



**Cuyahoga County Board of Control Agenda
Monday, October 7, 2024 - 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 – 9/30/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2024-709

Department of Health and Human Services/Office of the Director, recommending an award and enter into Agreement No. 4889 with Cleveland State University in the amount not-to-exceed \$240,571.00 for evaluation and coordination of the new Cuyahoga County Welcome Center, including researching whether benefits provided abide by federal regulations, and to serve as a liaison between Center customers, legal authorities and community partners for the period 9/1/2024 - 8/31/2026.

Funding Source: Health and Human Services Levy Fund

B. – New Items for Review

BC2024-717

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Desk Company in the amount not-to-exceed \$27,143.60 for a joint cooperative purchase of (2) Custom Height Adjustable Lecterns and related accessories for 1801 Superior Avenue, Cleveland for use by the Board of Elections.
- b) Recommending an award on Purchase Order No. 24003986 to Ohio Desk Company in the amount not-to-exceed \$27,143.60 for a joint cooperative purchase of (2) Custom Height Adjustable Lecterns and related accessories for 1801 Superior Avenue, Cleveland for use by the Board of Elections.

Funding Source: General Fund

BC2024-718

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Desk Company in the amount not-to-exceed \$406,244.27 for a state contract purchase of various furniture, fixtures and accessories, project management, installation and design services for (23) offices, a boardroom, conference and training rooms, reception area and rebuild (106) workstations at 1801 Superior Avenue, Cleveland for the Board of Elections.

- b) Recommending an award on Purchase Order No. 24003987 to Ohio Desk Company in the amount not-to-exceed \$406,244.27 for a state contract purchase of various furniture, fixtures and accessories, project management, installation and design services for (23) offices, a boardroom, conference and training rooms, reception area and rebuild (106) workstations at 1801 Superior Avenue, Cleveland for the Board of Elections.

Funding Source: General Fund

BC2024-719

Department of Public Works, recommending an award on RQ14401 and enter into Contract No. 4697 with Reworld Tron Corp. (17-1) in the amount not-to-exceed \$218,175.45 for collection, transportation, recycling and or disposal of hazardous/non-hazardous waste, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-720

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Guttman Energy, Inc. in the amount not-to-exceed \$455,000.00 for a state contract purchase of fuel for various County facilities effective upon contract signatures of all parties for the period 10/1/2024 – 4/30/2025.

- b) Recommending an award and enter into Contract No. 4885 with Guttman Energy, Inc. in the amount not-to-exceed \$455,000.00 for a state contract purchase of fuel for various County facilities effective upon contract signatures of all parties for the period 10/1/2024 – 4/30/2025.

Funding Source: General Fund

BC2024-721

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 \$179,200.00 for a state contract purchase of (800) additional Cisco IP 8811 Phones.

- b) Recommending an award on Purchase Order No. 24003914 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$179,200.00 for a state contract purchase of (800) additional Cisco IP 8811 Phones.

Funding Source: General Fund

BC2024-722

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 \$5,398.00 for a state contract purchase of (1) each Cisco Catalyst Router, voice interface card, On-premises subscription license and Cisco Smart Net Total Care for a period of 3 years for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24003951 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,398.00 for a state contract purchase of (1) each Cisco Catalyst Router, voice interface card, On-premises subscription license and Cisco Smart Net Total Care for a period of 3 years for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.

Funding Source: General Fund

BC2024-723

Department of Information Technology, submitting an amendment to Contract No. 1096 with Tim Wauhop for Enterprise Resource Planning System support services for the period 3/22/2021 - 12/31/2024 to extend the time period to 12/31/2025, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$98,800.00 effective upon contract signature of all parties.

Funding Source: General Fund

BC2024-724

Department of Human Resources, recommending an award on RQ14318 and enter into Contract No. 4896 with The Jellyvision Lab, Inc. (15-3) in the amount not-to-exceed \$431,823.00 for ALEX virtual benefits counselor software subscription services for use by employees for the period 10/12/2024 - 10/11/2027.

Funding Source: Self-Insurance Fund

BC2024-725

Sheriff’s Department, recommending an award on RQ14858 and enter into Contract No. 4847 with Galls, LLC (11-2) in the amount not-to-exceed \$123,439.05 for the purchase of Law Enforcement uniforms for the period 1/1/2025 - 12/31/2027.

Funding Source: General Fund

BC2024-726

Medical Examiner’s Office, submitting an amendment to Contract No. 4020 (fka 1144 add CE1800308) with Versaterm Public Safety US, Inc. FKA JusticeTrax Inc. for Laboratory Information Management System software licenses for the period 10/15/2018 – 12/31/2024 to expand the scope of services for the purchase of maintenance for (56) LIMS-Plus licenses & LIMS-Plus Portal licenses, effective 10/15/2024 and (40) hours of database services to remove images, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$21,835.76.

Funding Source: General Fund

BC2024-727

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry,

- a) Submitting an RFP exemption, which will result in a payment to Towards Employment, Inc. in the amount not-to-exceed \$33,122.87 as final payment for reconciliation of 2023 invoices for the creation of a social enterprise business to place and support job-ready, reentry workers into transitional jobs rendered under Contract No. 739 during the contract term of 2/13/2020 - 12/31/2023.

- b) Recommending a payment on Purchase Order No. 24003682 to Towards Employment, Inc. in the amount not-to-exceed \$33,122.87 as final payment for reconciliation of 2023 invoices for the creation of a social enterprise business to place and support job-ready, reentry workers into transitional jobs rendered under Contract No. 739 during the contract term of 2/13/2020 - 12/31/2023.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2024-728

Department of Public Works, submitting an amendment to Contract No. 3418 nka Contract No. 4869 with Pennoni Associates, Inc. for 2023 professional general engineering and design services for County bridges and adjunct services on a task order basis for the period 6/1/2023 - 5/31/2026, for an assignment and assumption of services to DLZ Ohio, Inc. effective upon signatures of all parties; no additional funds required.

Funding Source: Road and Bridge Fund

BC2024-729

Department of Public Works, submitting an amendment to Contract No. 2278 nka Contract No. 4871 with Jones-Stuckey, Ltd. a division of Pennoni Associates, Inc. for design engineering services including services authorized on a task order basis for improvement of Cedar Point Road Bridge No. 00.49 over the Rocky River in the City of North Olmsted and for an assignment and assumption of services to DLZ Ohio, Inc. effective upon signatures of all parties; no additional funds required.

Funding Source: Road and Bridge Fund

BC2024-730

Fiscal Department, presenting proposed travel/membership requests for the week of 10/7/2024:

Dept:	Department of Public Safety and Justice Services							
Event:	Mid-Year Training Workshop							
Source:	National Association of SARA Title III Program Officials							
Location:	Houston, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alan Finkelstein (Community Partner)	10/13/2024 – 10/16/2024	\$315.00	\$180.00	\$500.00	\$0.00	\$0.00	\$995.00	80% Hazardous Materials Emergency Planning Grant - 20% Local Emergency Planning Committee Discretionary 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, on behalf of the Local Emergency Planning Committee (LEPC), requesting authorization for Alan Finkelstein, LEPC Vice Chair, to attend the National Association of SARA Title III Program Official 2024 Mid-Year Workshop. This workshop will address hazmat issues including EPA, PHMSA, HMEP, SERC updates, and regulatory updates.

BC2024-731

Department of Purchasing, presenting proposed purchases for the week of 10/7/2024:

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
24003972	Purchase, removal and installation of replacement fencing materials	Department of Public Works	Cuyahoga Fence LLC	\$10,915.80	General Fund
24003985	(11) Wire shelving units with various accessories for use at 1801 Superior Avenue	Department of Public Works	The Ohio Desk Company	\$13,096.95	General Fund
24004023	Various Caterpillar parts for heavy equipment repairs	Department of Public Works	Ohio CAT	Not-to-exceed \$49,999.00	68% Sanitary Fund and 32% Road and Bridge Fund
24004074	On-site build-out of (1) 2025 Dodge Durango for use by the Sheriff's Department	Department of Public Works	Hall Public Safety Upfitters	\$20,488.96	General Fund
24004104	Various fencing materials	Department of Public Works	Great Northern Fence, Inc.	\$5,278.00	Road and Bridge Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004105	Factory Authorized – Hydromatic pump repairs*	Department of Public Works	Pump Systems LLC	\$7,751.96	Sanitary Fund

*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, 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 \$475,000.00 to \$1,475,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a grant agreement with United States Department of Transportation in the amount of \$7,000,000.00 for the Cuyahoga County Veterans Memorial Bridge

Connectivity Plan Project in connection with Fiscal Year 2023 Neighborhood Access and Equity Program Grant effective upon signatures of all parties through 6/30/2029.

Funding Source: FY2023 U.S. Department of Transportation - Neighborhood Access and Equity Program Grant

Item No. 2

Public Defender’s Office,

- a) Submitting a grant application to Supreme Court of Ohio in the amount of \$75,000.00 for the Legal Representation Pilot Project, effective upon signatures of all parties through 9/30/2025.
- b) Submitting a Grant Award Agreement from the Supreme Court of Ohio in the amount of \$75,000.00 for the Legal Representation Pilot Project effective upon signatures of all parties through 9/30/2025.

Funding Source: U.S. Department of Health and Human Services

Item No. 3

Sheriff’s Department, submitting a grant agreement with City of Cleveland in the amount of \$100,000.00 for local Law Enforcement Agency assistance to support the Interoperable Communications Improvement Project in connection with the FY2022 Edward Byrne Memorial Justice Assistance Grant for the period 10/1/2023 – 9/30/2025.

Funding Source: FY2022 Edward Byrne Memorial Justice Assistance Grant

Item No. 4

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting a grant agreement with U.S. Department of Housing and Urban Development in the amount of \$1,500,000.00 for Continuum of Care planning activities in connection with the FY2023 Continuum of Care Homeless Competition Program for the period 1/1/2025 – 12/31/2025.

Funding Source: U.S. Department of Housing and Urban Development

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
RQ 4593	Amend Contract No. 2279	The Briermost Foundation, Inc.	For the purchase of property, renovation and furnishings for a sober living facility in connection with	\$-0-	Department of Public Safety and Justice Services	1/1/2022 – 9/30/2024 to extend the time period to 11/30/2024	(Original) Opioid Settlement Fund	9/26/2024 (Executive) 9/26/2024 (Law)

			funding for one-time capital costs to support delivery of services to persons with serious mental illness, serious mental illness with co-occurring substance abuse or substance abuse/addiction					
No RQ	Amend Agreement No. 3664	Cuyahoga County Board of Health	Operating the Lead Hazard Reduction Project	\$-0-	Department of Housing and Community Development	8/1/2021 – 9/30/2024 to extend the time period to 12/31/2024	(Original) Cuyahoga County Board of Health	9/24/2024 (Department) 9/24/2024 (Law)
No RQ	Amend Master Services Agreement	AT&T Enterprise, LLC	Voice Over Internet Protocol (VOIP) provider services, expand the scope of services and update insurance requirements, effective upon contract signature of all parties	\$-0-	Department of Information Technology	Effective upon signatures of all parties		9/30/2024 (Executive)

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
R2012-0023 R2012-0087	Affidavit of Title – Replacement of Rockside Road Bridge Nos. 3.23 and 3.32 over the Cuyahoga River in the City of Independence and Village of Valley View – Council District 6	\$12,000,000.00	N/A	\$9,600,000.00 – Federal Fund \$2,400,000.00 – Road and Bridge Fund	9/25/2024 (Executive) 9/25/2024 (Law)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, September 30, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:01 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
~~Joseph Nanni, County Council (Alternate for Meredith Turner)~~ Councilmember Meredith Turner entered
the room at 11:11 a.m.
Councilmember Dale Miller

II. – REVIEW MINUTES – 9/23/2024

Michael Chambers motioned to approve the minutes from the September 23, 2024, meeting; Mellany Seay 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

BC2024-697

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amazon Web Services in the amount not-to-exceed \$180,000.00 for Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 3/1/2025-2/28/2026.
- b) Recommending an award on Purchase Order No. 24003427 to Amazon Web Services in the amount not-to-exceed \$180,000.00 for Cloud Hosting Services, disaster recovery backup and secure application

access for external employees for the Enterprise Resource Planning System for the period 3/1/2025-2/28/2026.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-697 was approved by unanimous vote.

BC2024-698

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 \$12,399.96 for a state contract purchase of various HP equipment (10) Thunderbolt Docks and Class Webcom LCD Monitors (4) 27 inch and (10) 34 inch curved.
- b) Recommending an award on Purchase Order No. 24003694 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$12,399.96 for a state contract purchase of various HP equipment (10) Thunderbolt Docks and Class Webcom LCD Monitors (4) 27 inch and (10) 34 inch curved.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-698 was approved by unanimous vote.

BC2024-699

Department of Information Technology on behalf of the Department of Health and Human Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$26,566.49 for a state contract purchase of (3) Axis panoramic cameras each to include licensing and support services for a period of 1 year and (1) video recording server, miscellaneous equipment, installation, programming and set-up at the Quincy Place Neighborhood Family Service Center located at 8111 Quincy Avenue Cleveland for surveillance of the parking lot and sidewalk areas.
- b) Recommending an award on Purchase Order No. 24003732 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$26,566.49 for a state contract purchase of (3) Axis panoramic cameras each to include licensing and support services for a period of 1 year and (1) video recording server, miscellaneous equipment, installation, programming and set-up at the Quincy Place Neighborhood Family Service Center located at 8111 Quincy Avenue Cleveland for surveillance of the parking lot and sidewalk areas.

Funding Source: 90% Federal/State and 10% Health and Human Services Levy Funds

David DeGrandis, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-699 was approved by unanimous vote.

BC2024-700

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 \$115,130.00 for a state contract purchase of (18) Meraki wireless access points each includes a 5 year Meraki MR Enterprise Cloud Controller license, (8) Cisco 9300L ethernet network switches each includes a 3 year Digital Network Architecture Advantage license, and related accessories for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24003747 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$115,130.00 for a state contract purchase of (18) Meraki wireless access points each includes a 5 year Meraki MR Enterprise Cloud Controller license, (8) Cisco 9300L ethernet network switches each includes a 3 year Digital Network Architecture Advantage license, and related accessories for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2024-700 was approved by unanimous vote.

BC2024-701

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Entrust Corporation in the amount not-to-exceed \$41,480.10 for the purchase of various Entrust Managed SSL Enterprise Account Certificates to provide secure transmission of data on Cuyahoga County Web Servers for the period 10/28/2024 – 10/27/2025 .

- b) Recommending an award on Purchase Order No. 24003789 to Entrust Corporation in the amount not-to-exceed \$41,480.10 for the purchase of various Entrust Managed SSL Enterprise Account Certificates to provide secure transmission of data on Cuyahoga County Web Servers for the period 10/28/2024 – 10/27/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2024-701 was approved by unanimous vote.

BC2024-702

Department of Information Technology on behalf of the Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Dell Marketing LP in the amount not-to-exceed \$13,828.60 for (4) Microsoft SQL Server Standard Core Licenses for a period of 2 years.
- b) Recommending an award on Purchase Order No. 24003828 to Dell Marketing LP in the amount not-to-exceed \$13,828.60 for (4) Microsoft SQL Server Standard Core Licenses for a period of 2 years.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-702 was approved by unanimous vote.

BC2024-703

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Great Northern Consulting, LLC in the amount not-to-exceed \$128,000.00 for maintenance and support of the Sun Solaris Operating System T4 servers and migration to new servers on an as needed basis effective upon signature of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 4838 with Great Northern Consulting, LLC in the amount not-to-exceed \$128,000.00 for maintenance and support of the Sun Solaris Operating System T4 servers and migration to new servers on an as needed basis effective upon signature of all parties for a period of 1 year.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-703 was approved by unanimous vote.

BC2024-704

Department of Human Resources, submitting an amendment to Contract No. 1853 with Worxtime, LLC for Affordable Care Act Third Party Administrator services for the period 5/1/2022 – 9/30/2024 to extend the time period to 4/30/2025, effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: Self-Insurance Fund

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-704 was approved by unanimous vote.

BC2024-705

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 9/30/2024 – 1/31/2025, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.
- b) Recommending an award on Purchase Order No. 24003844 to United States Postal Service in the amount not-to-exceed \$475,000.00 for the purchase of refill postage for the period 9/30/2024 – 1/31/2025, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

Angela Williamson, Clerk of Courts. Dale Miller asked do we get a discount or do we pay the same rates as an individual. The Presenter will follow up on the information requested. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-705 was approved by unanimous vote.

BC2024-706

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics, LLC in the amount not-to-exceed \$163,170.00 for the renewal of GrayKey Software Licenses to unlock and decrypt data in mobile devices for the period 12/23/2024 -12/22/2027 for use by the Internet Crimes Against Children Task Force.
- b) Recommending an award on Purchase Order No. 24003569 to Magnet Forensics, LLC in the amount not-to-exceed \$163,170.00 for the renewal of GrayKey Software Licenses to unlock and decrypt data in mobile devices for the period 12/23/2024 -12/22/2027 for use by the Internet Crimes Against Children Task Force.

Funding Source: General Fund

David Frattare, Prosecutor’s Office Internet Crimes Task Force, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-706 was approved by unanimous vote.

BC2024-707

Department of Public Safety and Justice Services, recommending an award on RQ13600 and enter into Contract No. 4770 with Leonardo US Cyber and Security Solutions, LLC (28-4) in the amount not-to-exceed \$290,449.00 for the fixed Automated License Plate Reader Expansion Project for the purchase

and installation of (9) new cameras at various intersections in Cuyahoga County and maintenance services and software warranty support for the period 9/30/2024-11/30/2027.

Funding Source: FY2022 Urban Area Security Initiative

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Meredith Turner asked what the functionality of these cameras are; asked what kind of data they are recording and for what purpose; asked can any agency access this data in Ohio or another state. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-707 was approved by unanimous vote.

BC2024-708

Department of Public Safety and Justice Services, recommending an award on RQ14493 and enter into Contract No. 4857 with Case Western Reserve University (20-4) in the amount not-to-exceed \$199,043.00 for evaluation services for the Cuyahoga County Diversion Program, inclusive of Call-in Helpline services, Diversion Center Operations, and Crisis Intervention Team (CIT) Training, and its overall impact on the justice system, effective upon signatures of all parties for a period of 1 year.

Funding Source: FY2022 Byrne Discretionary Funding Grant Program

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Dale Miller asked who the other bidders were. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-708 was approved by unanimous vote.

BC2024-709 Held at the request of County Council

~~Department of Health and Human Services/Office of the Director, recommending an award and enter into Agreement No. 4889 with Cleveland State University in the amount not to exceed \$240,571.00 to provide funding to hire a Compliance and Research Officer to research and evaluate compliance issues with the new Cuyahoga County Welcome Center, including liaison services between Center customers, legal authorities and community partners for the period 9/1/2024 - 8/31/2026.~~

~~Funding Source: Health and Human Services Levy Fund~~

David Merriman, Department of Health and Human Services, presented. Dale Miller asked whether this item was put out for bid; asked how the vendor was selected; commented the answers to the written questions surrounding legal services is not clear; asked for clarification of the response; in one place it stated the aim was to provide legal services and in another place it said no direct legal services would be provided; asked for an example of a compliance issue that an employer might face; asked why we need a contract to do this; asked why can't we just find an attorney which has the requisite/expertise and hire that person. Clerk commented that possibly we should reword the agenda caption instead of saying compliance issues with the new Cuyahoga County Welcome Center because it seems like it's not an issue with the center it's more for trying to help them determine the compliance requirements. Trevor McAleer commented he is struggling with some of the same information Councilman Dale Miller asked relating to the responses to the advanced questions; asked why a lawyer or law firm is needed if legal advice is not being provided; asked what happens if the legal advice provided is incorrect; asked by doing this whether the County is on the hook for something if the advice is wrong and we provide some incorrect guidance. Dale Miller asked is it our intention after the 2 years, that were going to know what the policies and the procedures and the network connections are, that we won't need the contract going forward; asked how

we know we need 2 years and that 1 year isn't enough. Trevor McAleer asked will this person be housed at the Welcome Center; asked does the contract state when the person is required to be at the center, is it 40 hours a week, 20 hours a week. Dale Miller suggested we hold this for one week for further discussion and thoughts on this. Meredith Turner commented she served as Senator Brown's liaison and knows quite a lot on the area discussed here; asked is this a compliment of what Global Cleveland offers; commented I think we're on the right track but support my colleague wanting a little more dialogue. Item was held on the request of County Council. Item was held.

BC2024-710

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Qminder LTD in the amount not-to-exceed \$17,000.00 for the pilot program of a queuing system for visitors to the Virgil E. Brown building for the period 9/30/2024 - 9/29/2025.
- b) Recommending an award and enter into Contract No. 4815 with Qminder LTD in the amount not-to-exceed \$17,000.00 for the pilot program of a queuing system for visitors to Cuyahoga Job and Family Services for the period 9/30/2024 - 9/29/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-710 was approved by unanimous vote.

BC2024-711

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to a Master Contract with various providers for short-term emergency childcare for children in the County's custody for the period 9/1/2022 – 7/31/2024:

- a) Contract No. 4424 (fka Contract No. 2714) with Specialized Alternatives for Families and Youth Services of Ohio, Inc.
- b) Contract No. 2717 with Providence House, Inc.
- c) Contract No. 2718 with Ohio Mentor
- d) Contract No. 4142 (fka Contract Nos. 4124 and 2716) with The Centers for Families and Children to extend the time period to 9/30/2024, to expand the scope of services to add the THRIVE'N Model effective 5/1/2024, and for additional funds in total amount not-to-exceed \$57,120.00.

Funding Source: Temporary Assistance to Needy Families - Independent Living Funds

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-711 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-712 through BC2024-715; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-712

Department of Information Technology, on behalf of the Sheriff’s Department recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of September 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-713

Department of Public Safety and Justice Services on behalf of the Sheriff’s Department, submitting a Memorandum of Understanding with Atlanta-Carolinas High Intensity Drug Trafficking Area (AC-HIDTA) to define the roles and responsibility for sharing data owned, aggregated, or collected by the Member Agencies and stored within the AC-HIDTA LPR Database Information Sharing System, effective upon signature of all parties for a period of 5 years.

Funding Source: Not applicable

BC2024-714

Fiscal Department, presenting proposed travel/membership requests for the week of 9/30/2024:

Sheriff’s Department, recommending to amend Board Approval No. BC2024-597, dated 8/12/2024, which authorized (2) staff to attend the 36th Annual Crimes Against Children Conference sponsored by Dallas Children’s Advocacy Center to amend the total expenses as follows:

Dept:	Sheriff’s Department							
Event:	36 th Annual Crimes Against Children Conference							
Source:	Dallas Children’s Advocacy Center							
Location:	Dallas, TX							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Hadam	8/11/2024 – 8/15/2024	\$895.00 \$0.00	\$273.00 \$127.63	\$1,280.00 \$1,208.98	\$140.00 \$100.98	\$601.00 \$1,225.92	\$3,189.00 \$2,663.51	Ohio University Grant

John Morgan	8/11/2024 – 8/15/2024	\$895.00	\$273.00	\$1,280.00	\$140.00	\$601.00	\$3,189.00	Ohio University Grant
		\$1,790.00	\$109.54	\$1,211.98	\$240.93	\$0.00	\$3,352.45	

*Paid to host

**Staff reimbursement

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

Purpose:

To travel to Dallas TX to attend the Crimes Against Children's Conference. The mission of the conference is to provide a national forum to disseminate the highest level of training, information and strategies to professionals who are responders and advocates to victims of the many and varied forms of crimes against children including domestic violence, human trafficking sexual assault and strangulation.

Department of Public Works, recommending to amend Board Approval No. BC2024-637, dated 9/3/2024, which authorized (3) staff to attend the Stream Stability and Scour at Highway Bridges for Bridge Inspectors sponsored by National Highway Institute on 10/29/2024 – 10/31/2024 to change the travel dates from 10/29/2024 – 10/31/2024 to 11/5/2024 – 11/7/2024 and to increase the expenses as follows:

Dept:	Department of Public Works							
Event:	Stream Stability and Scour at Highway Bridges for Bridge Inspectors							
Source:	National Highway Institute							
Location:	Lincoln, NE							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Zachery Williams	10/29/2024 – 10/31/2024 11/5/2024 – 11/7/2024	\$0.00	\$122.00	\$248.40 \$301.20	\$0.00	\$271.00 \$466.00	\$641.40 \$889.20	Road and Bridge Motor Vehicle Gas Tax Fund
Erin Shelman	10/29/2024 – 10/31/2024 11/5/2024 – 11/7/2024	\$0.00	\$122.00	\$248.40 \$301.20	\$0.00	\$271.00 \$466.00	\$641.40 \$889.20	Road and Bridge Motor Vehicle Gas Tax Fund
Jared Kenney	10/29/2024 – 10/31/2024 11/5/2024 – 11/7/2024	\$0.00	\$122.00	\$248.40 \$301.20	\$274.42 \$290.21	\$271.00 \$466.00	\$915.82 \$1,179.41	Road and Bridge Motor Vehicle Gas Tax Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The training is part of the requirement for his job duties in Bridge Safety Inspections as a Senior Bridge Inspector. No virtual option or closer venues provided.

Dept:	Clerk of Courts							
Event:	Governing For Racial Justice, The 2024 GARE Membership Meeting							
Source:	Government Alliance on Race and Equity							
Location:	St. Louis, MO							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Nailah K. Byrd	11/19/2024 – 11/22/2024	\$650.00	\$200.00	\$1,033.51	\$409.71	\$800.00	\$3,093.22	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Cuyahoga County Clerk of Courts was invited by the Citizens Advisory Council on Equity (CACE) to attend the GARE Conference. This event will bring together racial equity practitioners and government officials to explore the challenges and opportunities for advancing racial equity towards a just multi-racial democracy. The conference also provides attendees unprecedented access to resources, information, and collaborative opportunities geared towards advancing racial equity for all.

BC2024-715

Department of Purchasing, presenting proposed purchases for the week of 9/30/2024:

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
24003953	Purchase and installation of (32) custom metal shelf dividers for use at the County Archives	Department of Public Works	Patterson Pope	\$7,533.00	General Fund

24003956	(72) Various sizes of manhole risers for use by the Sanitary Division	Department of Public Works	American Highway Products, LTD.	\$8,568.00	Sanitary Fund
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V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2024-716

Department of Information Technology, recommending an award on Purchase Order No. 24003078 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$6,329.06 for an emergency service call, purchase and replacement of (4) hard drives, and restoration of Milestone video storage server capabilities in Jail II of the Justice Center.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-716 was approved by unanimous vote.

Item of Note (non-voted)

Item No. 1

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
RQ 3325	Amend Contract No. 3157	US Together, Inc.	Interpretation and translation services for various County agencies	\$3,700.00	Department of Health and Human Services/Cuyahoga Job and Family Services	3/1/2021 – 2/28/2025	(Original) 96.06% Federal Temporary Assistance for Needy Families (TANF), 2.20% Federal Funds – Ohio Means Job, .52% Real Estate Assessment Fund	9/13/2024 (Executive) 9/18/2024 (Law)

Public Works – 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
R2012-0087	Construction Agreement – Replacement of Rockside Road Bridge No. 3.23 in the City of Independence	\$4,000,000.00	N/A	\$3,200,000.00 – Federal Fund \$800,000.00 – Road and Bridge Fund	9/10/2024 (Executive) 9/18/2024 (Law)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:39 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

BC2024-709

Title	Contract with Cleveland State University for Compliance and Research Officer
Department or Agency Name	Department Health and Human Services office of the Director
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	4889	Cleveland State University College of Law	9/1/2024- 8/31/2026	\$240,571.00	Pending	pending

<p>Service/Item Description (include quantity if applicable). Department of Health and Human Services is seeking a one year contract with Cleveland State University College of Law for Compliance and Research Officer to evaluate compliance issues with the new Cuyahoga County Welcome Center (“Center”).</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 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. research whether benefits given by the Center abide by federal regulations and will serve as a liaison between Center customers, legal authorities, and community partners 2. Assist the CSU Center for International Services and Programs and College of Law to evaluate changes related to university curriculum.

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):
Cleveland State University College of Law	Dr. Laura Bloomberg
Vendor Council District: 7	Project Council District: 3

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

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 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 checked="" 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. Health and Human Services – 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.
 HS260100 / 55130 / UCH09999.

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

Provide status of project.
 Not yet started

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):	8/7/2024
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Date documents were requested from vendor:	8/7/2024
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Date of insurance approval from risk manager:	8/9/2024
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Date Department of Law approved Contract:	TBD
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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):

B. – New Items for Review

BC2024-717

Title	Department of Public Works – Ohio Desk – 1801 Furniture-Adjustable Lecterns		
Department or Agency Name	Department of Public Works		
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)	24003986	Ohio Desk Company	Upon Execution	\$27,143.60	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Public Works is requesting a purchase order for the purchase of (2) two adjustable lecterns for the 1801 Superior Avenue property in the amount of \$27,143.60.

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): To have an approved PO and vendor in place that can provide required furniture for the 1801 Superior Avenue property. This will ensure staff that are moved to the new facility have optimal working environments.

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):
Ohio Desk Company 1122 Prospect Ave. Cleveland, Ohio 44115	Jessica Mullen, Workplace Consultant
Vendor Council District:	Project Council District:
NA	NA
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. <p style="text-align: center;">JCOP</p> *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 TIPS-Nevers #180305 exp. 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 ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: NA	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<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% Capital Projects – 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. PW600120 54300-100 CFSUP0000101
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):	9.5.24
Date documents were requested from vendor:	9.5.24
Date of insurance approval from risk manager:	9.5.24
Date Department of Law approved Contract:	NA
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-718

Title	Department of Public Works – Ohio Desk - 1801 Furniture and related furnishings
Department or Agency Name	Department of Public Works
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)	24003987	Ohio Desk Company	Upon Execution	\$406,244.27	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Public Works is requesting a purchase order for the purchase of furniture and related furnishings for the 1801 Superior Avenue property in the amount of \$406,244.27.

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 have an approved PO and vendor in place that can provide required furniture for the 1801 Superior Avenue property. This will ensure staff that are moved to the new facility have optimal working environments.

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):
Ohio Desk Company 1122 Prospect Ave. Cleveland, Ohio 44115	Jessica Mullen, Workplace Consultant
Vendor Council District:	Project Council District:
NA	NA
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. <p style="text-align: center;">State of Ohio Contracting</p> *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 STS010940 exp. 11/30/2025 800930 exp. 12/31/2026 800877 exp. 10/31/2025 <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% Capital Projects – 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.
 PW600120 54300-100 CFSUP0000101

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):	9.5.24
Date documents were requested from vendor:	9.5.24
Date of insurance approval from risk manager:	9.5.24
Date Department of Law approved Contract:	NA

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):

BC2024-719

Title	Public Works / Reworld Tron Corp fka Chemtron Corporation / Contract / Collection, Transportation, and Disposal of Hazardous / Non-Hazardous Waste
Department or Agency Name	Department of 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.
O	CM4697	Reworld Tron Corp fka Chemtron Corporation	Upon Signature – 3 years - 2027	\$218,175.45	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval to enter into a contract, per the chart above, for the Collection, Transportation, Recycling and/or Disposal of Hazardous / Non-Hazardous Waste.
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:
Project Goals, Outcomes or Purpose (list 3): 1. The goal of the project was to secure a contract for the Collection, Transportation, Recycling and/or Disposal of Hazardous / Non-Hazardous Waste from various County locations on an as-needed basis. 2. To continue to maintain the safety of County employees and minimize health risks. 3. To continue to safely dispose of hazardous waste for the preservation of our environment.

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: Reworld Tron Corp fka Chemtron Corporation 445 South Street Morristown, NJ 0790	Tony Barzacchini, Sales 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>14401</u> (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: 6/3/24	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$218,175.45	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) on Planholder List - (16 / 1) (275 in Sourcing Mgr)	<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 (10%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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 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 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
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.
O	CM2948	Chemtron Corporation	01/24/2023-01/23/2024	\$49,500.00	1.9.2023	BC2023-02
A	CM2948	Chemtron Corporation	01/24/2023-07/31/2024	\$32,500.00	3.4.2024	BC2024-168

BC2024-720

Title	Department of Public Works – Fuel contract – Guttman Energy
Department or Agency Name	Department of 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.
O	CM4885	Guttman Energy	10/1/2024 – 4/30/2025	\$455,000.00		

Service/Item Description (include quantity if applicable). This contract is with a vendor that can provide fuel and deliveries for County owned vehicles and equipment.
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 contract is supported by a vendor that can provide fuel that's required for use by County vehicles, equipment, and buildings. This contract will ensure there is continued 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):
Guttman Energy, Inc. 200 Spears Street Belle Vernon, PA 15012	James Pederson / VP Commercial Sales
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. The County is utilizing the State of Ohio contract which was previously bid and/or negotiated, allowing government entities access to favorable costs and services. *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 Contract ID CTR020794 State Contract Number RSI020794 9/1/2024 – 9/30/2027 <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) (State Contract Coop)
	<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. PW755100- 52650
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 checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The State of Ohio did not announce the award for the new State contract until the end of August and it was determined at that time that the awarded vendor for District 12 was Guttman Energy, a vendor that's never done business with the State or the County. It was at this point that Public Works initiated the contract process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/1/2024
Date documents were requested from vendor:	9/3/2024 (New Vendor)
Date of insurance approval from risk manager:	10/1/2024
Date Department of Law approved Contract:	9/26/2024
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) Ongoing fuel purchases for vehicles
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.
O	CM80	Great Lakes Petroleum	4/1/2020-3/31/2022	1,236,000.00	3/16/2020	R2020-0055
A-1	CM80	Great Lakes Petroleum	4/1/22-6/30/2022	\$0	4/18/2022	BC2022- 245
A-2	CM2728 (FKA 80,2360, 2535)	Great Lakes Petroleum	7/1/22-6/30/2023	\$650,000.00	8/2/2022	R2022-0215
A-3	CM2728	Great Lakes Petroleum	7/1/2023-6/30/2024	495,000.00	8/14/2023	BC2023-503
A-4	CM3705	Great Lakes Petroleum	7/1/2024 - 7/31/2024	\$65,000.00	7/15/2024	BC2024-530
A-5	CM3705	Great Lakes Petroleum	8/1/2024 - 8/31/2024	\$65,000.00	8/19/2024	BC2024-602

BC2024-721

Title	PO24003914STAC-2024-Procurement of 800 Cisco 8811 Phones
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.
	PO24003914 STAC	MNJ Technologies Direct Inc.	2024	\$179,200.00	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 800 CISCO Phones 8811 Series in the amount of: \$179,200.00
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This request is for a State Term purchase of an additional 800 Cisco 8811 Telephone for the "VOIP Refresh" project. The County's current fleet of 7,000+ telephones has at minimum 1/3rd of the telephones that are not compatible with Cisco's current voice server infrastructure offering, as many of the phones range from 15-20 years old. This capital project is to bring all Cisco telephones up to minimum standards where the County can leverage Cisco's latest infrastructure offering as the County is due to begin a voice server refresh in the next 18-24 months.

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. Cisco 8811 IP Phone - Corded – Wall Mountable – Black MFG PART NO: CP-8811-K9- Quantity 800

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, Inc. 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. All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the

	<p>State Term Schedule and has determined that these are fair and reasonable prices.</p> <p>Contract# 534612 effective through 6/30/2025.</p> <p>*See Justification for additional information.</p>
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 <p>Contract# 534612 effective through 6/30/2025.</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 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% 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. IT600100
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 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.
	PO24000685 STAC	MNJ Technologies Direct Inc	2024	\$162,336.00	3.5.2024	BC2024-175

BC2024-722

Title	Cisco Catalyst Router for the Veterans Services Center
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.
	24003951 STAC	MNJ Technologies Direct, Inc.		\$5,398.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Cisco Catalyst Router for the Veterans Services Center in the amount of \$5,398.00.	
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 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 plans to contract with MNJ Technologies Direct, Inc., for Cisco Catalyst Router for the Veterans Services Center in the amount of \$5,398.00. Qty. 1 Cisco Router Qty. 1 Cisco Smart Net Qty. 1 Cisco Voice Interface Card Qty. 1 Cisco Digital Network Architecture License	

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 1025 Busch Parkway Buffalo Grove Il	Jimmy Lochner 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 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: _____	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid process. A formal process was conducted by the State of Ohio. 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. MNJ Technologies is able to provide the County with Ohio State term schedule contract pricing. *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 OH STS contract #534354 expires on December 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:

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 VC100100
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):

BC2024-723

Title	CM1096- 2024- Amendment 6 of Timothy Wauhopp ERP Support Services
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 Approved/ Council's Journal Date	Approval No.
Original	1096	Timothy Wauhopp	03/22/2021 – 09/21/2021	\$90,000.00	03/22/2021	BC2021-124
1 st Amendment		Timothy Wauhopp	09/21/2021 – 03/21/2022	\$0.00	10/18/2021	BC2021-586
2 nd Amendment		Timothy Wauhopp	03/21/2022 – 10/31/2022	\$53,807.00	03/14/2022	BC2022-151
3 rd Amendment		Timothy Wauhopp	10/31/2022 – 04/29/2023	\$60,000.00	08/29/2022	BC2022-512
4 th Amendment		Timothy Wauhopp	04/29/2023 – 12/31/2023	\$72,779.73	06/05/2023	BC2023-361
5 th Amendment		Timothy Wauhopp	01/01/2024 – 12/31/2024	\$98,800.00	12/18/2023	BC2023-829
6 th Amendment		Timothy Wauhopp	01/01/2025 – 12/31/2025	\$98,800.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology is requesting approval for a 6 th Amendment to the contract with Timothy M. Wauhopp, to extend the time thru 12/31/2025 for the additional amount of \$98,800.00 for ERP Support Services.
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Contractor provides general support services to the County for the ERP systems implementation and knowledge transfer and training to County employee ERP team and members. Responds to and resolves assigned support tickets for functional and operational issues including creating new enhancements to the ERP.
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): 1. Extension of CM1096 Amendment 6 through 12/31/2025.

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):
Timothy Wauhop 309 Cheadle Loop Road Seaford, Virginia 23696	Timothy Wauhop Owner
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 is a contract 6 th amendment to extend time thru 12/31/2025 for continued contracted ERP support services. The contract received an RFP Exemption approved on 3/22/2021 CM #1096, BC2021-124. Subsequent 1st thru 5th amendments were also approved. *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) RFP Exemption
	<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 9.6.2024
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. IT100145
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):

BC2024-724

Title	Human Resources; 2024; Contract with The Jellyvision Lab, Inc. for Benefits Selection Software for the period 10/12/2024-10/11/2027 in the amount of \$431,823.00.
Department or Agency Name	Human Resources
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	CM4896	The Jellyvision Lab, Inc.	10/12/2024-10/11/2027	\$431,823.00		PENDING

Service/Item Description (include quantity if applicable).
 The Jellyvision Lab, Inc. (Jellyvision) will provide the County with online benefits selection software for County employees. This software will assist employees in selecting the benefits package that best meets their needs and current situation. Employees will have the ability to enter their information on a secure platform which is not saved, unless opted to by the employee. From this data, the software will provide recommendations of the County’s current benefits offerings in an easy-to-understand manner to help the employees make informed decisions on their benefits selection. This is available to all employees for open enrollment as well as new employees when onboarded or employees with a qualifying life event.

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):
 The primary goals are to assist employees in making informed decisions about their benefits, reduce the number of employees contacting the benefits team for assistance so they can focus on other errors or issues.

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):
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The Jellyvision Lab, Inc. 848 W. Eastman St. Chicago, IL 60642	Amanda Lannert, CEO
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __14318__ (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. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 15/3	<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 (10) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. None of the vendors were DEI compliant. The nature of the software solution is not conducive to outsourced goals and we have not identified any local companies that provide such solutions. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No, see above.	<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: One vendor's submission was free provided that we awarded them other voluntary benefits which was not part of this RFP. Of the other two submissions, Jellyvision was the lowest cost by significant margin.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Jellyvision's proposal was significantly less than the next lowest.	<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% Self-Insurance 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. HR765100 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. Jellyvision is the current incumbent which has resulted in most implementation already in place. Updates need to be completed for Open Enrollment in October.	
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):	3/11/2024 (RFP Drafting)
Date documents were requested from vendor:	6/14/2024
Date of insurance approval from risk manager:	9/24/2024
Date Department of Law approved Contract:	9/24/2024
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):						
Prior Contract: CM3826 RQ12551						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

O	3826	The Jellyvision Lab, Inc.	10/12/2023-10/11/2024	\$143,941.00	10/10/2023	BC2023-619
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BC2024-725

Title	2025-2027 LAW ENFORCEMENT UNIFORMS					
Department or Agency Name	SHERIFF'S DEPT					
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	4847	GALLS, LLC	1/1/25 – 12/31/27	\$123,439.05	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
 During the term of this contract Galls will fit, alter and supply uniforms for the Cuyahoga County Sheriff's Department Law Enforcement staff. The anticipated start-completion dates are 1/1/25 – 12/31/27.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)
 Executing new contract to provide Law Enforcement Staff with uniforms.

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):
 Provide and alter uniforms as needed for the Law Enforcement staff.

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):
Galls, LLC 1340 Russell Cave Rd Lexington, KY 40505	Bob Kushner, Regional Account Executive
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# 14858 (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 checked="" type="checkbox"/> Formal Closing Date: 8/20/24	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 123,439.05	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 11 / 2	<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 (0) 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?	<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 checked="" 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? Formal RFP, but lowest price.	<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 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. SH100115 53400

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):	6/26/24
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Date documents were requested from vendor:	8/28/24
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Date of insurance approval from risk manager:	6/30/24
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Date Department of Law approved Contract:	9/6/24
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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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-726

Title	The Medical Examiner's Office requesting approval to amend Contract No. 4020 with Versaterm Public Safety US Inc (FKA Justice Trax), by adding additional funds to not exceed \$21,835.76 for additional Laboratory Information Management System (LIMS) licenses, and special project database maintenance thru the contact term ending 12/31/2024.
Department or Agency Name	Medical Examiner's Office
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)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	Original CE1800308		10/15/2018 – 10/14/2021	\$85,560.00	9/24/2018	BC2018-651
A-1	CE1800308		10/15/2018 – 10/14/2021	\$7,500.00	6/24/2019	BC2019-479
A-2	CE1800308		10/15/2018 – 10/14/2021	\$35,425.00	8/12/2019	BC2019-596

A-3	1144		10/15/2018 – 10/14/2021	\$79,391.67	6/14/2021	BC2021-284
A-4	1144		10/15/2018 – 10/14/2024	\$ 131,885.83	8/2/2021	BC2021-407
A-5	4020		10/15/2018 – 12/31/2024	\$63,868.63	1/2/2024	BC2024-17
A-6	4020	Versaterm Public Safety US Inc. (FKA JUSTICETRAX)	10/15/2024 – 12/31/2024	\$21,835.76	Pending	Pending

Service/Item Description (include quantity if applicable).
Additional Laboratory Information Management System (LIMS) licenses, and special project database maintenance.

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):
Additional Laboratory Information Management System (LIMS) licenses.
Project database maintenance.

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):
Versaterm Public Safety US Inc. FKA JusticeTrax 1 N. MacDonald, Suite 500 Mesa, AZ 85201	Warren Looms, President & 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	Provide a short summary for not using competitive bid process.

<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 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) Original Contract Award on RQ#42781 CM1800308
	<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
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. ME105105 / 55130 / ME-Coroner Lab
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 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):

BC2024-727

Title	Exempt Purchase for vendor; Order Towards Employment, Final Payment on a closed contract
Department or Agency Name	Department of Health and Human Services, Office of Reentry
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.
Original	CM739	Towards Employment	2/13/2020-7/14/2023	\$750,000.00	2/11/2020	R2020-0039
Amendment 1	CM739	Towards Employment	2/13/2020-7/14/2023	\$950,000.00	9/27/2021	BC2021-531
Amendment 2	CM739	Towards Employment	2/13/2020-12/31/2023	\$0.00	3/9/2023	BOC2023-155
PO	24003682	Towards Employment	2/13/2020-12/31/2023	\$33,122.87	Pending	Pending

Service/Item Description (include quantity if applicable).

Invoice for services rendered during 2023 time, the original invoice in January was not compliant with terms of the contract and negotiations between OOR and vendor were extensive.

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? N/A	
Project Goals, Outcomes or Purpose (list 3): 1. Create a self-sustaining social enterprise employment agency serving individuals with criminal justice histories 2. Provide an EAP for participants in the Achieve Staffing Social Enterprise. 3. Reduce recidivism by achieving successful reentry	

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):
Towards Employment, Inc. 3301 Saint Clair Ave. Cleveland, Ohio 44114 Council District 07	Jill Rizika
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 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 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. Health and Human Services Levy- 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. HS260355 55130 UCH0000
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Invoice for services rendered during 2023 time, the original invoice in January was not compliant with terms of the contract and negotiations between OOR and vendor were extensive.
Timeline
Project/Procurement Start Date (date your team started working on this item): August 28 ,2024

Date documents were requested from vendor:	August 29, 2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
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) Services were rendered last year, they were not compliant with outline of the agreed upon contract. After extensive negotiations final dollar amount was agreed upon.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2024-728

Title	Public Works requests approval of Amendment 1, an Assignment & Assumption Agreement, between the County, Pennoni Associates, Inc. (Assignor), and DLZ Ohio, Inc., (Assignee) for the 2023 Bridge General Engineering Services contract.
Department or Agency Name	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/Council Approved	Approval No.
O	CM 3418	Pennoni Associates, Inc.	6/1/2023 – 5/31/2026	\$450,000	5/30/2023	BC2023-338
A1	CM 4869	DLZ Ohio, Inc.	6/1/2023 – 5/31/2026	\$ 0	pending	pending

Service/Item Description (include quantity if applicable). Amendment for the Assignment & Assumption of the 2023 Bridge General Engineering Services contract. The contract is already underway.
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? _____ N/A
Project Goals, Outcomes or Purpose (list 3): To accept the assignment of the contract from Pennoni Associates, Inc. to DLZ Ohio, Inc., allowing DLZ Ohio Inc. to continue with the ongoing work that is part of this contract which is already in progress.

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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):
DLZ Ohio, Inc. 4208 Prospect Avenue Cleveland, Ohio 44103	Ram Rajadhyaksha Executive Vice President
Vendor Council District:	Project Council District:
7	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ#12084 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: April 10, 2023	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) 92 / 4	<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 (14%) 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?	<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)
The procurement method was RFQ	<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:
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<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% Road & Bridge 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 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):

BC2024-729

Title	Public Works requests approval of Amendment 3, an Assignment & Assumption Agreement, between the County, Jones-Stuckey, Ltd. a division of Pennoni Associates, Inc. (Assignor), and DLZ Ohio, Inc., (Assignee) for the Cedar Point Road Bridge (00.49) rehabilitation project.
Department or Agency Name	Public Works

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ#34604 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 8/13/2015	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) / 9	<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 (30%) SBE () MBE () 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?	<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 checked="" 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? The procurement method was RFQ	<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% Road & Bridge 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: 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):	
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Date documents were requested from vendor:	
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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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):

BC2024-730
(See related items for proposed travel/memberships for the week of 10/7/2024 in Section C above).

BC2024-731
(See related items for proposed purchases for the week of 10/7/2024 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	NAE Grant Agreement with U.S. Department of Transportation for the Cuyahoga County Veterans Memorial Bridge Connectivity Plan Project.
DEPARTMENT OR	Public Works

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING	<input 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 checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).
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DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<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)					
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Works requests approval to sign a grant agreement with the United States Department of Transportation for the Cuyahoga County Veterans Memorial Bridge Connectivity Plan Project.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. Re-open the former streetcar level of the bridge as a public thoroughfare for cyclists and pedestrians, and as a venue for events, programming, and recreation.				
	2. Highlight the bridge as a cultural destination amidst some of Cleveland’s most important civic landmarks while strengthening and multiplying connections between the East and West sides of Cleveland.				
	3. Project will include a Feasibility Study, followed by the preparation of an Engineering Plan. The Feasibility Study will evaluate alternatives to improve connectivity to existing neighborhoods and surrounding assets, proposed treatments to the multimodal facility, and consider current construction and lifecycle costs associated with the various alternatives.				

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:	N/A
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	N/A
SUBRECIPIENT’S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	\$7,000,000

PROJECT COUNCIL DISTRICT:	Council District 7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY	City of Cleveland

GRANT/PROJECT, IF APPLICABLE.	
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	NAE grant through the U.S. Department of Transportation.
	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	Legal Representation Pilot Project
DEPARTMENT OR AGENCY NAME	Public Defender

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 (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Legal Representation Pilot Project	Upon contract signature through 9/30/2025	\$75,000.00	10/23/2023	CON2023-110
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Office of the Public Defender requests a renewal and decreased appropriation to the amount of \$75,000.00 for the purpose of continuing the Pre-Petition Pilot Program Year 4 grant award. Grant funds will be used to eliminate the need for emergency court intervention by providing, in conjunction with community-based agencies, necessary and immediate supportive services for families facing imminent removal of their children.			

	This grant is funded by the U.S. Department of Health and Human Services (2402OHSCIP), passed through the Supreme Court of Ohio, and covers the performance period of October 1, 2024, to September 30, 2025. This grant will be paid on a reimbursable basis and requires no cash match.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Eliminate the need for emergency court intervention by working in conjunction with community-based agencies.
	Provide immediate supportive services for families.
	Reduce/prevent imminent removal of children from families.

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.
	U.S. Department of Health and Human Services
	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	Award Acceptance for FY22 Byrne Memorial Justice Assistance Grant (JAG)
DEPARTMENT OR AGENCY NAME	Sheriff

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input 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).
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input 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)	Byrne Memorial Justice Assistance Grant (JAG)	10/01/2023-09/30/2025	\$100,000.00		
AMENDMENT (A-1)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The Cuyahoga County Sheriff's Department is requesting approval to accept a grant agreement from the City of Cleveland in the amount of \$100,000.00 for the FY22 Justice Assistance Grant (JAG) for the period 10/01/2023 – 09/30/2025. Memorandum of Understanding approved BC2022-484</p> <p>Original Grant Agreement was received on 5/7/2024 from the City of Cleveland and revised agreement approved by Law Department on 9/13/2024.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>Provide assistance to local law enforcement agencies. This year's funding will be used to replace radios and mobile data terminals.</p>			

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:	
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY22 Byrne Memorial Justice Assistance Grant
	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	PLANNING GRANT - FY23 HOMELESS CONTINUUM OF CARE - REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<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 checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input 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)	Planning Grant	1/1/25 – 12/31/25	\$1,500,000.00	7/31/23	CON2023-85
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$1,500,00.00 for CoC Planning in
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	connection with FY2023 Continuum of Care Program Competition Grant for the term of 1/1/2025 – 12/31/2025. OHS received this grant as the designated lead for the Cleveland Cuyahoga CoC. Planning grant funds are available to provide system-wide support for activities including planning, monitoring, program development, and system performance.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	System-wide coordination of various providers to develop strategies identify resources for ending homelessness
	Evaluate the outcomes of CoC and ESG projects within the CoC
	Monitor and improve the quality and performance of recipients and subrecipient projects and enforcing compliance with program requirements

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.
	United States Department of Housing and Urban Development Continuum of Care Program
	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. 5

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 10/7/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT