only offered by NetApp as they develop the software updates for the appliances. Other options were not evaluated as Logicalis is a local vendor who is able to provide NetApp equipment using GSA contract

	pricing. Logicalis provided the County with previous NetApp equipment. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Logicalis is able to provide GSA pricing to Cuyahoga County under contract # GS-35F-0349S.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100140
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.

Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? ☐ No ☐ Yes (if yes, please explain)

Have payments been made? ☐ No ☐ Yes (if yes, please explain)

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24001556 JCOP	Logicalis, Inc.	05/01/2024 – 07/31/2025	\$16,675.76	04/15/2025	BC2024-290

BC2025-199

Title	PO25001124JCOP-2025-Procurement of Elasticsearch-1-year Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25001124 JCOP	Logicalis INC	5/1/2025 - 4/30/2026	\$25,500.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Logicalis, INC, for procurement of Elastic Search 1-Year subscription in the amount of \$25,500.00</p> <p>Elasticsearch is distributed search and analytics engine designed for handling large volumes of data in real-time. It's built on top of Apache Lucene, a powerful search library, and is commonly used for log and event data analysis.</p> <p>Cuyahoga County manages 59 websites, including County, agency, and municipal sites, each with a search engine. Currently, Lucene and HawkSearch are used for searching. Lucene, integrated into Sitefinity, supports searches within a single website but cannot handle cross-site searches required for the County's "Home" website.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>1. To renew Elasticsearch Subscription for 1 year.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Logicalis, Inc. 3333 Richmond Road Beachwood, Ohio 44122	Shawn O'Leary Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>Logicalis, Inc., an approved local reseller of Elasticsearch to Cuyahoga County, offers joint cooperative contract pricing under the OMNIA Partners TD Synnex contract (R200803), expiring September 30, 2025. No other vendors were evaluated for this purchase.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date OMNIA Partners TD Synnex contract (R200803), expiring September 30, 2025.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100110
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason:

Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24001210 JCOP	Logicalis Inc	3.31.2024-3.30.2025	\$24,750.00	4.9.2024	BC2024-267

BC2025-200

Title	Staff Augmentation Services for the Department of Information Technology
Department or Agency Name	Department of Information Technology
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original		Various Vendors	Upon award for 5 years	\$450,000.00	PENDING	PENDING
	CM5202	Agents-511 LLC, dba Interapt, LLC		\$66,000.00		
	CM5252	Cogent Infotech Corporation		\$64,000.00		
	CM5253	Enterprise Solutions		\$64,000.00		

	CM5254	Mansai Corporation		\$64,000.00		
	CM5255	TEKsystems		\$64,000.00		
	CM5256	US Tech Solutions		\$64,000.00		
	CM5257	Vertex Computer Systems		\$64,000.00		

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with Agents-511, LLC dba Interapt, LLC; COGENT Infotech Corporation; Enterprise Solutions, Inc. dba Enterprise Global Solutions, Inc.; Mansai Corporation; TEKsystems; US Tech Solutions, Inc. and Vertex Computer Systems, Inc., for the term of Five Years for a master contract for Staff Augmentation Services for the Department of Information Technology in the amount not-to-exceed \$450,000.00.

Indicate whether: ☒ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement
Age of items being replaced: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Cuyahoga County Department of Information Technology conducted a formal request for proposals seeking qualified vendors to provide Information Technology staff augmentation services. IT is interested in establishing a long-term partnership with reliable and experienced professional sourcing and staffing firm(s) to support organizational IT needs. The selected vendors have access to a variety of Information Technology professionals to fill positions to be determined on an as-needed-basis by the Department of Information Technology.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
Agents-511, LLC dba Interapt, LLC 552 East Market Street, Suite 302 Louisville, Kentucky 40202	Merabeth Martin Chief Operating Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14080 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.

The total value of the solicitation: \$450,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 85 / 43	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0%) DBE (20%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Yes – the vendor worked with DEI to come into compliance and the TAB sheet has been updated to reflect Director Lockett’s approval.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: This was an RFP process.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A – this was an RFP process, however pricing was comparable to the other vendors being awarded as part of the master contract.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: TAC Approval 09/26/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-201

Title	Juvenile Justice Center Parking Lot Security Video Workstation
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25001049 STAC	Integrated Precision Systems, Inc.		\$5,087.88	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Integrated Precision Systems, Inc., for Juvenile Justice Center Parking Lot Security Video Workstation in the amount of \$5,087.88.</p> <p>JJC Guard Shack Video Workstation -Provide and Install: - (1) BCDSFF01-ELWS-I5-T10 *Core i5-14500</p>

*16GB DDR5 RAM *256GB M.2 SSD *Quadro T1000 *1GBE RJ45 *180W PSU -(1) 27inch IPS LED LCD Monitor W/NB -(1) UPS 550VA 8 Outlet -(1) Media Converter -(1) 60W Power Supply -(1) SFP Module
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): This request is for the procurement and installation of a PC workstation and monitor to view the cameras at the Juvenile Justice Center's parking lots. This will be located in the guard shack in the parking lot. IPS is providing this workstation as part of the overall upgrades to security systems that were performed over the last few years.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Integrated Precision Systems 8555 Sweet Valley Drive, Suite B Valley View, OH 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not

	feasible to have a different vendor supply a network that will support the system maintained by another vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 10018, effective through 01/31/2026. A competitive process was completed through the State of Ohio with an award being made to Integrated Precision Systems. All State of Ohio state term contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 745100 Central Security Services (Internal Service Fund)

Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-202

Title	Request for PO #25000710 STAC with MNJ Technologies Direct for (30) desktop computers
Department or Agency Name	Cuyahoga County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25000710 STAC	MNJ Technologies Direct, Inc.	N/A	\$25,140.00	pending	pending

Service/Item Description (include quantity if applicable).
(30) HP Elite Mini 800 G9 Desktop Computers Intel Core i7 12 Generation – Windows 11 capable
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Replacing law clerks' and interns' computers with Windows 11 capable desktop computers

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Purchased through State Contract #534486 *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% County Prosecutor's General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

BC2025-203

Title	Request for Purchase Order #25001029 EXMT for Witness License annual renewal
Department or Agency Name	County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25001029 EXMT	Carahsoft Technologies	4/27/2025 – 4/26/2026	\$5,250.00	pending	pending

<p>Service/Item Description (include quantity if applicable).</p> <p>This item is a renewal of computer forensic software that is currently in use by the Cuyahoga County Prosecutor's Office, Ohio Internet Crimes Against Children Task Force. The purchase of the Witness License will be used by the task force to recover and extract video evidence from DVR / surveillance camera systems extract the data into a readable / viewable format for law enforcement officers / investigators.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>Originally purchases in 2023 and renewed annually</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The primary goals of the project are to 1.) obtain the license renewal of an industry standard forensic program that allows for the extraction and analysis of DVR / surveillance system recorders and 2.) to allow members of the Ohio ICAC Task Force to utilize this program for the above stated goal of locating video evidence associated with various Ohio criminal investigations and prosecutions.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Carahsoft Technology Corp. 11493 Sunset Hills Rd., Suite 100, Reston, VA 20190	Nikki Paxson, Account Representative
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> N/A </u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. Page 31	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded with Internet Crimes Against Children Federal Grant Award #15PJDP-23-GK-05182-MECP

Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS285110
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	24000479	Carahsoft Tech.	4/27/2024 4/26/2025	\$5,250.00	03/04/2024	BC2024-180

BC2025-204

TITLE	JCAMP Implementation Support Services
DEPARTMENT OR AGENCY	Cuyahoga County Public Defender Office

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	JCAMP	2/12/2025-7/31/2025	\$54,500.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Public Defender Office is seeking approval to apply for and accept a grant from James Bell Associates, Inc. for JCAMP Implementation Support Services. Grant Program in the amount of \$54,500.00 for the grant period of February 12, 2025-July 31, 2025. This is a fully funded cost reimbursement Site Agreement with separate service components.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The grant will be used to re-engage with CWRU to complete more client engagement surveys and develop more areas for data tracking				
	The Grant will also allow the Public Defender's Office to utilize more Legal Aid civil legal welfare checks on every client referred to the FIRST program.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
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	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

BC2025-205

Title	Manager Bootcamp Training Julie Sumner- Monarch Endeavors
Department or Agency Name	Cuyahoga County Public Defenders
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5230	Monarch Endeavors	3/13/2025 and 3/20/2025	\$12,000	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Public Defender's Office is requesting approval of a contract as indicated in the chart above with Monarch Endeavors not to exceed the amount of \$12,000 for a two-day management bootcamp training.</p> <p>Monarch Endeavors will provide an intensive two-day, live training, designed to give anyone in a leadership role the knowledge, skills, and tools to be more confident and effective in their roles.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. Workplace Civility 2. Diversity, Equity, and Inclusion 3. Understanding your Employees 4. Conflict Resolution

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):

Monarch Endeavors 30 Edgewater Sq Lakewood OH 44107	Julie Sumner Principal and Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Quote-Going to BOC for approval *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption- Quote going to BOC for approval
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Public Defender General Fund, reimbursable @ 78% from the Ohio Public Defender
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PD100100/53100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Seminar will be held in March of 2025	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor was in the hospital on different occasions and was waiting for Inspector General information to be completed. Sent a request for a contract to be created on February 27 did not receive until March 7.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/3/2025
Date documents were requested from vendor:	2/3/2025
Date of insurance approval from risk manager:	2/24/2025
Date Department of Law approved Contract:	3/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Will begin on March 20, 2025	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5060	Monarch Endeavors	3/13/2025 & 3/22/2025	\$2000.00	3/10/2025	BC2025-164

BC2025-206

Title	Thomson Reuters CLEAR Proflex Online Software Subscription
Department or Agency Name	Sheriff's Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	25000385	Thomson Reuters	2/1/2025- 12/31/2025	\$20,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☒ Existing service or purchase.

Thomson Reuters provides an internet based analytic search engine for use by law enforcement and intelligent analysis for the Sheriff's Department. It will allow investigators to search multiple platforms, to assist in background checks, investigations and warrant location information in both real time and historical data. Features include, but not limited to, social media research, phone searches, court records, current incarceration records and vehicle information. We are charged monthly for their service, this not-to-exceed PO will cover one year.

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement
Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

- To provide our Law Enforcement Deputies the tools they need to complete their work.
- To continue using software well known to the Department.
- To continue to work with a company that is well known to Cuyahoga County and other Law Enforcements Agencies.

If a County Council item, are you requesting passage of the item without 3 readings. ☐ Yes ☐ No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
Thomson Reuters 2395 Midway Road Carrollton, TX 75506 - 2521	Seve Hasker, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The Sheriff's Department Law Enforcement Division has been using this software for years. A delay would put a hold on our account and prohibit Law Enforcement from

	continuing running the reports they need to continue on a daily basis.
	*See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. (pg. 26)	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% Sheriff's Federal Equitable Sharing Account
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase		Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:		
Timeline: Project/Procurement Start Date (date your team started working on this item):		
Date documents were requested from vendor:		
Date of insurance approval from risk manager:		
Date Department of Law approved Contract:		
Date item was entered and released in Infor:		
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24000245 EXMT	Thomson Reuters – West	2/1/2024 – 12/31/2024	not-to-exceed \$16,000.00	2/5/2024	BC2024-84

BC2025-207

Title	Cuyahoga County Corrections Center Jail Laundry Chemicals
Department or Agency Name	Sheriff's Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	25000876 -EXMT	State Industrial	3/1/2025- 2/28/2026	\$30,000.00		

		Products Corp.				
Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. State Industrial Products Corp., dba State Cleaning Solutions provides the equipment used in the Laundry Department, therefore we use their laundry chemicals in order for State Industrial Products Corp to honor the existing maintenance agreement. This will result in a not-to-exceed in the amount of \$30,000.00.						
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____						
Project Goals, Outcomes or Purpose (list 3): -Provide the chemicals needed in order for the CCCC Laundry Department can continue washing inmate clothing.						
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
State Industrial Products Corp. 5915 Landerbrook Drive, Ste. 300 Mayfield Heights, OH 44124	Seth Uhrman, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. We are required to use their products with their equipment; therefore we cannot bid this item out to other vendors. We pay a flat rate for the chemicals with services and repairs included. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Fund SH100140 - 52250
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24000640- EXMT	State Industrial Products Corp.		\$30,000.00	3/11/2025	BC2024-182

BC2025-208

Title	2025 STATE CONTRACT PURCHASE ORDER- CHEST COMPRESSORS
Department or Agency Name	SHERIFF'S DEPT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25001072	ZOLL MEDICAL CORPORATION	2025	\$64,500.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable). PURCHASING 3 AUTOPULSE NXT STARTER KITS/CHEST COMPRESSORS
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Utilize the current Cooperative Purchasing agreement to purchase the 3 units to help save lives.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
ZOLL MEDICAL CORPORATION 269 MILL RD CHELMSFORD, MA 01824	ROBERT WILLIAMS SR MARKET SPECIALIST- LAW ENFORCEMENT
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date #041823-ZLL EXP. 6/30/27
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:

<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Grant Funds- FY22 Byrne grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PJ280145 PJ-22-CBTEE 70000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/10/24
Date documents were requested from vendor:	12/10/24
Date of insurance approval from risk manager:	12/10/24
Date Department of Law approved Contract:	12/10/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:n/a	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-209

Title	Sheriff Department 2025 Purchase of Ammunition for Law Enforcement	
Department or Agency Name	Sheriff	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25001219 STAC	Vance Outdoors Inc.		\$50,087.05		

Service/Item Description (include quantity if applicable). Sheriff's Department is requesting an approval of a Purchase Order to Vance Outdoors, Inc. in the amount of \$50,087.05 for duty and training ammunition using State Contract pricing #RS900319.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Sheriff's Department Deputies need ammunition for training and in protection of the community.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Vance Outdoors, Inc. 3723 Cleveland Ave Columbus, OH 43224	Doug Vance, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #RS900319 exp. 3/31/2025

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100115-52360
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason:

Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO 24000214 STAC	Vance Outdoors Inc.		\$196,870.30	1/29/2024	BC2024-73

BC2025-210

Title	Sheriff Department's Mobile App providing Appriss Safety inmate information
Department or Agency Name	Sheriff
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5270	OCV, LLC	3 years upon signature	\$84,464.00		

Service/Item Description (include quantity if applicable). SheriffApp.com will provide the community a platform to search Appriss Safety inmate information of individuals who are currently incarcerated at Cuyahoga County.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Provide a platform to search Appriss Safety inmate information of individuals who are currently incarcerated at Cuyahoga County.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
OCV, LLC 809 2 nd Avenue Opelika, AL 36801	Eric Halverson, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (none). Event 6188/RQ 15673
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 1/16/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100110 54300-200
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-211

Title	The Medical Examiner's Office request approval of Purchase Order no. 25001174-JCOP to Agilent Technologies Inc. for purchase of various supplies for the Drug Chemistry Lab in the amount of \$9,452.84.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO#25001174 -JCOP	Agilent Technologies Inc.	na	\$9,452.84	PENDING	PENDING

Service/Item Description (include quantity if applicable). Purchase of Supplies for the Medical Examiner's Drug Chemistry Lab.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) Joint Cooperative Purchase with Agilent Technologies Inc. for lab supplies covered under GSA Contract No. GS-07F-0564X; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will the replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Supplies for the Medical Examiner's Drug Chemistry Lab daily operations.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Agilent Technologies Inc 5301 Stevens Creek Blvd Santa Clara, CA 95051	Michael McMullen, CEO Sasha Gregovich, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), Agilent Technologies Inc. GSA Contract No. GS-07F-0564X 6/1/2011 thru 5/31/2026
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105 / 52300
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-212

Title	The Medical Examiner's Office requests approval of Purchase Order 25001196-JCOP to B&H Foto & Electronics Corp. for purchase of various photography supplies and equipment, in the amount of \$13,716.20.
Department or Agency Name	Cuyahoga County Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO25001196	B&H Foto & Electronics Corp.		\$13,716.20		

<p>Service/Item Description (include quantity if applicable).</p> <p>Purchase two Kolari Vision Nikon Z5 Full-Spectrum UV/IR Camera Forensics Kits; Full spectrum of Ultraviolet/Infrared filters to fit three different (previously purchased) lens sizes in addition to the kit; and other various photography accessories for routine maintenance of the camera equipment for both the Photography Unit and the Investigation Unit.</p>	
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>This purchase is to replace the two current Fujifilm FinePix S3 Pro UVIR (Ultraviolet/Infrared) 12.3 MegaPixel Digital SLR Cameras that were purchased in January and April of 2007. These cameras are outdated, malfunctioning, and can no longer be fixed. The various filters are to update the current ultraviolet and infrared filter system that is not compatible with the new cameras and lenses. The additional filters are for the lenses that were purchased in 2023. These lenses were purchased when the department updated the Autopsy/Evidence cameras to mirrorless cameras. These lenses are not compatible with the current Fujifilm cameras but will be with the new Nikon Fullspectrum cameras.</p> <p>The other items of the purchase are for routine maintenance of the camera equipment for both the Photography Unit and the Investigation Unit.</p>	
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>	
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Replace and/or update outdated cameras, photography accessories, and electronic equipment to optimize the function and outcomes of the Forensic Photography Unit. These cameras and filters are used in various forensic tests including capturing gunshot residue on evidence, trace metal detection, enhancing tattoos and bitemarks on decedents, etc.</p>	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
B&H Foto & Electronics Corp. 420 Ninth Avenue New York, NY 10001	Elizabeth Meija, Compliance Specialist
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p>	<p>Provide a short summary for not using competitive bid process.</p>

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date B&H Omnia Partners Contract: R201202 Exp. March 31, 2026
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by Cuyahoga County Medical Examiner's Office General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 / 52300
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-213

Title	Public Safety and Justice Services is requesting the 1 st contract amendment with Cleveland Rape Crisis Center contract #4107. This amendment is to increase the funding by \$12,500 and to extend the contract time period from 10/1/2023 – 3/31/2025 to 6/10/2025.
Department or Agency Name	Public Safety and Justice Service
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4107	Cleveland Rape Crisis Center	10/1/2023/ - 3/31/2025	\$72,745.50	2/20/2024	BC2024-134

A-1	4107	Cleveland Rape Crisis Center	10/1/2023/ - 6/10/2025	\$12,500.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

Cleveland Rape Crisis Center Girls Circle is a structured support group for girls that is designed to counter social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.

The Council for Boys and Young Men is a support group that enables boys and young men to "find belonging, build assets, and deconstruct harmful masculinity beliefs on their journey to manhood. The purpose is to keep at-risk youth from being involved in the criminal justice system.

The amendment will allow Cleveland Rape Crisis Center to purchase additional supplies, printed program materials and training to certify new staff in delivering the Boys/Girls Circle program.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)

Public Safety and Justice Services is requesting approval of a 1st contract amendment with Cleveland Rape Crisis Center contract #4107 in the amount not-to-exceed \$72,745.50. Increasing the funding by \$12,500.00 and extending the time period from 10/1/2023 – 3/31/2025 to 6/10/2025. This amendment will bring the total contract cost to \$85,245.50.

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement
Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Cleveland Rape Crisis Center Positive Youth Development: Preventing Delinquency Though Gender-Specific Programming will provide juvenile diversion services for at-risk minority youth. The goals of the project are 1. Provide life skills and entrepreneurial training. 2. Provide youth with the tools and resources to help overcome challenges to minimize contact with law enforcement and juvenile detention.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address: Cleveland Rape Crisis Cener 2937 W. 25 th Street, Second Floor Cleveland, Ohio 44113	Owner, executive director, other (specify): President & CEO, Nicole McKenney-Johnson
Vendor Council District: Ward 7	Project Council District: Ward 7

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. There was a competitive bid process through an RFP. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A this is an amendment to a contract	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process under BC2023-185
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment 1- (list original procurement) Contract 4107 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Ohio Department of Youth Services, Department of Justice Office of Justice Program for Juvenile Justice Delinquency and Prevention

Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: PJ285145 Activity Code: PJ-23-JJDP-BG
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Cleveland Rape Crisis Center excelled at meeting their performance goals and spent the total funds under their original contract.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/23/2025
Date documents were requested from vendor:	1/2025
Date of insurance approval from risk manager:	8/5/2022 Nothing has changed
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C.- Exemptions

BC2025-214

TITLE	Public Works – 1801 Furniture – Alternative Procurement Formal RFP
DEPARTMENT OR	Department of Public Works
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement

LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	NA	NA
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Works is requesting authority to utilize an Alternative Procurement process for the purchasing of furniture for the new 1801 Building. Public Works intends on releasing a formal competitive RFP for furniture, to only be solicited to Cuyahoga County approved Joint Cooperative vendors, including State of Ohio contract vendors, Sourcewell contract vendors, TIPS contract vendors and Omnia Partners contract vendors. Public Works will only accept proposals from vendors that are on (and confirmed) to be on an approved Joint Cooperative platform. By only soliciting these vendors and accepting such proposals, the County ensures the best price structure and consistent services from previously qualified Cooperative vendors that have already gone through a vetting process.</p>	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	HHS funds 100%

D. - Consent Agenda

BC2025-215

(See related items for proposed travel/memberships for the week of 3/24/2025 in Section D above).

BC2025-216

(See related items for proposed purchases for the week of 3/24/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	OHIOMHAS Pass-Through Contract State Fiscal Year 2025
DEPARTMENT OR AGENCY	Common Pleas Court, Corrections Planning Board, TASC

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	SFY2025 TASC and Drug Court Grants	7/1/2024 – 6/30/2025	\$810,006 for TASC and \$220,500 for Drug Court	CON2024-77 and CON2024-78 (8/19/2024)	CON2023- 109 CON2024- 33
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>This item is a Pass-Through Contract between the ADAMHS Board and the Cuyahoga County Corrections Planning Board supporting the Cuyahoga County Common Pleas Court’s Drug Court Program and related Treatment Alternatives to Street Crime (TASC) program. The Corrections Planning Board/TASC has and been awarded the above funds by Ohio Mental Health and Addictions Services (OHIOMHAS) approved at the above BOC meeting. Specifically, funds from this agreement will allow staff from the Court’s Treatment Alternatives to Street Crime (TASC) program to provide Substance use Disorder Outpatient treatment and case management services to referrals from the adult criminal justice system within Cuyahoga County. This request is for signatures on the contract between the ADAMHS Board and Corrections Planning Board and the responsibilities of the parties for these grants.</p> <p>This contract outlines the responsibilities of the parties with regard to services to be provided, financial and programmatic responsibilities and reporting requirements to OHIOMHAS and the ADAMHS Board.</p>				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Conduct Assessments of Common Pleas Court clients (probationers) who may need Drug and Alcohol Treatment Services in any of the Drug Court Specialty Dockets or those in any of the other Court Dockets.
	Provide continuing Case Management Services to Specialty Docket clients and other Probationers..
	Report both financially and programmatically to the ADAMHS Board and OHIOMHAS.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Mental Health and Addiction Services (OMHAS)
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

TITLE	ADAMHS 2025 Funding for Families First Program
DEPARTMENT OR	Domestic Relations Court

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	2025 ADAMHS Board Funding	01/01/2025-12/31/2025	\$75,000.00	BOC Mtg 1/2/2024	CON2024-01
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Requesting approval/acceptance of Cuyahoga County ADAMHS Board funding in the amount of \$75,000 for the Families First Program for the period 01/01/2025-12/31/2025. Funds will be used to serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR,	

OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	All Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	Families First Program AAML Grant
DEPARTMENT OR AGENCY	Domestic Relations Court

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.

				(PLEASE PROVIDE BOC MEETING DATE)	
ORIGINAL (O)	AAML Ohio Chapter Grant	01/01/2025-12/31/2025	\$5,000.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	To fund social and therapeutic services provided to minor children enrolled in for the Cuyahoga County Domestic Relations Court Families First Program.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Providing respite for children and residential/custodial parent experiencing tensions resulting from court/divorce proceedings.				
	Art and Play Therapy Clinics offered to all minor child participants enrolled in FFP.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	All Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	The Ohio Chapter of the American Academy of Matrimonial Lawyers
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms)

	that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 4

TITLE	CCSD – Memorandum of Understanding with U.S. Department of Justice, Drug Enforcement Administration regarding License Plate Reader Information
DEPARTMENT OR AGENCY NAME	Sheriff
REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment

CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	U.S. Department of Justice, Drug Enforcement Administration	Upon signature of both parties for a period of five years		
Amendment (A)				

STATUS OF PROJECT:		<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:		Memorandum of Understanding with U.S. Department of Justice, Drug Enforcement Administration regarding Sharing and Use of License Plate Reader Information. The current agreement expires on 9/1/2025.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Agreement for Sharing and Use of License Plate Reader Information
VENDOR DETAILED INFORMATION		
VENDOR NAME AND ADDRESS:		U.S. Department of Justice, Drug Enforcement Administration 8701 Morrisette Drive Springfield, VA 22152
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):		Carrie N. Thompson, Chief of Intelligence
VENDOR COUNCIL DISTRICT (IF APPLICABLE):		
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)		
PROJECT COUNCIL DISTRICT (IF APPLICABLE):		

REASON FOR LATE SUBMITTAL

EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	

Item No. 5

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 3/24/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT