



**Cuyahoga County Board of Control Agenda
Monday, December 4, 2023 - 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 – 11/27/2023

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2023-769

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to U.S. Bank National Association in the amount not-to-exceed \$360,000.00 for routine fuel purchases for the County Fleet Division for the period 1/1/2024 - 12/31/2024.
- b) Recommending an award on Purchase Order No. 23005107 to U.S. Bank National Association in the amount not-to-exceed \$360,000.00 for routine fuel purchases for the County Fleet Division for the period 1/1/2024 - 12/31/2024.

Funding Source: Maintenance Garage Funds

BC2023-770

Department of Public Works, submitting an amendment to Contract No. 2425 with Patriot Industrial Technologies, LTD for water treatment chemicals and services for boiler and air conditioning equipment at various County buildings for the period 5/4/2022-5/3/2024 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$23,000.00.

Funding Source: General Fund

BC2023-771

Department of Public Works, submitting an amendment to Contract No. 2801 with Cold Harbor Building Company for the purchase of replacement generators located at the Cuyahoga County Medical Examiner's Building to change the scope of services to include ADA improvements to the parking lot and for additional funds in the amount not-to-exceed \$298,329.52.

Funding Source: Capital Projects Fund

BC2023-772

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$26,456.82 for the purchase of (1) replacement Palo Alto Networks Firewall and accessories, including software support and maintenance services for a period of 3-years.
- b) Recommending an award on Purchase Order No. 23004648 to Nexum, Inc. in the amount not-to-exceed \$26,456.82 for the purchase of (1) replacement Palo Alto Networks Firewall and accessories, including software support and maintenance services for a period of 3-years.

Funding Source: Health and Human Services Levy Fund

BC2023-773

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to AT&T Corp. in the amount not-to-exceed \$8,262.00 for a state contract purchase of ISDN Prime network and telecommunication services for the period of 1/1/2024 – 12/31/2024.
- b) Recommending an award on Purchase Order No. 23005085 to AT&T Corp. in the amount not-to-exceed \$8,262.00 for a state contract purchase of ISDN Prime network and telecommunication services for a period of 1/1/2024 – 12/31/2024.

Funding Source: General Fund

BC2023-774

Department of Information Technology, submitting an amendment to Contract No. 1086 (formerly CE1500162) with AT & T Corp. for Centrex telephone and messaging services for the period 6/1/2014 – 12/31/2023 to extend the time period to 12/31/2024 to change the terms, effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$400,000.00.

Funding Source: General Fund

BC2023-775

Department of Information Technology, submitting an amendment to Contract No. 3966 (fka Contract No. 1190 and CE1900168) with AT & T Corp. for long distance services for the period 1/1/2019 – 12/31/2023

to extend the time period to 12/31/2026 to change the terms, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$90,000.00.

Funding Source: General Fund

BC2023-776

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3007 (formerly Contract No. 1790) with Case Western Reserve University, Mandel School of Applied Social Sciences for evaluation services of the Safe Harbor Docket Programs for the period 7/1/2021 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms effective 7/1/2023 and for additional funds in the amount-not-to-exceed \$23,000.00.

Funding Source: RECLAIM Grant

BC2023-777

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$9,900.00 for Community Diversion Program services for the period 1/1/2024 – 12/31/2024.

- a) Agreement No. 3928 with City of North Olmsted in the amount not-to-exceed \$9,300.00.
- b) Agreement No. 3941 with City of Pepper Pike in the amount not-to-exceed \$600.00.

Funding Source: Health and Human Services Levy Fund

BC2023-778

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Renounce Denounce Gang Intervention Program Corp. in the amount not-to-exceed \$78,600.00 for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023- 6/30/2024.
- b) Recommending an award and enter into Contract No. 3932 with Renounce Denounce Gang Intervention Program Corp. in the amount not-to-exceed \$78,600.00 for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023- 6/30/2024.

Funding Source: RECLAIM Grant

BC2023-779

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in award recommendations to various providers in the total amount not-to-exceed \$245,481.90 for positive youth development services for Court referred youths with high risk for recidivism for the period 7/1/2023 – 6/30/2024:

- 1) Friendly Inn Settlement, Inc. for youths ages 16 to 18 in the amount not-to-exceed \$132,501.90.

2) Let Art Breathe The LAB Inc. for youths ages 11 to 20 in the amount not-to-exceed \$112,980.00.

b) Recommending awards and enter into Contracts with:

1) Contract No. 3935 with Friendly Inn Settlement, Inc. for youths ages 16 to 18 in the amount not-to-exceed \$132,501.90.

2) Contract No. 3937 with Let Art Breathe The LAB Inc. for youths ages 11 to 20 in the amount not-to-exceed \$112,980.00.

Funding Source: RECLAIM Grant

BC2023-780

Court of Common Pleas/Juvenile Court Division,

a) Submitting an RFP Exemption, which will result in an award recommendation to Nerve DJ Institute Corporation in the amount not-to-exceed \$75,000.00 for educational and vocational services for Court referred youths ages 16 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024.

b) Recommending an award and enter into Contract No. 3987 with Nerve DJ Institute Corporation in the amount not-to-exceed \$75,000.00 for educational and vocational services for Court referred youths ages 16 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024.

Funding Source: RECLAIM Grant

BC2023-781

Sheriff's Department,

a) Submitting an RFP exemption, which will result in an award recommendation to Kustom Signals, Inc. in the amount not-to-exceed \$6,585.00 for a state contract purchase of (3) Hand-Held Lidar ProLaser 4 bundle and accessories.

b) Recommending an award on Purchase Order No. 23004787 to Kustom Signals, Inc. in the amount not-to-exceed \$6,585.00 for a state contract purchase of (3) Hand-Held Lidar ProLaser 4 bundle and accessories.

Funding Source: Operation Stonegarden Grant

BC2023-782

Department of Public Safety and Justice Services, recommending an award on RQ12901 and enter into Purchase Order No. 23004786 with Infinite Protection LTD (27-3) in the amount not-to-exceed \$96,000.00 for the purchase of (2) Self-Contained Mobile Camera Surveillance Units for the Cuyahoga County Board of Elections and the Cuyahoga County Sheriff Criminal Justice Information Sharing Program.

Funding Source: 50% FY21 Law Enforcement State Homeland Security Grant Program and 50% FY22 Urban Area Security Initiative Grant Fund

BC2023-783

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company, L.L.C. in the amount not-to-exceed \$12,546.00 for a joint cooperative purchase of (3) Aria anti-vibration tables.

- b) Recommending an award on Purchase Order No. 23005030 to Fisher Scientific Company, L.L.C. in the amount not-to-exceed \$12,546.00 for a joint cooperative purchase of (3) Aria anti-vibration tables.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2023-784

Department of Health and Human Services/Division of Children and Family Services, recommending an award on RQ12991 and enter into Contract No. 3926 with Community of Hope (31-1) in the amount not-to-exceed \$150,000.00 for trauma informed team mentoring services for young adults ages 18-24 who have and/or are aging out of the foster care system in Cuyahoga County for the period 1/1/2024 – 12/31/2024.

Funding Source: 34% Title IV-E and 66% Health and Human Services Levy Fund

BC2023-785

Department of Health and Human Services/Division of Children and Family Services, recommending an award and enter into Agreement No. 3940 with Ohio Attorney General c/o Treasurer, State of Ohio/Bureau of Criminal Identification and Investigation in the amount not-to-exceed \$450,000.00 for National Webcheck Program services and equipment for criminal background checks on childcare provider applicants for the period 1/1/2024-12/31/2026.

Funding Source: State Foster and Adoptive Parent Recruitment Fund

BC2023-786

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to Contract No. 2502 with College Now Greater Cleveland, Inc. for the coordination of (6) out-of-state exposure field trips/college tours for the Closing the Achievement Gap Program, for the period 8/3/2022 – 12/31/2023 to extend the time period to 12/31/2024 to change the number of field trips to (3), add Exhibits 1-A and 2-A Scope of Work and Budget, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$125,000.00.

Funding Source: Health and Human Services Levy Fund

BC2023-787

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 1784 with United Way of Greater Cleveland for implementation and administrative services for the Family Space Program for the period 11/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 to amend the terms and add Exhibit II-A budget, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$200,000.00.

Funding Source: Health and Human Services Levy Fund

BC2023-788

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood,

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Osgood Group, LLC in the amount not-to-exceed \$70,000.00 for strategic planning consultant services and creating framework for the development of a three-year strategic plan effective upon contract signatures of all parties through 12/31/2024.
- b) Recommending an award and enter into Contract No. 3961 with The Osgood Group, LLC in the amount not-to-exceed \$70,000.00 for strategic planning consultant services and creating framework for the development of a three-year strategic plan effective upon contract signatures of all parties through 12/31/2024.

Funding Source: Health and Human Services Levy Fund

BC2023-789

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 2590 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for eviction prevention services in connection with the alternative housing and related services and support for COVID Recovery - Continuum of Care program for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to modify the scope of services for eviction prevention services by providing support services only, effective 1/1/2024 and for a decrease of funds in the amount of (\$70,000.00).

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2023-790

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a Master Contract with various providers for rapid re-housing services for homeless families and shelters in connection with the FY2021 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2022 – 5/31/2024, to change the terms by adding Exhibit II-B Budget, effective 6/1/2023 and for additional funds in the amount not-to-exceed \$494,088.00.

- a) Contract No. 2806 Family Promise of Greater Cleveland in the amount not-to-exceed \$55,643.00.
- b) Contract No. 2811 The Salvation Army in the amount not-to-exceed \$174,731.00.

- c) Contract No. 2812 West Side Catholic Center in amount not-to-exceed \$60,584.00.
- d) Contract No. 2903 Journey Center for Safety and Healing in the amount not-to-exceed \$203,130.00.

Funding Source: US Department of Housing and Urban Development Rapid Rehousing for Families grant

C. – Consent Agenda

BC2023-791

Department of Information Technology, 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 amount of \$1.00 for the month of October 2023 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2023-792

Fiscal Department, presenting proposed travel/membership requests for the week of 12/4/2023:

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Re-entry							
Event:	BJA Violent Crime Reduction Summit							
Source:	U.S. Department of Justice & Bureau of Justice Assistance							
Location:	Indianapolis, Indiana							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Fred Bolotin	12/10/2023-12/13/2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Bureau of Justice Assistance

*Paid to host

**Staff reimbursement

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

****All expenses are being paid by the Bureau of Justice Assistance

Lodging-\$445.80

Meals-\$200.00

Ground Trn/Mileage- \$670.13

Total-\$1,315.93

Purpose:

The U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA) Violent Crime Reduction Summit: Partnerships for Safer Communities, will be held on December 11–13, 2023, in Indianapolis, Indiana. The

summit will bring together up to 1,500 local and federal partners from across the country. Panelists and speakers will include nationally recognized criminal justice practitioners and subject-matter experts who will conduct interactive team sessions that offer action-oriented, proven strategies to build capacity in areas such as prevention, intervention, and reentry strategies; enforcement, investigative, and prosecution strategies; community and partner engagement; and youth engagement.

BC2023-793

Department of Purchasing, presenting proposed purchases for the week of 12/4/2023:

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
23005075	(9,000 lbs) Certified sealant for pavement repairs	Department of Public Works	D.J.L. Material & Supply, Inc.	\$5,130.00	Road and Bridge Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
23004990	Out-of-home emergency placement services for the period 10/1/2023 – 10/26/2023*	Division of Children and Family Services	Blended Family Home, LLC	\$16,900.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
23005184	Concrete for various county projects**	Department of Public Works	Carr Bros., Inc.	Not-to-exceed \$25,000.00	Road and Bridge Fund

*Approval No. BC2023-561, dated 9/5/2023, which amended Approval No. BC2022-767, dated 12/12/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers in the total amount not-to-exceed \$250,000.00 for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$250,000.00 to \$500,000.00.

** Approval No. BC2023-751, dated 11/20/2023, which amended various Board approvals on various dates authorizing an alternative procurement process and resulted in various award recommendations in the total amount not-to-exceed \$320,000.00 for the purchase of concrete materials on an as-needed basis for repair and maintenance projects throughout Cuyahoga County for the time period 12/19/2022 - 12/18/2024 for additional funds in the amount not-to-exceed \$200,000.00.

V- OTHER BUSINESS

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 8737	Amend Contract No. 2878	YMCA of Greater Cleveland	Shelter and treatment services in connection with alternative housing and related services and support for COVID recovery	\$-0-	Community Initiatives Division/Office of Homeless Services	1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	11/15/2023 (Executive) 11/14/2023 (Law)
RQ 8737	Amend Contract No. 2979	YMCA of Greater Cleveland	Building rehabilitation and repair in connection with alternative housing and related services and support for COVID recovery	\$-0-	Community Initiatives Division/Office of Homeless Services	1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	11/15/2023 (Executive) 11/14/2023 (Law)
RQ 42571	Amend Contract No. 604	R Engineering Team, LLC	General mechanical, electrical and plumbing architectural and engineering services	\$-0-	Department of Public Works	10/23/2018 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund	11/20/2023 (Executive) 11/17/2023 (Law)
No.RQ	Amend Contract No. 2490	Nexum, Inc.	Consulting and design services in connection with the Data Center Design Project, to update insurance requirements, attached as Schedule A	\$-0-	Department of Information Technology	6/22/2022 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund	11/21/2023 (Executive) 11/22/2023 (Law)
RQ 11914	Amend Contract No. 3299	Perk Company, Inc.	Resurfacing Hillard Road (CR-69) from Warren Road to Riverside Drive in the City of Lakewood in connection with	\$-0-	Department of Public Works	N/A	(Original) 80% Federal Fund, 10% \$5.00 Motor Vehicle License Tax Fund and 10% City of Lakewood	11/21/2023 (Executive) 11/28/2023 (Law)

			the 2021 – 2024 Transportation Improvement Program					
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LPA 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
R2023-0106	Rehabilitation of Lee Road Bridge No. 00.77 over Mill Creek in the City of Maple Heights – Council District 8	\$4,892,500.00	N/A	\$3,914,000.00 – Federal Fund \$978,500.00 – Road and Bridge Fund	11/20/2023

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
November 27, 2023 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:02 a.m.

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Interim 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
Joseph Nanni, County Council (Alternate for Pernel Jones, Jr.)
Councilmember Meredith Turner
Councilmember Dale Miller

II. – REVIEW MINUTES – 11/20/2023

Michael Chambers motioned to approve the minutes from the November 20, 2023, meeting; Meredith Turner 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

BC2023-757

Department of Public Works, recommending an award on RQ13240 and enter into Purchase Order No. 23004997 with Valley Ford Truck Inc. (14-3) in the amount not-to-exceed \$51,030.08 for the purchase of (1) replacement, new, never titled 2024 Ford F-350 4x4 SD Regular Cab Truck for the Sanitary Division.

Funding Source: Sanitary Funds

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-757 was approved by unanimous vote.

BC2023-758

Department of Housing and Community Development recommending an award and enter into Agreement No. 3541 with City of Berea in the amount not-to-exceed \$46,250.00 for the Coe Lake Treehouse project for the period 7/1/2023-12/31/2023.

Funding Source: Community Development Supplemental Grant Funds

Christopher Farroni, Department of Housing and Community Development, presented. Joseph Nanni asked for confirmation regarding 2021 funding whether that is accurate, the backup says 2023; asked whether there are still funds unspent in the grant. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-758 was approved by unanimous vote.

BC2023-759

Fiscal Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$240,000.00 for Amazon Cloud Call Center services, licensing, and technical support for customer service hotlines for the Fiscal Office and Treasurer’s Office for the period 1/1/2024 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 3895 with TEC Communications, Inc. in the amount not-to-exceed \$240,000.00 for Amazon Cloud Call Center services, licensing, and technical support for customer service hotlines for the Fiscal Office and Treasurer’s Office for the period 1/1/2024 – 12/31/2025.

Funding Source: 25% Real Estate Assessment Fund, 43% Treasurers Delinquent Tax Fund, 32% General Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-759 was approved by unanimous vote.

BC2023-760

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Internetwork Expert, LLC dba INE in the amount not-to-exceed \$29,970.00 for the purchase of (30) each Enterprise Lab Experience and Business Training Platforms for the period 10/31/2023 – 10/30/2024.
- b) Recommending an award on Purchase Order No. 23004606 to Internetwork Expert, LLC dba INE in the amount not-to-exceed \$29,970.00 for the purchase of (30) each Enterprise Lab Experience and Business Training Platforms for the period 10/31/2023 – 10/30/2024.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Meredith Turner asked for the zero results for the competitive bidding process any anecdotes as to why. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-760 was approved by unanimous vote.

BC2023-761

Department of Communications,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Meltwater News US Inc. in the amount not-to-exceed \$40,092.00 for social media tracking, analyzing, and publishing services and (5) Meltwater platform user licenses for the period 11/13/2023 – 11/12/2025.
- b) Recommending an award and enter into Contract No. 3685 with Meltwater News US Inc. in the amount not-to-exceed \$40,092.00 for social media tracking, analyzing, and publishing services and (5) Meltwater platform user licenses for the period 11/13/2023 – 11/12/2025.

Funding Source: General Fund

Marcos Cortes, Department of Health and Human Services, presented on behalf of the Department of Communications and Kelly Woodard from Department of Communications supplemented. Dale Miller asked what the goals and objectives of this program are; asked what we are planning to gain by it; asked if this project is to find out how much awareness and what stories are getting the attention. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-761 was approved by unanimous vote.

BC2023-762

Department of Law, recommending an award on RQ13435 and enter into Contract No. 3959 with Arthur J. Gallagher Risk Management Services, LLC (15-7) in the amount not-to-exceed \$75,000.00 for Enterprise Risk Management consulting services and development of an ERM framework, for the period 11/20/2023 – 11/20/2024.

Funding Source: General Fund

Awatef Assad, Department of Law, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-762 was approved by unanimous vote.

BC2023-763

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 3915 with City of North Royalton in the amount not-to-exceed \$5,700.00 for Community Diversion Program services for the period 1/1/2024- 12/31/2024.

Funding Source: ~~Title IV-E Fund~~ **Health and Human Services Levy Fund**

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Paul Porter seconded. Item BC2023-763 was approved by unanimous vote as amended.

BC2023-764

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Men of Courage in the amount not-to-exceed \$79,200.00 for mentoring services for Court referred youths and young adults ages 11 to 20 with high risk for recidivism for the period 7/1/2023-6/30/2024.
- b) Recommending an award and enter into Contract No. 3931 Men of Courage in the amount not-to-exceed \$79,200.00 for mentoring services for Court referred youths and young adults ages 11 to 20 with high risk for recidivism for the period 7/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. Meredith Turner asked how you that this program is working; asked what metrics you are using to show the program is working. The Presenter will follow up with information related to metrics. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-764 was approved by unanimous vote.

BC2023-765

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 3028 with Charter Communications Operating, LLC dba Spectrum Reach, LLC for digital advertising and search placement services to recruit foster and adoptive parents for children in custody for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Joseph Nanni suggested that this information be taken back to HHS folks that the advertisements should reference the services are being funded by Health and Human Services Levy dollars and the generous support of the County citizens to remind people of how this is being paid for and that these services as well as the services on BC2023-766 are critical and they are really important services. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-765 was approved by unanimous vote.

BC2023-766

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3029 with Charter Communications Operating, LLC dba Spectrum Reach, LLC for targeted, digital display and video advertising services to promote services available for women ages 35-75 from the Division of Senior and Adult Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024 to change the terms by adding Exhibit 2-A, titled Budget, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$23,256.00.

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 BC2023-766 was approved by unanimous vote.

BC2023-767

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$23,453.96 for Eviction prevention services in connection with the alternative housing and related services and support for COVID Recovery - Continuum of Care program for the period 1/1/2024-12/31/2024.
- b) Recommending an award and enter into Contract No. 3888 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$23,453.96 for Eviction prevention services in connection with the alternative housing and related services and support for COVID Recovery - Continuum of Care program for the period 1/1/2024-12/31/2024.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-767 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. BC2023-768; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2023-768

Department of Purchasing, presenting proposed purchases for the week of 11/27/2023:

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
23004963	(3) Noise enclosures for use by the Medical Examiner’s Office	Department of Public Safety and Justice Services	Ionbench Corporation	\$9,624.75	American Rescue Plan Act (ARPA) Crime Lab Backlog Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
23005034	Factory Authorized –Air conditioner repairs on Vehicle 18506*	Department of Public Works	Spitzer Buick GMC Parma LLC	\$1,786.56	General 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 Special use Permit with the Cuyahoga Valley National Park for authority to use various parcels of land or facilities in Cuyahoga Valley National Park for installation of river portages associated with the replacement of Pleasant Valley Bridge No. 09.68 over Cuyahoga River in the City of Independence and Village of Valley View for the period 9/1/2023 – 12/31/2025.

Funding Source: n/a

Item No. 2

**Purchases Processed
Not-to-Exceed \$5,000.00
For the period 10/1/2023 – 10/31/2023
(No Vote Required)**

PO Number	Date	Vendor	Description	Accounting Unit	Amount	Status
23004448	10/2/2023	THREE Z INC	TOP SOIL	HARVARD GARAGE	\$ 4,972.50	Approved
23004454	10/2/2023	SUNBELT RENTALS	Programmable Road Sign	GENERAL ELECTION	\$ 2,061.82	Approved
23004461	10/2/2023	GREAT NORTHERN FENCE INC	galvanized chain link fence	HARVARD GARAGE	\$ 2,850.00	Approved
23004464	10/2/2023	TEC COMMUNICATIONS INC	BOE Call Center 2023	BOARD OF ELECT ADMINISTRATION	\$ 1,824.70	Approved
23004465	10/2/2023	BUY101.COM WEBSTORE	Election Support Nov 23 Supply	ELECTRONIC VOTING CONSULTATION	\$ 1,997.46	Approved

23004465	10/2/2023	BUY101.COM WEBSTORE	Election Support Nov 23 Supply	ELECTRONIC VOTING CONSULTATION	\$ 207.28	Approved
23004470	10/3/2023	PRISTINE CHEMICAL LLC	Roll Towel-Color: White-8x600-	DETENTION CENTER	\$ 1,169.75	Approved
23004477	10/3/2023	MARTINDALE ELECTRIC CO	JFS 2023: SKILLUP TRAINING COS	OFC OF THE DIRECTOR	\$ 4,125.00	Approved
23004481	10/3/2023	MTECH COMPANY	gas monitor station	BRIDGE MAINT/INSPECTION	\$ 2,585.00	Approved
23004483	10/3/2023	THOMAS SCIENTIFIC LLC	DL-Dithiothreitol	MEDICAL EXAMINER- OPERATIONS	\$ 1,041.88	Approved
23004489	10/4/2023	UNIQUE PAVING MATERIALS CORP	KOLD FLOW-CRACK FILLER	HARVARD GARAGE	\$ 800.00	Approved
23004489	10/4/2023	UNIQUE PAVING MATERIALS CORP	Emulsion	HARVARD GARAGE	\$ 350.00	Approved
23004501	10/4/2023	DOORS & HARDWARE	drywall frames	FAC-BUILDING SERVICES	\$ 855.00	Approved
23004501	10/4/2023	DOORS & HARDWARE	g2b doors	FAC-BUILDING SERVICES	\$ 810.00	Approved
23004501	10/4/2023	DOORS & HARDWARE	glazed temp glass	FAC-BUILDING SERVICES	\$ 590.00	Approved
23004501	10/4/2023	DOORS & HARDWARE	hinges	FAC-BUILDING SERVICES	\$ 90.00	Approved
23004501	10/4/2023	DOORS & HARDWARE	key locksets	FAC-BUILDING SERVICES	\$ 1,725.00	Approved
23004504	10/5/2023	A. RIFKIN CO.	Nov 2023 Seals Ballot Dept	GENERAL ELECTION	\$ 2,883.60	Approved
23004504	10/5/2023	A. RIFKIN CO.	Nov 2023 Seals Ballot Dept	GENERAL ELECTION	\$ 52.08	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Chicken Leg Quarters, Skin-on	DETENTION CENTER	\$ 87.84	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Chicken Patties, homestyle, wh	DETENTION CENTER	\$ 107.91	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Battered Chicken Nuggets, Brea	DETENTION CENTER	\$ 61.11	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Diced Chicken, 20% White 80% D	DETENTION CENTER	\$ 177.30	Approved

23004506	10/5/2023	GORDON FOOD SERVICE	Fajita-Marinated Grilled Chick	DETENTION CENTER	\$ 365.82	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Shredded Chicken 2/5lb	DETENTION CENTER	\$ 120.30	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Chicken Breast Filets, 40/4oz	DETENTION CENTER	\$ 104.25	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Honey Crunchy-Battered Chicken	DETENTION CENTER	\$ 75.26	Approved
23004506	10/5/2023	GORDON FOOD SERVICE	Perdue 15lb whole grain 8-cut	DETENTION CENTER	\$ 137.28	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Preprinted White 100/set	SHERIFF FEDERAL FORFEITURE	\$ 829.20	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Preprinted Kraft 7 in 1000/set	SHERIFF FEDERAL FORFEITURE	\$ 191.25	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Preprinted Kraft 12 in 500/set	SHERIFF FEDERAL FORFEITURE	\$ 140.34	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Syringe Tube 1x8 12/set	SHERIFF FEDERAL FORFEITURE	\$ 149.52	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Evid.Coll.Tube3x12 /8	SHERIFF FEDERAL FORFEITURE	\$ 71.56	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Evidence Box, Gun/25ea	SHERIFF FEDERAL FORFEITURE	\$ 608.25	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Evidence Rifle Box/25ea	SHERIFF FEDERAL FORFEITURE	\$ 72.68	Approved
23004511	10/5/2023	SIRCHIE ACQUISITION COMPANY LL	Shipping	SHERIFF FEDERAL FORFEITURE	\$ 410.55	Approved
23004517	10/5/2023	INTEGRATED PRECISION SYSTEMS I	Sheriff Surveillance Cameras	CENTRAL SECURITY SERV-SHERIFF	\$ 3,179.98	Approved
23004526	10/5/2023	N T RUDDOCK CO	staurolite coarse	HARVARD GARAGE	\$ 1,490.63	Approved
23004527	10/5/2023	BUCKEYE SCALE LLC	VARIOUS WEIGHTS	GENERAL (CONSUMER AFFAIRS)	\$ 2,891.30	Approved
23004533	10/6/2023	BEST TRUCK EQUIPMENT INC	BACK DRAG STRIGHT EDGE	MAINTENANCE GARAGE	\$ 757.96	Approved
23004533	10/6/2023	BEST TRUCK EQUIPMENT INC	CYLINDER ANGLE 1 1/2	MAINTENANCE GARAGE	\$ 719.96	Approved

23004533	10/6/2023	BEST TRUCK EQUIPMENT INC	HOSE 1/4X42 W/FJI	MAINTENANCE GARAGE	\$ 155.96	Approved
23004533	10/6/2023	BEST TRUCK EQUIPMENT INC	HYDRAULIC FLUID	MAINTENANCE GARAGE	\$ 167.88	Approved
23004533	10/6/2023	BEST TRUCK EQUIPMENT INC	BOLTS CRG W/LKG NUT	MAINTENANCE GARAGE	\$ 119.96	Approved
23004536	10/6/2023	RESTEK CORPORATION	Gooseneck Splitless Liner 4mm	MEDICAL EXAMINER-OPERATIONS	\$ 2,016.90	Approved
23004536	10/6/2023	RESTEK CORPORATION	FERRULE	MEDICAL EXAMINER-OPERATIONS	\$ 121.50	Approved
23004536	10/6/2023	RESTEK CORPORATION	Inlet Seals	MEDICAL EXAMINER-OPERATIONS	\$ 556.20	Approved
23004536	10/6/2023	RESTEK CORPORATION	RXI-5ms Cap	MEDICAL EXAMINER-OPERATIONS	\$ 594.90	Approved
23004536	10/6/2023	RESTEK CORPORATION	Shipping	MEDICAL EXAMINER-OPERATIONS	\$ 21.74	Approved
23004539	10/6/2023	APCO INTERNATIONAL	EMD 5.4 STUDENT MANUALS	CECOMS	\$ 990.00	Approved
23004539	10/6/2023	APCO INTERNATIONAL	SHIPPING	CECOMS	\$ 89.10	Approved
23004541	10/6/2023	APCO INTERNATIONAL	PST 7 STUDENT MANUALS	CECOMS	\$ 990.00	Approved
23004541	10/6/2023	APCO INTERNATIONAL	SHIPPING	CECOMS	\$ 89.10	Approved
23004549	10/8/2023	SHI	Yubico - Part#: 5060408464236	SECURITY AND DISASTER RECOVERY	\$ 4,615.00	Approved
23004551	10/10/2023	ADVANCE OHIO	PRO HOUSING NOTICE	HOME	\$ 1,089.92	Approved
23004554	10/10/2023	APCO INTERNATIONAL	EMD 5.4 STUDENT MANUALS	CECOMS	\$ 990.00	Approved
23004554	10/10/2023	APCO INTERNATIONAL	SHIPPING	CECOMS	\$ 89.10	Approved
23004557	10/10/2023	INTEGRATED PRECISION SYSTEMS I	Central Booking	CAPITAL PROJECTS	\$ 2,513.68	Approved
23004570	10/10/2023	AUTO TRIM OF NW OHIO INC	Sheriff lettering installed	MAINTENANCE GARAGE	\$ 1,575.00	Approved

23004573	10/10/2023	ANSI-ASQ NATL ACCREDITATION BO	accreditation ABFT Re-App Fee	MEDICAL EXAMINER- OPERATIONS	\$ 4,500.00	Approved
23004496	10/11/2023	PS AWARDS	PLAQUES	SAS-OFC OF THE DIRECTOR	\$ 787.52	Approved
23004496	10/11/2023	PS AWARDS	PLAQUES	SAS-OFC OF THE DIRECTOR	\$ 254.50	Approved
23004583	10/11/2023	ADVANCE OHIO	Advertise N. Main St. Bridge	CONSTRUCTION ENG & TEST LAB	\$ 1,788.80	Needs Approval
23004587	10/11/2023	INDY EQUIPMENT & SUPPLY INC	Wacker	ROAD AND BRIDGE FLEET	\$ 2,475.00	Approved
23004588	10/11/2023	TRU TRAC SERVICE INC	Transport & Install ADA Ramps	GENERAL ELECTION	\$ 2,000.00	Approved
23004588	10/11/2023	TRU TRAC SERVICE INC	Transport & Install ADA Ramps	GENERAL ELECTION	\$ 80.00	Approved
23004607	10/11/2023	PROMEGA CORPORATION	CASEWORK DIRECT SYSTEM	MEDICAL EXAMINER- OPERATIONS	\$ 4,808.90	Approved
23004609	10/11/2023	PHENOMENEX INC	00F-4475-AN	MEDICAL EXAMINER- OPERATIONS	\$ 1,055.75	Approved
23004609	10/11/2023	PHENOMENEX INC	Shipping, If Applicable	MEDICAL EXAMINER- OPERATIONS	\$ 50.00	Approved
23004609	10/11/2023	PHENOMENEX INC	AJ0-8782	MEDICAL EXAMINER- OPERATIONS	\$ 1,117.20	Approved
23004609	10/11/2023	PHENOMENEX INC	00F-4723-AN	MEDICAL EXAMINER- OPERATIONS	\$ 1,919.92	Approved
23004642	10/12/2023	ZONES INC	Renewal Oct 23 - Oct 24	ELECTRONIC VOTING CONSULTATION	\$ 2,315.52	Approved
23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	foam lined gloves	SANITARY OPERATING	\$ 564.00	Approved
23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	drivers gloves	SANITARY OPERATING	\$ 195.00	Approved
23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	safety vests 2xl	SANITARY OPERATING	\$ 210.00	Approved
23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	safety vests 5xl	SANITARY OPERATING	\$ 210.00	Approved
23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	slicker boots size 16	SANITARY OPERATING	\$ 229.50	Approved

23004644	10/12/2023	INDUSTRIAL SAFETY PRODUCTS INC	slicker boots size 18	SANITARY OPERATING	\$ 229.50	Approved
23004649	10/12/2023	W B MASON CO INC	Medium-Duty AutoFolder	OFFICE OF THE DIRECTOR	\$ 2,256.71	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	DGP-350 LTX GLV SM 100/PK	MEDICAL EXAMINER-OPERATIONS	\$ 1,630.80	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	DGP-350 LTX GLV XL 100/PK	MEDICAL EXAMINER-OPERATIONS	\$ 815.40	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	GLV PF NIT MIDKNIGHT SM 100PK	MEDICAL EXAMINER-OPERATIONS	\$ 280.50	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	GLV PF NIT MIDKNIGHT MD 100PK	MEDICAL EXAMINER-OPERATIONS	\$ 935.00	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	GLV PF NIT MIDKNIGHT XL 100PK	MEDICAL EXAMINER-OPERATIONS	\$ 187.00	Approved
23004652	10/12/2023	FISHER SCIENTIFIC CO	Fuel Surcharge	MEDICAL EXAMINER-OPERATIONS	\$ 7.70	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	REDUCER R7K15	HARVARD GARAGE	\$ 49.97	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	HS POLY EX WH GL S	HARVARD GARAGE	\$ 228.40	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	HS POLY ACTVR PT T	HARVARD GARAGE	\$ 63.92	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	K58 SOLV BLENDGAL	HARVARD GARAGE	\$ 39.75	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	PC667-48MM RED DUCT	HARVARD GARAGE	\$ 50.34	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	4X1/2"STRIPE MINI 50	HARVARD GARAGE	\$ 50.71	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	WASHEDRECYCL WHT LG	HARVARD GARAGE	\$ 19.59	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	DENATURE ALCHOHOL	HARVARD GARAGE	\$ 71.70	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	5X5 8OZ CANVAS DROP	HARVARD GARAGE	\$ 16.78	Approved

23004537	10/13/2023	SHERWIN WILIAMS #4306	ZINC CLAD IV PT U	HARVARD GARAGE	\$ 729.55	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	ZINC CLAD IV PT V	HARVARD GARAGE	\$ 43.02	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	MEK-GAL-SW	HARVARD GARAGE	\$ 26.59	Approved
23004537	10/13/2023	SHERWIN WILIAMS #4306	FROG TAPE-48MM MULTI	HARVARD GARAGE	\$ 48.24	Approved
23004655	10/13/2023	DOORS & HARDWARE	Doors frame, door, hinges	FAC-BUILDING SERVICES	\$ 1,065.00	Approved
23004662	10/13/2023	MID WEST PRESORT MAILING SERVI	Dec 2023 E Cleveland Recall	SPECIAL ELECTION	\$ 1,495.00	Needs Approval
23004671	10/13/2023	AABLE RENTS	November 7, 2023 General	GENERAL ELECTION	\$ 2,258.55	Approved
23004677	10/16/2023	HPM BUSINESS SYSTEMS INC	Broadman, 100/bx	JAIL OPERATIONS	\$ 349.70	Approved
23004677	10/16/2023	HPM BUSINESS SYSTEMS INC	Paperback	JAIL OPERATIONS	\$ 897.75	Approved
23004677	10/16/2023	HPM BUSINESS SYSTEMS INC	soft cotton, white	JAIL OPERATIONS	\$ 639.00	Approved
23004677	10/16/2023	HPM BUSINESS SYSTEMS INC	traveling, dark green	JAIL OPERATIONS	\$ 695.00	Approved
23004683	10/16/2023	SA COMUNALE CO INC	KITCHEN HOOD INSP JAIL 1-2	FAC-BUILDING SERVICES	\$ 760.00	Approved
23004683	10/16/2023	SA COMUNALE CO INC	KITCHEN HOOD INSP JC	FAC-BUILDING SERVICES	\$ 610.00	Approved
23004683	10/16/2023	SA COMUNALE CO INC	KITCHEN HOOD INSP JJC	FAC-BUILDING SERVICES	\$ 980.00	Approved
23004691	10/16/2023	ACCESS 2 INTERPRETERS	Translation Services	GENERAL ELECTION	\$ 1,037.70	Approved
23004696	10/16/2023	SMARTSHEET INC	Software for 15 Licensed Users	BOARD OF ELECT ADMINISTRATION	\$ 2,235.00	Approved
23004698	10/17/2023	BAKER VEHICLE SYSTEMS	BRUSHOG DRIVE LINE	COUNTY AIRPORT	\$ 2,757.96	Needs Approval
23004700	10/17/2023	THE FAMILY PET CLINIC	September & October FPC Appoin	DICK GODDARD BEST FRIENDS FUND	\$ 1,194.48	Approved

23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	stretchable blue-light	JAIL OPERATIONS	\$ 420.00	Approved
23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	stretchable blue-light	JAIL OPERATIONS	\$ 420.00	Approved
23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	shipping	JAIL OPERATIONS	\$ 120.00	Approved
23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	shipping	JAIL OPERATIONS	\$ 120.00	Approved
23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	stretchable, non blue-light	JAIL OPERATIONS	\$ 168.00	Approved
23004701	10/17/2023	CREATIVE GROUP ENTERPRISES	stretchable, non blue-light	JAIL OPERATIONS	\$ 168.00	Approved
23004702	10/17/2023	TIM LALLY CHEVROLET INC	REAR END AND AXEL WORK	MAINTENANCE GARAGE	\$ 4,254.17	Needs Approval
23004703	10/17/2023	IDEXX DISTRIBUTION CORP	September/October Labs	DOG & KENNEL	\$ 3,025.13	Approved
23004709	10/17/2023	CRAUN LIEBING CO	PUMP PART	SANITARY OPERATING	\$ 2,612.40	Approved
23004711	10/17/2023	EHA SOLUTION LTD	Consulting Services for OMJCC	WF INNOVATION & OPPORTUNITIES	\$ 4,900.00	Needs Approval
23004712	10/17/2023	CHARM TEX	Ivory Bar Soap / 3.17oz / 72 p	DETENTION CENTER	\$ 829.00	Approved
23004712	10/17/2023	CHARM TEX	4.oz / 72 per case dove bar so	DETENTION CENTER	\$ 1,039.20	Approved
23004722	10/17/2023	HPM BUSINESS SYSTEMS INC	Single Stage, 5.5 LB Pull	SHERIFF FEDERAL FORFEITURE	\$ 694.85	Needs Approval
23004722	10/17/2023	HPM BUSINESS SYSTEMS INC	Black Charging Handle	SHERIFF FEDERAL FORFEITURE	\$ 494.85	Needs Approval
23004724	10/18/2023	BAKER VEHICLE SYSTEMS	BRUSHOG DRIVE LINE	COUNTY AIRPORT	\$ 2,757.96	Approved
23004726	10/18/2023	PRISTINE CHEMICAL LLC	Biohazard Suits	JAIL OPERATIONS	\$ 670.88	Approved
23004726	10/18/2023	PRISTINE CHEMICAL LLC	Biohazard Suits	JAIL OPERATIONS	\$ 670.88	Approved
23004728	10/18/2023	ADVANCE OHIO	Filing Fee Legal Notice	ADMINISTRATION	\$ 1,512.75	Approved

23004731	10/18/2023	NICHOLS PAPER & SUPPLY CO	PARTS AND LABOR FOR MACHINES	FAC-BUILDING SERVICES	\$ 3,516.82	Approved
23004740	10/19/2023	T & M VETERINARIANS LLC	FHO Surgery for Priscilla	DOG & KENNEL	\$ 1,228.63	Approved
23004745	10/19/2023	CLEVELAND ANIMAL PROTECTIVE LE	September AWC Spay/Neuter Svs	DOG & KENNEL	\$ 2,095.96	Approved
23004750	10/19/2023	LAKEWOOD SUPPLY	CONCRETE TOOLS	HARVARD GARAGE	\$ 1,393.78	Approved
23004755	10/19/2023	EMMCO INC	tank cylinder	COUNTY AIRPORT	\$ 1,075.00	Approved
23004765	10/20/2023	CUYAHOGA COUNTY CONVENTION FAC	forfeited land sale	REAL ESTATE ASSESSMENT FUND	\$ 2,992.00	Approved
23004769	10/20/2023	BORDEN DAIRY	1/2 pint 1% homogenized milk	DETENTION CENTER	\$ 3,857.00	Approved
23004769	10/20/2023	BORDEN DAIRY	1/2 pint Fat free chocolate mi	DETENTION CENTER	\$ 855.90	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Bread, Whole Grain, Enriched W	DETENTION CENTER	\$ 2,488.00	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Buns, Whole Grain Hamburger, 3	DETENTION CENTER	\$ 316.00	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Buns, Whole Grain Hot Dogs 16	DETENTION CENTER	\$ 316.00	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Buns, Sub, 6in.8 per pack	DETENTION CENTER	\$ 319.00	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Flour Tortillas, 12 ct per pac	DETENTION CENTER	\$ 142.40	Approved
23004770	10/20/2023	SCHWEBEL BAKING CO	Rye bread, sliced	DETENTION CENTER	\$ 222.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Tomatoes, Fresh, USDA, #1 5x6,	DETENTION CENTER	\$ 90.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	POTATOES, Baking Type, USDA, #	DETENTION CENTER	\$ 76.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Yellow Onion, Fresh 50lb bag	DETENTION CENTER	\$ 15.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Jumbo Red Onion, Fresh, 25lb b	DETENTION CENTER	\$ 14.00	Approved

23004777	10/23/2023	THE SANSON COMPANY	Green Peppers, Fresh, 20lb box	DETENTION CENTER	\$ 40.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Cucumbers, large, Fresh, USDA,	DETENTION CENTER	\$ 56.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Celery Stalks, Fresh, Pascal,	DETENTION CENTER	\$ 20.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Lettuce, Romaine, Fresh, Grade	DETENTION CENTER	\$ 840.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Cabbage, Green, Us, #1, 50lb b	DETENTION CENTER	\$ 37.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Cole Slaw, Shredded, green/red	DETENTION CENTER	\$ 68.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Zuchini 1/2	DETENTION CENTER	\$ 24.00	Approved
23004777	10/23/2023	THE SANSON COMPANY	Squash 1/2	DETENTION CENTER	\$ 28.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Oranges, Fresh, (table beautif	DETENTION CENTER	\$ 1,260.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Fresh Pears, 95-110 per case	DETENTION CENTER	\$ 370.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Strawberries, Fresh, 8lb box,	DETENTION CENTER	\$ 88.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Seedless Grapes, Green/Red, Fr	DETENTION CENTER	\$ 258.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Cantaloupe Melons, Fresh, 4/ca	DETENTION CENTER	\$ 16.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Honeydew Melons, Fresh, 3/case	DETENTION CENTER	\$ 16.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Bananas, Medium, Ripe on the t	DETENTION CENTER	\$ 200.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Yellow Apples, Fresh, Eating q	DETENTION CENTER	\$ 440.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Red Apples, Delicious, Fresh,	DETENTION CENTER	\$ 440.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Apple Slices 25/2oz individual	DETENTION CENTER	\$ 400.00	Approved

23004778	10/23/2023	THE SANSON COMPANY	Carrot Sticks 100/2oz individu	DETENTION CENTER	\$ 372.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Seedless Watermelon, Fresh, 2	DETENTION CENTER	\$ 20.00	Approved
23004778	10/23/2023	THE SANSON COMPANY	Cilantro (SMALL AMOUNT) TWO TI	DETENTION CENTER	\$ 9.00	Approved
23004783	10/23/2023	MASCOT METROPOLITAN INC	Table C Purchase	ELECTRONIC VOTING CONSULTATION	\$ 4,800.00	Approved
23004783	10/23/2023	MASCOT METROPOLITAN INC	Table C Purchase	ELECTRONIC VOTING CONSULTATION	\$ 120.00	Approved
23004785	10/23/2023	TEC COMMUNICATIONS INC	BOE Call Center 2023	BOARD OF ELECT ADMINISTRATION	\$ 1,766.91	Approved
23004791	10/23/2023	COLUMBIA GAS OF OHIO INC	encumbrance request	SANITARY DISTRICTS	\$ 1,570.84	Approved
23004800	10/24/2023	AZTEC STEEL CORP	misc steel	FAC-BUILDING SERVICES	\$ 1,855.40	Approved
23004805	10/24/2023	BOB CHAPMAN FORD INC	2025 FORD EXPLORER HYBRID	MAINTENANCE GARAGE	\$ 1,000.00	Approved
23004806	10/24/2023	ARMAG CORPORATION	Day Box	STATE HOMELAND SECURITY PROJE	\$ 2,035.72	Approved
23004806	10/24/2023	ARMAG CORPORATION	shipping	STATE HOMELAND SECURITY PROJE	\$ 184.00	Approved
23004812	10/24/2023	COLLEGE OF AMERICAN PATHOLOGIS	Whole Blood Alcohol Prof Test	MEDICAL EXAMINER-OPERATIONS	\$ 501.19	Approved
23004812	10/24/2023	COLLEGE OF AMERICAN PATHOLOGIS	For Toxicology, Criminalistics	MEDICAL EXAMINER-OPERATIONS	\$ 1,603.80	Approved
23004812	10/24/2023	COLLEGE OF AMERICAN PATHOLOGIS	Drug Facilitated Prof Test	MEDICAL EXAMINER-OPERATIONS	\$ 1,034.78	Approved
23004812	10/24/2023	COLLEGE OF AMERICAN PATHOLOGIS	Parentage/Relation Testing Pro	MEDICAL EXAMINER-OPERATIONS	\$ 1,697.96	Approved
23004812	10/24/2023	COLLEGE OF AMERICAN PATHOLOGIS	Fuel - Toxicology	MEDICAL EXAMINER-OPERATIONS	\$ 15.77	Approved

23004823	10/25/2023	GORDON FOOD SERVICE	Lima Beans, Baby, Grade A, IQF	DETENTION CENTER	\$ 57.40	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Cut Green Beans, Mixed Sieve,	DETENTION CENTER	\$ 258.50	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Broccoli Cuts, Grade A, IQF, 3	DETENTION CENTER	\$ 222.05	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Gordon Choice Cauliflower Flor	DETENTION CENTER	\$ 81.42	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Cut Corn, Grade A, IQF, 30 Lb	DETENTION CENTER	\$ 217.40	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Green Peas, Grade A, IQF, 30 L	DETENTION CENTER	\$ 233.35	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Chopped Spinach, Grade A, Froz	DETENTION CENTER	\$ 69.38	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Brussels Sprouts, Medium, Grad	DETENTION CENTER	\$ 75.18	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Capri Vegetable Blend, IQF, 4	DETENTION CENTER	\$ 75.02	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Italian Vegetable Blend, IQF,	DETENTION CENTER	\$ 86.22	Approved
23004823	10/25/2023	GORDON FOOD SERVICE	Cob Corn, Grade A, IQF, 96/Cas	DETENTION CENTER	\$ 117.48	Approved
23004825	10/25/2023	TIM LALLY CHEVROLET INC	REAR END AND AXEL WORK	MAINTENANCE GARAGE	\$ 4,254.17	Needs Approval
23004827	10/25/2023	INDUSTRIAL SAFETY PRODUCTS INC	fire extinguishers	SANITARY DISTRICTS	\$ 1,093.00	Approved
23004827	10/25/2023	INDUSTRIAL SAFETY PRODUCTS INC	fire extinguishers	ROAD AND BRIDGE FLEET	\$ 1,093.00	Approved
23004839	10/25/2023	DILTEX INC	UPS for Servers	BOARD OF ELECTIONS GRANTS	\$ 3,072.12	Needs Approval
23004844	10/25/2023	CUYAHOGA COUNTY LIBRARY	Final SNAP Invoice	WORK FIRST SVCS	\$ 2,264.24	Needs Approval
23004849	10/25/2023	URBAN LEAGUE OF GREATER CLEVEL	Final SNAP Invoice	WORK FIRST SVCS	\$ 1,397.99	Needs Approval
23004864	10/26/2023	DILTEX INC	CORDLESS PUSH TO TALK ADAPTER	CECOMS	\$ 2,999.71	Approved

23004865	10/26/2023	OPEN TEXT INC	OPEN TEXT	FAMILY & CHILDREN FIRST	\$ 4,481.36	Approved
23004892	10/30/2023	DILTEX INC	Microsoft Surface Pro 9	SHERIFF OPERATIONS	\$ 3,714.84	Approved
23004892	10/30/2023	DILTEX INC	Microsoft Signature Keyboard	SHERIFF OPERATIONS	\$ 262.42	Approved
23004892	10/30/2023	DILTEX INC	Microsoft Surface Slim Pen 2	SHERIFF OPERATIONS	\$ 189.52	Approved
23004892	10/30/2023	DILTEX INC	Microsoft Surface Dock 2	SHERIFF OPERATIONS	\$ 377.10	Approved
23004894	10/30/2023	TEC COMMUNICATIONS INC	MEMORY PURCHASE	VEB BLDG NFSC	\$ 3,209.98	Approved
23004896	10/30/2023	MNJ TECHNOLOGIES DIRECT INC	123RF.COM DOWNLOAD CREDITS	WEB & MULTI-MEDIA DEVELOPMENT	\$ 1,138.00	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	MULTI-UNIT CHARGER - MX-VP	PUBLIC SAFETY GRANTS ADMIN	\$ 693.00	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	MULTI-UNIT CHARGER - MOTOROLA	PUBLIC SAFETY GRANTS ADMIN	\$ 693.00	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	MULTI-UNIT CHARGER - HARRIS	PUBLIC SAFETY GRANTS ADMIN	\$ 693.00	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	ADDITIONAL PODS - MX-VP	PUBLIC SAFETY GRANTS ADMIN	\$ 369.60	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	ADDITIONAL PODS - MOTOROLA	PUBLIC SAFETY GRANTS ADMIN	\$ 369.60	Approved
23004912	10/31/2023	VASU COMMUNICATION INC	ADDITIONAL PODS - HARRIS	PUBLIC SAFETY GRANTS ADMIN	\$ 369.60	Approved
23004913	10/31/2023	BRECKSVILLE CITY	Reimbursement	SANITARY DISTRICTS	\$ 1,913.50	Approved
23004914	10/31/2023	CLEVE CHARCOAL & SALT SUPPLY	Ice Melt	FAC-BUILDING SERVICES	\$ 1,000.00	Approved
23004927	10/31/2023	ROYAL MEDIA NETWORK INC	10TB-HDD-SPARE	WEB & MULTI-MEDIA DEVELOPMENT	\$ 1,900.00	Approved

Item No. 2

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 10/1/2023 – 10/31/2023 in Section V. above).

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:20 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2023-769

Title	Public Works /US Bank/ Purchase Order / RQ # none/ Fuel Program for County Vehicles / 1.1.2024 – 12.31.2024	
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 Approved/ Council’s Journal Date	Approval No.
O	23005107	US Bank	1.1.2024 – 12.31.2024	\$360,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase. Public Works is requesting approval of a purchase order with US Bank for the Voyager fuel program that allows County Fleet vehicles access to fueling stations across the County.</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): This PO will provide an approved vendor that offers a fuel program that the County Fleet Division can have access to, allowing fueling at area gas stations. By having access to fueling stations across the County, Departments and agencies across the County will have no interruptions in daily travel and continued operations.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: US Bank 800 Nicollett Mall Minneapolis, MN 55402</p>	<p>Owner, executive director, other (specify): Andrew Cecere, CEO</p>

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 # <i>if applicable</i> <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 Fiscal Office is currently working on a contract that will include a fuel program. Until the new contract is approved, this PO is necessary. Once that contract is in place, this purchase order will be cancelled.
	*See Justification for additional information.
The total value of the solicitation: \$360,000.00	<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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Maintenance Garage Funds – PW755100 / 52650
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2023-770

Title	Public Works Patriot Industrial Technologies, LTD/ First Amendment / RQ 7980 / Water Treatment Chemicals and Service for Boiler and Air Conditioning Equipment at Various County Buildings Amendment.
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/	Approval No.
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					Council's Journal Date	
0	CM2425	Patriot Industrial Technologies , LTD	5.4.2022 – 5.3.2024	\$43,400.00	5.2.2022	BC2022.262
A-1	CM2425	Patriot Industrial Technologies , LTD	5.3.2024 – 12.31.2024	\$23,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Public Works is requesting approval to amend the Water Treatment Chemicals and Service for Boiler and Air Conditioning Equipment at Various County Buildings, per the chart above, to secure an additional \$23,000 and to extend the contract for seven (7) months.

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

Project Goals, Outcomes or Purpose (list 3):
To add funding and extend the term of the Water Treatment Chemicals and Service for Boiler and Air Conditioning Equipment at Various County Buildings contract.

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

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

Vendor Name and address: Patriot Industrial Technologies, LTD 6318 Caribou Drive Clinton, Ohio 44216	Owner, executive director, other (specify): Gaspere Marsala, 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 # <i>if applicable</i> <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. Patriot Industrial Technologies, LTD is the current vendor that provides Water

	Treatment Chemicals and Service for Boiler and Air Conditioning Equipment at Various County Buildings and was selected originally through an informal bid process. To ensure no gap in services while a new bid process is performed and County scope is developed, its being requested to amend this contract.
	*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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <i>IBID</i> <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. General Fund – PW750100 / 52500
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):

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

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

Please see page 1.

BC2023-771

Title	Medical Examiners Building Generator Replacement
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 Approved/ Council's Journal Date	Approval No.
O	2801	Cold Harbor Building Company	n/a	\$2,248,500.00	11/22/22	R2022-0404
A1	2801	Cold Harbor Building Company		\$298,329.52	Pending	

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

1. Demolition and Replacement of New Handicap Parking Area per 7/28/23 Revision
2. Demolition and Replacement of Handicap Ramp per 7/28/23 Revision
3. Design Build on New All Electric Snow Melt System inclusive of building water tie-in.
4. Additional General Conditions as required
5. EV Charger Rough-
In: Provide (1) 2" and (1) 1 ¼" conduit from electrical room to Quazite handhole that is located in lawn, south of new duct bank and west of parking spaces. These will be added to main duct bank heading to encloser.
6. Restoration as required of the frost proof pad at the entry required to be removed for piping and valve box, restoration details to be provided to Karpinski once in situ details are uncovered
7. Currently, no accommodation for an exhaust fan are included in the new snow melt boiler room.
8. Currently, no accommodations to tie the snow melt controller into the building BAS is included, although the controller panel is capable of being tied into a BACnet system

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): See Above

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Cold Harbor Building Company 115 Industrial Parkway Chardon, Ohio 44024	Dale W. Griffins II
Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$298,329.52	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 11/ 5	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (5%) SBE (16%) MBE (9%) 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 checked="" 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? Equal	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

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

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

Invoiced and paid as agreed upon

HISTORY (see instructions):

BC2023-772

Title	Replacement Firewall
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 Approved/ Council's Journal Date	Approval No.
	23004648 EXMT	Nexum, Inc.		\$26,456.82		

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

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 Department of Information Technology plans to contract with Nexum, Inc., for the purchase of a Replacement Firewall in the amount of \$26,456.82. This request is to replace the County firewall where the State of Ohio and Cuyahoga County's networks interface.

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

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

Vendor Name and address: Nexum, Inc.	Owner, executive director, other (specify): Darrell Potie
2901 Carlson Drive, Suite 204 Hammond, IN 46323	
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 # <i>if applicable</i> <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 within the past year and a half bid out a Palo Alto firewall which Nexum was the lowest awarded bidder. At that time the County entered into an agreement for Nexum provided support for the Firewalls. This subsequent firewall is being purchased with the Nexum Provided support to align all County firewalls to one support agreement. *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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
100% Health and Human Services Levy Fund

Is funding for this included in the approved budget? Yes No (if "no" please explain):

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

Provide status of project.

New Service or purchase Recurring service or purchase Is contract 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:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2023-773

Title	ISDN PRI
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 Approved/ Council's Journal Date	Approval No.
	23005085 STAC	AT&T	01/01/2024 – 12/31/2024	\$8,262.00	PENDING	PENDING

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

This agreement is for the sole remaining ISDN (Integrated Service Digital Network) PRI (Primary Rate Interface) connection from AT&T. This "PRI" serves as a telephone interconnect service to connect the legacy Centrex Telephone System to the modern VoIP Telephone Service.

This connection serves to allow for four-digit extension dialing and keeps the telephone conversation internal between the two telephone systems.

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):
 This ISDN PRI connection used to be a Primary telephone connection for inbound and outbound telephone calls but was replaced years ago by the higher capacity SIP Service.

Years ago when the VoIP Service was implemented this PRI was repurposed to be the communication path between the Centrex system and the VoIP Telephone System.

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

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

Vendor Name and address: AT&T Corp	Owner, executive director, other (specify):
6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer
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 # <i>if applicable</i> <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. AT&T is able to provide Cuyahoga County ISDN PRI Services under Ohio State Term Schedule contract #MSA0022 which expires June 30, 2025. *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 AT&T is able to provide Cuyahoga County ISDN PRI Services under Ohio State Term Schedule contract #MSA0022 which expires June 30, 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.	<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 (<i>list original procurement</i>)
	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 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):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2023-774

Title	Centrex Telephone Services
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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	1086 CE114001 36 / CE150016 2	AT&T Corp	06/01/2014 – 12/31/2018	\$2,382,000.00	05/27/2014	R2014-0132
1 st Amendment	1086 CE114001 36 / CE150016 2	AT&T Corp	01/01/2019 – 12/31/2023	\$1,890,000.00	04/09/2019	R2019-0084
2 nd Amendment	1086 CE114001 36 / CE150016 2	AT&T Corp	01/01/2019 – 12/31/2023	\$400,000.00	02/27/2023	BC2023-115
3 rd Amendment	1086 CE114001 36 / CE150016 2	AT&T Corp	01/01/2024	\$400,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
--

The Department of Information Technology plans to amend Contract No. 1086 with AT&T Corp, to extend the time period to December 31, 2024 for Centrex Telephone Services in the amount of \$400,000.00. This agreement is for the Centrex Telephone connections from AT&T that serves as the telephone infrastructure for various County facilities.

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 Centrex telephone service is considered to be antiquated technology, thus the likelihood of a vendor being able to provide this as a new service to the Cleveland, Ohio area is unlikely.

The County buildings in which the Centrex service is primarily prevalent in is the Old Court House building and the Justice Center Complex. To migrate off of this Centrex service to a modern telephone service will be a costly undertaking and timely effort in which the IT Department has been delaying this as a project as to be the best stewards of the taxpayers dollars; as a determination of the Justice Center’s future (renovation or build a new facility) is evaluated and decided.

Unfortunately, it was learned during this renewal discussion with AT&T that the company is looking to retire the Centrex service. Alternative services will most likely need to be sought after for the Justice Center or Old Court House before action will be taken regarding renovating or building replacement buildings for the Court and Justice Center occupants.

The Justice Center and Old Court House are older facilities with thick block walls and makes running new telephone cabling to upgrade to a current standard of telephone a costly and a difficult task. The Centrex service has been in place for 30+ years and has been reliable for the need of the facility to continue the service for the short term.

At this point a sizable investment would need to be made to modernize the telephone infrastructure at this facility or remain on the existing platform.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
AT&T Corp 6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer
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 # <i>if applicable</i> <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 an amendment to an existing contract. The Centrex telephone service is considered to be antiquated technology, thus the likelihood of a vendor being able to provide this as a new service to the Cleveland, Ohio area is unlikely. *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement Request for Proposals</i>) <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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 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):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2023-775

Title	Long Distance 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	3966	AT&T Corp	01/01/2019 – 12/31/2023	\$150,000.00	06/11/2019	R2019-0132
1 st Amendment	3966	AT&T Corp		\$120,000.00	08/28/2020	EMRP-20-100
2 nd Amendment	3966	AT&T Corp		20,000.00	02/27/2023	BC2023-116
3 rd Amendment	3966	AT&T Corp	01/01/2024 – 12/31/2026	90,000.00	PENDING	PENDING

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

The Department of Information Technology plans to amend Contract No. 1190 with AT&T Corp, to extend the time period to 12/31/2026 for Long Distance Services in the amount of \$90,000.00.

This agreement is for the long-distance telephone service that supports the Measure Business Analog and Centrex telephone lines installed at various county facilities.

This contract is in place to bundle together the Measure Business Analog and Centrex Accounts into one agreement to leverage bulk discount pricing.

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):

This agreement was awarded approximately less than five years ago. After discussing what needs to be done regarding the upcoming expiration and the clause in the existing agreement to extend for an additional five year period, the Department of Procurement supported the Department of Information Technology to exercise the contract extension option in the current agreement.

(AT&T was not willing to accommodate a five year agreement, thus this agreement is only for three years.)

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

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

Vendor Name and address:	Owner, executive director, other (specify):
AT&T Corp 6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer Strategic Account Lead 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 # <i>if applicable</i> <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 agreement was awarded approximately less than five years ago. After discussing what needs to be done regarding the upcoming expiration and the clause in the existing agreement to extend for an additional five year

	<p>period, the Department of Procurement supported the Department of Information Technology to exercise the contract extension option in the current agreement.</p> <p><i>(AT&T was not willing to accommodate a five year agreement, thus this agreement is only for three years.)</i></p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement RFP</i>)
	<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: 10/26/2023
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 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):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.

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

HISTORY (see instructions):

BC2023-776

Title	2023-24 CONTRACT AMENDMENT FOR EVALUATION SERVICES FOR THE SAFE HARBOR DOCKET.
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input checked="" 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)/ Amendm ent (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
(O)	3007	Case Western Reserve University, Mandel School of Applied Social Sciences	7/1/2021-6/30/2022	\$20,000.00	9/21/2021	BC2021-511
(A-1)	3007	CWRU, Mandel School of Applied Social Sciences	7/1/2022-6/30/2023	\$20,000.00	1/9/2023	BC2023-24
(A-2)	3007	CWRU, Mandel School of Applied Social Sciences	7/1/2023-6/30/2024	\$23,000.00	PENDING	PENDING

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<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The vendor provides evaluation services for the Court’s Safe Harbor Docket - RECLAIM Grant. The vendor services to be amended to extend the time period of the contract from June 30, 2023, to June 30, 2024, increase the funds in the amount of \$23,000.00 for the time period from July 1, 2023, through June 30, 2024, and replace the insurance requirements of the contract. This changes the not to exceed value of the contract from \$40,000.00 to \$63,000.00.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): The vendor will conduct an outcome evaluation of all Safe Harbor Dockets to gauge how effectively Safe Harbor Dockets are achieving their desired goals.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: Case Western Reserve University 10900 Euclid Avenue Cleveland, Ohio 44106</p>	<p>Owner, executive director, other (specify): Assistant VP for Sponsored Projects is Diane Domanovics.</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. This contract is an amendment to an already approved existing project.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

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

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, transferring information to new briefing memos, in addition to vendors' delayed submission of documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	5/31/2023
Date documents were requested from vendor:	6/9/2023 Last document received 10/18/23
Date of insurance approval from risk manager:	6/6/2023

Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	10/20/2023 and completed on 11/9/2023
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)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-777 a) City of North Olmsted

Title	CCJC CY24 Community Diversion Program contract with the City of North Olmsted
Department or Agency Name	Juvenile Court
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.
O	3928	City of North Olmsted	1/1/24-12/31/24	\$9,300.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Community Diversion Services

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):

A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

B. 80% of YOUTH referred will be engaged in and complete services with no new charges.

C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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

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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City of North Olmsted	Chris Allegra (Programmatic Contact)
5200 Dover Center Road, North Olmsted, Ohio 44070	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of North Olmsted

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Government Purchase *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
Health and Human Services Levy

Is funding for this included in the approved budget? Yes No (if “no” please explain): This contract is not to be funded until 2024 and that budget has not received final approval.

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

Provide status of project.

New Service or purchase Recurring service or purchase
Is contract 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): 7/10/2023

Date documents were requested from vendor: 9/20/2023

Date of insurance approval from risk manager: 8/21/2023

Date Department of Law approved Contract: 8/24/2023

Date item was entered and released in Infor: 11/06/2023

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 be made? No Yes (if yes, please explain)

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	2196	City of North Olmsted	1/1/2022 – 12/31/2023	\$15,200.00	2/7/222	BC2022-79

BC2023-777 b) City of Pepper Pike

Title	CCJC CY24 Community Diversion Program contract with the City of Pepper Pike
Department or Agency Name	Juvenile Court
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.
O	3941	City of pepper Pike	1/1/24- 12/31/24	\$600.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Community Diversion Services

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):

- A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.
- B. 80% of YOUTH referred will be engaged in and complete services with no new charges.
- C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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

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: City of Pepper Pike	Owner, executive director, other (specify): Ptl. Todd Bennett (Programmatic Contact)
28000 Shaker Boulevard, Pepper Pike, Ohio 44124	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Pepper Pike

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Government Purchase *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. <i>Health and Human Services Levy</i>
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): This contract is not to be funded until 2024 and that budget has not received final approval.
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023

Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	11/08/2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2231	City of Pepper Pike	1/1/22- 12/31/23	\$1,200.00	2/14/22	BC2022-90

BC2023-778

Title	MENTORING SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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.
(O)	3932	Renounce Denounce Gang Intervention Program	7/1/2023- 6/30/2024	\$78,600.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. This program targets gun violence prevention, along with risk factors that contribute to gang activity. The court desires to contract with Renounce Denounce Gang Intervention Program for a term starting July 1, 2023, until June 30, 2024. The availability of funds shall not exceed \$78,600.00.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Provide strength-based mentoring services that are comprehensive in nature to increase the youth's connection to healthy adults and pro-social supports.
If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Renounce Denounce Gang Intervention Program 26155 Euclid Ave. Euclid, Ohio 44132.	Owner, executive director, other (specify): Laron Douglas Sr.
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. RFP Exemption- County Code 501.12 (D) *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

Are services covered under the original ERP Budget or Project? Yes No, please explain.

Are the purchases compatible with the new ERP system? Yes No, please explain.

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
This project is 100% funded through the RECLAIM grant.

Is funding for this included in the approved budget? Yes No (if "no" please explain):

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

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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 delay is due to RECLAIM grant notification, approval process, award, and transferring information to new briefing memos. The RECLAIM grant award process and notification are out of the courts' control and will continue to cause delays.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	4/10/2023
Date documents were requested from vendor:	9/6/2023_ Received last document from vendor 9/18/2023
Date of insurance approval from risk manager:	8/30/2023
Date Department of Law approved Contract:	9/6/2023
Date item was entered and released in Infor:	11/7/2023
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)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-779 a) Friendly Inn Settlement

Title	POSITIVE YOUTH DEVELOPMENT SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION

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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(A)	3935	Friendly Inn Settlement, Inc	7/1/2023- 6/30/2024	\$132,501.90	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor to provide services to youth in Cleveland's Central Neighborhood and surrounding areas. Services shall include linkage to potential employment through community partners, along with vocational training, tutoring and social emotional learning for a term starting July 1, 2023, until June 30, 2024. The funds shall not exceed \$132,501.90.

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

Project Goals, Outcomes or Purpose (list 3): Provide educational and vocational assistance to youth experiencing differing levels of education instability, including but not limited to tutoring and school linkage assistance.

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

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

Vendor Name and address: Friendly Inn Settlement, Inc 2386 Unwin Rd. Cleveland, Ohio 44104	Owner, executive director, other (specify): Johnny Robinson
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
RFP Exemption County Code 501.12 (D)	
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:
RFP Exemption County Code 501.12 (D), 100% Funded through RECLAIM grant.	

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

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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 delay is due to RECLAIM grant notification and award process, and in addition to vendors' delayed submission of documents

Timeline: Project/Procurement Start Date (date your team started working on this item):	4/10/2023
Date documents were requested from vendor:	9/6/2023
Date of insurance approval from risk manager:	11/6/2023
Date Department of Law approved Contract:	9/18/2023
Date item was entered and released in Infor:	11/16/2023
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-779 b) Let Art Breathe The LAB Inc

Title	POSITIVE YOUTH DEVELOPMENT SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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): Exemption

Original (O)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(A)	3937	Let Art Breathe	July 1, 2023- June 30, 2024	\$112,980.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor shall engage youth in pro-social activity groups to develop self-expression utilizing various artistic methods in an established arts studio. The contract is for a term starting July 1, 2023, until June 30, 2024. The funds shall not exceed \$112,980.00.

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

Project Goals, Outcomes or Purpose (list 3): The primary goal of the program is to engage youth in pro-social activity groups to develop self-expression, focus on risk-taking, and creativity.

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

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

Vendor Name and address: Let Art Breathe The Lab Inc. 4218 Brooklyn Ave. Cleveland, Ohio 44109	Owner, executive director, other (specify): Angelique Williams CEO, Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. RFP Exemption-County Code 501.12 (D) *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:

Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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 delay is due to RECLAIM grant notification and award process, and in addition to vendors' delayed submission of documents.	
Timeline:	4/10/2023
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	9/6/2023
Date of insurance approval from risk manager:	11/4/2023
Date Department of Law approved Contract:	9/18/2023
Date item was entered and released in Infor:	11/15/2023
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-780

Title	EDUCATIONAL /VOCATIONAL SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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.
(A)	3987	Nerve DJ Institute Corporation	7/1/2023- 6/30/2024	\$75,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor to provide hands-on DJ techniques, sound engineering, and music technology. A mentorship model used to assist youth in obtaining job placement, networking opportunities, and community enrichment experiences for a term starting July 1, 2023, until June 30, 2024. Funding shall not exceed \$75,000.00.

For purchases of furniture, computers, vehicles: Additional Replacement
Age of items being replaced: n/a How will replace items be disposed of?

Project Goals, Outcomes or Purpose (list 3):
To provide a combination of music therapy and DJ instruction to allow for group self-expression, communication, and skill building.

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

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

Vendor Name and address: 17325 Euclid Ave. suite 2135. Cleveland, Ohio 44112	Owner, executive director, other (specify): John Horton Jr.
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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. RFP Exemption in accordance with Cuyahoga County Code, Section 501.12 (D)	<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
This contract is being submitted as an exemption in accordance with Cuyahoga County Code, Section 501.12(D)	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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 RECLAIM grant award process and notification are out of the courts' control and cause ongoing delays, in addition to vendors' delayed submission of documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	4/9/2023

Date documents were requested from vendor:	9/6/2023
Date of insurance approval from risk manager:	11/4/2023
Date Department of Law approved Contract:	11/6/2023
Date item was entered and released in Infor:	11/20/2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-781

Title	LIDAR Units
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
		Kustom Signals		\$6,585.00		

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>3 (Three) Light Detection and Ranging (LIDAR) Units</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Sheriff's Department Deputies use LIDAR detection to protect and serve the community.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address:</p> <p>Kustom Signars, Inc 10901 West 84th Terrance, Suite 100 Lenexa, KS 66214</p>	<p>Owner, executive director, other (specify):</p> <p>Jim Lindquist, Marketing & Sales Support Manager</p>

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 # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #800345 exp. 4/30/2024 <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (*No acronyms i.e. HHS Levy, CDBG, etc.*). Include % if more than one source.

100% Operation StoneGarden (OPSG) Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2023-782

Title	PSJS – Infinite Protection LTD – Purchase Order for Two Mobile Camera Trailers for CJIS
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	23004786	Infinite Protection LTD	N/A	\$96,000.00	Pending	Pending

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

Requesting approval of a purchase order with Infinite Protection LTD in the amount of \$96,000.00.

Two self-contained mobile camera surveillance units are being purchased for the Cuyahoga County Board of Elections and the Cuyahoga County Sheriff Criminal Justice Information Sharing Program.

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 surveillance within the County at large scale events or other occurrences in which the County deems necessary to have the mobile camera trailers deployed.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Infinite Protection LTD 10 W. Auglaize St. Wapakoneta, OH 45895	Kristina Wagoner Process Coordinator
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 X	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 8/8/23	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$96,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 21/3	<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 () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> . No DEI – grant purchase	<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? Highest bid was \$129,500, lowest bid was \$96,000	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<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: 8/17/23
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. SHSP-LE FY21 50% UASI FY22 50%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

HISTORY (see instructions): PO 22005055 - \$131,500.00

BC2023-783

Title	2023 Anti-Vibration Support Tables Purchase Order for the Medical Examiner's Office	
Department or Agency Name	Department of Public Safety and Justice on behalf of the Medical Examiner's Office	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	23005030	Fisher Scientific	N/A	\$12,546	Pending	Pending

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

The Medical Examiner's Office will be purchasing three (3) anti-vibration support tables in the amount of \$12,546. The tables are rated to hold up to 1,000 lbs of laboratory equipment and aid in the reduction of vibrations from the equipment.

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):
 1. Aid in the reduction of vibrations from laboratory equipment.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
300 Industry DR Pittsburgh, Pennsylvania 15275-1001 United States	Marc N. Casper President and Chief Executive Officer
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All municipalities of Cuyahoga County.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. These tables are available via the Omnia cooperative purchasing agreement with Fisher Scientific; contract number #2021002889. We know the tables meet the needs of the Medical Examiner's Office because they are currently in use by the lab. It has been determined that the price is fair because it is the same amount as a quote received directly from the manufacturer of the tables. *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 The support tables <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
 ARPA Crime Lab Backlog Grant 100%

Is funding for this included in the approved budget? Yes No (if "no" please explain):

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

Provide status of project.

New Service or purchase Recurring service or purchase

Is contract 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:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2023-784

Title	2024 Team Mentoring for youth and young adults who have aged out of foster care in Cuyahoga County
Department or Agency Name	Division of Children Family Services
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.
O	3926	Community of Hope	1/1/2024-12/31/2024	\$150,000.00	Pending	Pending

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

To provide Team Mentoring to youth and young adults, ages 18-24, who have and/or are aging out of foster care system; through the use of coaching, mentoring, and social skills training.

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. To help break the cycle of poverty, repetition of homelessness, low educational attainment and foster care. To empower them to move beyond their circumstances to become healthy, contributing citizens. 2. To provide wraparound support and assist them to make the transition to self-sufficiency and independence through necessary education, training and services
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Community of Hope c/o CSU 2121 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Beverly Johnson Program Director
Vendor Council District: Council District 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 12991 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 8/31/2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$150,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 31 / 1	<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. N/A	<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?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
Only 1 bid received	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. HHS Levy 66% Title IV-4 34%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
CM #252 Original Contract 1/1/2020-12/31/2020 \$150,000.00 BC2019-826 Approval date 11/18/2019 AMND #1 1/1/2021-12/31/2021 \$150,000.00 BC2020-682 Approval date 12/21/2020 AMND #2 1/1/2022-12/31/2022 \$150,000.00 BC2022-379 Approval date 6/21/2022 AMND #3 1/1/2023-12/31/2023 \$150,000.00 BC2022-754 Approval date 12/5/2022

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BC2023-785

Title	DCFS 2024 Ohio Attorney General National Webcheck Services
Department or Agency Name	Division of Children and Family Services
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.
O	3940	Ohio Attorney General	1/1/2024 to 12/31/2026	\$450,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The Division of Children and Family Services (DCFS) is requesting approval of an agreement with The Ohio Attorney General for the time period January 1, 2024 to December 31, 2026. The Ohio Attorney Generals' Office Bureau of Criminal Investigations (BCI) processes all BCI and FBI fingerprints for the State of Ohio, which is inclusive of Cuyahoga County per Ohio Administrative Code (OAC) 5101:2-7. The total dollar amount requested is \$450,000.00.</p> <p>DCFS is required to fingerprint all foster/adoptive applicants (every 4 years), foster/adoptive parents (every 2 years), relative caregivers, birth parents (if requested), and household members 18 years of age and older for the purposes of approving and/or licensing. The agency pays a fee set forth in Ohio Administrative Code 109:5-1-01, as it may be amended from time to time for a background check of BCI records; and background check of FBI records.</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> <p>To keep foster/adoptive children and youth safe and secure within their homes and their families through the tracking of individuals in their lives.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>
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Vendor Name and address:	Owner, executive director, other (specify):
Ohio Attorney General 1560 ST RT 56 SW London, OH 43140	Zahid Siddiqi, Interim Director of Identification, BCI
Vendor Council District:	Project Council District:
County wide	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Government Purchase *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, <i>please explain</i> .	<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, <i>please explain</i> :	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
 The project is funded 100% by the State Funding – Foster and Adoptive Parent Recruitment

Is funding for this included in the approved budget? Yes No (if “no” please explain):

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

Provide status of project.

New Service or purchase Recurring service or purchase

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

Reason: Contract is not late

Timeline: *October 20, 2023*

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

Date documents were requested from vendor: *October 20, 2023*

Date of insurance approval from risk manager: *N/A*

Date Department of Law approved Contract: *11/8/2023*

Date item was entered and released in Infor: *11/13/2023*

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Requisition number “4201” was left on the checklist form, requiring an update to take it off.

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

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

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	424	Ohio Attorney General	1/1/2021 to 12/31/2023	\$450,000.00	12/21/2020	BC2020-683

BC2023-786

Title	Family and Children First Council/ College Now Greater Cleveland Inc for 1/1/2024 to 12/31/25 RQ# 7886 The purpose of the contract is to provide Coordination of Exposure Field Trips for the Closing the Achievement Gap Program for youth in Cuyahoga County.
Department or Agency Name	Family and Children First Council
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(O)	2502	College Now	8/3/2022 - 12/31/2023	250,000.00	BC2022-456	07/25/2022
(A-1)	2502	College Now	1/1/2024 – 12/31/2024	\$125,000.00	Pending	

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

Requesting approval of a contract as indicated in the chart above or with College Now Greater Cleveland in the amount of or not-to-exceed \$125,000.00 for the period 01/01/2024-12/31/2024.
-The not to exceed amount by One Hundred Twenty Five Thousand Dollars (\$125,000.00) for the term of the contract.

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 manage, monitor, and coordinate all out-of-state exposure field trips for the Closing the Achievement Gap program.
- Coordination and student recruitment with CTAG

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

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

Vendor Name and address:	Owner, executive director, other (specify):
College Now Greater Cleveland Inc	Lee Friedman
Vendor Council District:	Project Council District:
6	9, 10, 8, 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Bedford City School District Cleveland Heights-University Heights High School District Cleveland Municipal School District East Cleveland School District Garfield Heights School District Maple Heights School District Warrensville Heights School District

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> (Provide RQ# for formals, informal 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: December 6, 2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$250,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 7 /1	<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 (13) SBE (12) MBE (5) WBE. Were goals met by awarded vendor per DEI tab sheet review? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A only one bid received	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE(S): (<i>No acronyms – General Fund, HHS Levy, Capital, etc.</i>). Include % if more than one source Health and Human Services Levy %100
Is this approved in the biennial budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project and if late, include timeline for lateness:

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Provide details for the items listed below in the box to its right. Project/Procurement Start Date (date your team started working on this item):	8/30/23
Date documents were requested from vendor:	8/30/23, 9/25/23, 10/10/23, 10/30/23, 11/11/23
Date of insurance approval from risk manager:	11/14/23
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	11/?/23
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2023-787

Title	Office of Early Childhood/Invest in Children 2024 United Way of Greater Cleveland; Contract Amendment 1 for Family Space Project.
Department or Agency Name	Office of Early Childhood/Invest in Children
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	1784	United Way	11/1/2021-12/31/2023	\$460,000.00	11/1/2021	BC2021-620
A-1	1784	United Way	01/01/2024-12/31/2024	\$200,000.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 As a preventative placed-based strategy for Cuyahoga County families with young children ages 0-5, focusing on infants and toddlers, FamilySpace will serve as neighborhood hubs of programming, information-sharing, and community building for families in an environment designed for their needs. Family Spaces will offer comprehensive family-centered services through early childhood information, parent education, and family

support. UWG will oversee the implementation of FamilySpace in its pilot stage to ensure successful implementation of the core components in each location:

- Family-centered spaces, materials, and curricula designed to meet the needs of families with young children, primarily infants and toddlers.
- Family-centered partnerships including the development of a neighborhood-based Parent Advisory Committee that will inform unique programming responsive to family interests and needs at each Family Space location.
- Family-centered trained staff during dedicated Family Space hours.

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

Project Goals, Outcomes or Purpose (list 3):

- Family Space will serve as neighborhood hubs of programming, information-sharing, and community building for families in an environment designed for their needs.
- Family Spaces will offer comprehensive family-centered services through early childhood information, parent education, and family support.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, OH 44115	August Napoli, President and CEO
Vendor Council District:	Project Council District:
Council District 7	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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 an amendment to extend the time and add additional funding for the extended contract period. The initial procurement was a pilot program and United Way is a financial and thorough partner on this initiative. UWGC committed additional dollars to support the initiation of this initiative as well as providing leadership and administration for this project. *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 ().
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 (<i>list original procurement EXMT</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 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):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):
Original Contract – BC2021-620 approved 11/1/2021

BC2023-788

Title	2024 -The Osgood Group, LLC - Strategic Planning Consultant
Department or Agency Name	Cuyahoga County Office of Early Childhood/Invest in Children
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.
O	CM3961	The Osgood Group, LLC	Upon Signature - 12/31/2024	\$70,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Osgood Group shall provide strategic planning consultant services to lead the development of a three-year strategic plan that guides with a refreshed vision and course for its leadership role and position of influence in the early childhood community in Cuyahoga County.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement N/A</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. Research the history and status and work of the Office of Earl Childhood and Invest in Children and evolution over time. 2. Research and understand the impetus for creating these structures, as well as past areas of focus and stakeholder involvement (and how they have changed).

<p>3. Research and understand OEC’s position within Cuyahoga County and Department of Health and Human Services.</p> <p>4. Gather significant input from early childhood key stakeholders and county leadership and synthesize these perspectives into a three-year strategic plan for Invest in Children.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address:</p>	<p>Owner, executive director, other (specify):</p>
<p>The Osgood Group, LLC 731 47th Street Sarasota, Florida 34234</p>	<p>Nancy Osgood, Owner</p>
<p>Vendor Council District: N/A</p>	<p>Project Council District: County Wide</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ # <i>if applicable</i></p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input checked="" type="checkbox"/> Exemption IRFB 4767</p>
<p>Number of Solicitations (sent/received) /</p> <p>51 potential vendors were sent the RFP. 7 actually submitted a proposal.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>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, <i>please explain</i>.</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i>:</p> <p>The bids received ranged from \$59,000 to more than \$130,000. We scored all proposals against objective criteria and selected three to interview. The interviews included the lowest bidder. Following</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>

the interviews, it was clear to us that the selected vendor was the most qualified and prepared to do the work we needed, and for only marginally more than the lowest bidder – yet much less than the highest bidders.	
How did pricing compare among bids received? <i>See above answer.</i>	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% Health and Human Services Levy	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Invoices shall be submitted to the County at least 15 days prior to the payment due dates listed in Section 2.2. The County will review such invoices for completeness/correctness and any information necessary before making payment after receipt of an accurate invoice.	

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

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

HISTORY (see instructions): N/A

BC2023-789

Title	Office of Homeless Services; 2024 Mental Health Services for Homeless Persons, Inc dba Frontline Contract Amendment for Alternative Housing and Related Services and Supports for COVID Recovery-Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2590	Mental Health Services for Homeless Persons, Inc dba Frontline Contract	1/1/2022-12/31/2023	\$314,837.00	3.6.2023	BC2023-147
A	2590	Mental Health Services for Homeless Persons, Inc dba Frontline Contract	1/1/2024-12/31/2024	\$0.00	TBD	TBD

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The Office of Homeless Services requesting approval of a contract amendment with Mental Health Services for Homeless Persons, Inc dba Frontline Contract Partners for the anticipated cost of \$0.00 to extend the time to 12.31.2024</p> <p>During the term of the contract, Frontline will provide supportive services (screening, specialized case management and client assistance for high risk families.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

<ol style="list-style-type: none"> 1. Screen every family who is diverted from Coordinated Intake, approximately 125 per year. 2. Provide short-term case management (6-9 months) to 40 families at risk of entering the shelter system. The case manager will work with each family to create a plan of service based on the identified barriers. 3. Provide client assistance, up to \$3,500 per family, to help families overcome barriers to maintaining housing stability.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A

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):
Mental Health Services for Homeless Persons, Inc dba Frontline Services 1744 Payne Avenue Cleveland, Ohio 44114	Susan Neth
Vendor Council District:	Project Council District:
District 7	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	County wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Government Purchase Amendment to a contract that was original procured through a competitive process. *See Justification for additional information.
The total value of the solicitation: N/A	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> . N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
N/A	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Budget Not Approved on Time	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See above

BC2023-790

Title	OHS; Various Providers; 2023 Amendment 2; Emergency Shelter and Rapid Rehousing for Families
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2806 2811 2812 2903	Family Promise Salvation Army West Side Catholic Journey Center	6/1/22 – 5/31/23	\$994,088	1/24/23	R2023-0017
A- #1	2806 2811 2812 2903	Family Promise Salvation Army West Side Catholic Journey Center	6/1/23 – 5/31/24	\$500,000	6/26/23	BOC2023-402
A- #2	2806 2811 2812 2903	Family Promise Salvation Army West Side Catholic Journey Center	5/31/24	\$494,088	pending	pending

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

Family Promise offers emergency shelter for families with a focus on youth parenting families, services to link families with rapid rehousing, employment, and other needed resources for self-sufficiency.

Journey Center offers emergency shelter with Rapid Rehousing assistance for survivors of domestic violence, and other related services.

Salvation Army provides emergency shelter with rapid rehousing assistance for homeless families, linkages to employment and housing resources, counseling as requested for trauma, behavioral health concerns, and children’s services.

West Side Catholic Center provides emergency shelter and rapid rehousing assistance to single women & families who are homeless due to domestic violence, chemical dependency, economic hardship, or mental health issues.

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

Project Goals, Outcomes or Purpose (list 3):

- Provide safe, decent shelter for families facing homelessness and/or domestic violence;

- Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance;
- Link families with ongoing community supports to ensure housing stability.

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

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: Family Promise 3470 E. 152 nd Street Cleveland, OH 44102	Owner, executive director, other (specify): Jacqueline Salter, executive director
Vendor Council District: 9	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	n/a
Vendor Name and address: Salvation Army 440 West Nyack Rd West Nyack, NY 10994	Owner, executive director, other (specify): Michael Southwick, secretary
Vendor Council District: n/a – out of state corporate location	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	1710 Prospect Avenue Cleveland, OH 44115
Vendor Name and address: West Side Catholic Center 3135 Lorain Avenue Cleveland, Ohio 44113	Owner, executive director, other (specify): Michael Bernot, executive director
Vendor Council District: 9	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	n/a
Vendor name and address: Journey Center P.O. Box 5466 Cleveland, Ohio 44101	Owner, executive director, other (specify): Melissa Graves, executive director
Vendor Council District: n/a – confidential location	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	n/a

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. RFP exemption based on a subgrant award from the US Department of Housing and Urban Development for Rapid Rehousing for Families *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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <i>Subgrant exemption</i>
	<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: N/A	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. <ul style="list-style-type: none"> • 100% US Department of Housing and Urban Development Rapid Rehousing for Families grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Amendment is 100% funded through HUD Rapid Rehousing for Singles grant, which was received, which meant that appropriation did not happen until after the council break.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	9/5/23
Date documents were requested from vendor:	9/22/23, 10/5/23
Date of insurance approval from risk manager:	9/30/23
Date Department of Law approved Contract:	10/23/23
Date item was entered and released in Infor:	11/10/23
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See table 1

C. - Consent Agenda

BC2023-791

Department of Information Technology, 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 amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org
 1814 E. 40th Street
 Cleveland, Ohio 44103
 Kenny Kovach-Director

R.E.T.3 Marked for Disposal - 10/26/2023

<u>Asset Tag</u>	<u>Serial Number</u>	<u>Manufacturer</u>	<u>Model/Device</u>
From IT Workroom:			
77847	2UA2501H28	HP	Z220 SFF Workstation
88474	2UA5471KZR	HP	Z230 SFF Workstation
78385	2UA3020794	HP	Z220 SFF Workstation
90210	2UA8232R1K	HP	Z240 SFF Workstation
77532	2UA2501KK5	HP	Z220 SFF Workstation
No Tag	CNC013Q4BL	HP	Compaq LE1911 Monitor
78236	2UA30207DZ	HP	Z220 SFF Workstation
77460	2UA2501KM5	HP	Z220 SFF Workstation
86295	5CG9040SV7	HP	EliteBook 850 G3 Laptop
88391	5CG7070TNH	HP	ProBook 650 G2 Laptop
010244	010354154953	Microsoft	Surface Pro Tablet
68356	CN0D307J74445961EPTS	Dell	1908 FPt Monitor
78893	2UA302079D	HP	Z220 SFF Workstation
77834	2UA2501KJY	HP	Z220 SFF Workstation
87468	5CG6343863	HP	ProBook 650 G2 Laptop
77879	2UA2501GZ1	HP	Z220 SFF Workstation
76823	CN-0VXV49-72872-261-ALFI	Dell	E2311Hf Monitor

BC2023-792

(See related items for proposed travel/memberships for the week of 12/4/2023 in Section C. above).

BC2023-793

(See related items for proposed purchases for the week of 12/4/2023 in Section C. above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 12/4/2023 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT