



**Cuyahoga County Board of Control Agenda
Monday, December 11, 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 – 12/4/2023

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2023-794

Department of Public Works, submitting an amendment to Contract No. 3285 with Tri Mor Corporation for rehabilitation of Aprons D1, D2 and D3 at Cuyahoga County Airport located at 26340 Curtiss Wright Parkway, Richmond Heights, for additional funds in the amount not-to-exceed \$6,300.00.

Funding Source: Airport Fund

BC2023-795

Department of Public Works, recommending an award and enter into a Master Contract with various vendors (75-2) in the total amount not-to-exceed \$49,999.00 for emergency plumbing services on an as-needed basis, effective upon contract signature of all parties, for a period of one (1) year:

- a) Contract No. 3946 with Mayer Plumbing in the anticipated amount of \$40,000.00.
- b) Contract No. 3947 with McPhillips Plumbing & Heating in the anticipated amount of \$9,999.00.

Funding Source: Sanitary Funds

BC2023-796

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Gilbane Building Company in the amount not-to-exceed \$29,800.00 for the design-build services for the Central Services Campus Project, effective upon contract signature of all parties, through 3/31/2024.
- b) Recommending an award and enter into Contract No. 4009 with Gilbane Building Company in the amount not-to-exceed \$29,800.00 for the design-build services for the Central Services Campus Project, effective upon contract signature of all parties, through 3/31/2024.

Funding Source: General Fund

BC2023-797

Department of Public Works, submitting Agreement No. 4012 with City of Cleveland in the amount not-to-exceed \$157,014.47 for bridge inspection services, commencing upon contract signature of all parties for a period of one (1) year.

Funding Source: Revenue Generating

BC2023-798

Department of Housing and Community Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Lutheran Metropolitan Ministry in the amount not-to-exceed \$375,000.00 for affordable housing and related support services for families leaving homelessness as a response to COVID-19 for the period 10/01/2023 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 3812 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$375,000.00 for affordable housing and related support services for families leaving homelessness as a response to COVID-19 for the period 10/01/2023 – 12/31/2024.

Funding Source: Federal Community Development Block Grant – CV

BC2023-799

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$151,200.00 for (5) Amazon Cloud Call Centers, licensing, and technical support for customer service hotlines for various agencies for the period 01/01/2024 – 12/31/2024:
 - 1) Department of Health and Human Services/Cuyahoga Job and Family Services – 7000 and Cares
 - 2) Department of Health and Human Services/Division of Senior and Adult Services
 - 3) Department of Health and Human Services/Division of Children and Family Services – KIDS Hotline
 - 4) Department of Health and Human Services-IT Help Desk
 - 5) Department of Health and Human Services/Office of Child Support Services

b) Recommending an award and enter into Contract No. 3960 with TEC Communications, Inc. in the amount not-to-exceed \$151,200.00 for (5) Amazon Cloud Call Centers, licensing, and technical support for customer service hotlines for various agencies for the period 01/01/2024 – 12/31/2024:

- 1) Department of Health and Human Services/Cuyahoga Job and Family Services – 7000 and Cares
- 2) Department of Health and Human Services/Division of Senior and Adult Services
- 3) Department of Health and Human Services/Division of Children and Family Services – KIDS Hotline
- 4) Department of Health and Human Services-IT Help Desk
- 5) Department of Health and Human Services/Office of Child Support Services

Funding Source: Health and Human Services Levy Fund

BC2023-800

Department of Information Technology,

a) Submitting an RFP Exemption, which will result in an award recommendation to Sterling Data Center dba BlueBridge Networks in the amount not-to-exceed \$336,000.00 for lease of space located at 1255 Euclid Avenue, Cleveland, to house and maintain County-owned fiber and server racks for the period 01/01/2024 – 12/31/2025.

b) Recommending an award and enter into Contract No. 3983 with Sterling Data Center dba. BlueBridge Networks in the amount not-to-exceed \$336,000.00 for lease of space located at 1255 Euclid Avenue, Cleveland, to house and maintain County-owned fiber and server racks for the period 01/01/2024 – 12/31/2025.

Funding Source: General Fund

BC2023-801

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$21,300.00 for Community Diversion Program services for the period 1/1/2024 – 12/31/2024:

- a) Agreement No. 3949 with City of Parma in the amount not-to-exceed \$14,400.00.
- b) Agreement No. 3981 with City of Solon in the amount not-to-exceed \$6,900.00.

Funding Source: Health and Human Services Levy Fund

BC2023-802

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to The-Musketeer Association, LLC in the amount not-to-exceed \$45,000.00 for positive youth development services for Court referred youths ages 12 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. 3936 with The-Musketeer Association, LLC in the amount not-to-exceed \$45,000.00 for positive youth development services for Court referred youths ages 12 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024.

Funding Source: RECLAIM Grant

BC2023-803

Sheriff's Department, submitting amendments to agreements with various municipalities and a board for inmate housing services for various time periods to extend the time period, to change the per diem rates from \$122.12 to \$173.00, effective 1/1/2024, and for additional revenue in the total estimated amount of \$535,000.00:

- a) for the period 1/1/2020 – 12/31/2023 to extend the time period to 12/31/2024:
 - 1) Agreement No. 129 (fka Agreement No. AG2000218) with Village of Highland Hills in the estimated amount of \$10,000.00.
- b) for the period 1/1/2020 – 12/31/2023 to extend the time period to 12/31/2025:
 - 1) Agreement No. 131 with Village of Woodmere (fka Agreement No. AG2000220) in the estimated amount of \$5,000.00.
 - 2) Agreement No. 132 with City of Richmond Heights (fka Agreement No. AG2000217) in the estimated amount of \$35,000.00.
 - 3) Agreement No. 345 (fka Agreement No. AG1900213) with Board of Park Commissioners of the Cleveland Metropolitan Park District in the estimated amount of \$25,000.00.
- c) for the period 2/1/2020 – 12/31/2023 to extend the time period to 12/31/2025:
 - 1) Agreement No. 86 (fka Agreement No. 2000364) with City of Euclid in the estimated amount of \$460,000.00.
- d) for the period 8/1/2020 – 12/31/2023 to extend the time period to 12/31/2024:
 - 1) Agreement No. 119 with Village of Bratenahl in the estimated amount of \$10,000.00.

Funding Source: Revenue Generating

BC2023-804

Department of Public Safety and Justice Services, recommending an award on RQ13352 and enter into Purchase Order No. 23005119 with Rigaku Analytical Devices, Inc. (39-4) in the amount not-to-exceed \$42,820.00 for the purchase of (1) handheld RAMAN chemical analyzer for the Lake County HazMat team.

Funding Source: FY2021 State Homeland Security Program

BC2023-805

Department of Health and Human Services/Division of Children and Family Services, recommending an award and enter into Agreement No. 3938 with Court of Common Pleas/Juvenile Court Division in the amount not-to-exceed \$44,000.00 for psychological evaluation services for the period 1/1/2024 – 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2023-806

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Values-in-Action Foundation in the amount not-to-exceed \$140,000.00 for workforce training services for youth for the period 1/1/2024 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 3986 with Values-in-Action Foundation in the amount not-to-exceed \$140,000.00 for workforce training services for youth for the period 1/1/2024 – 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2023-807

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 Radical Hospitality in the amount not-to-exceed \$25,000.00 for operating support of seasonal shelter services for the period 12/1/2023 – 5/30/2024.
- b) Recommending an award on Purchase Order No. 23005152 to Radical Hospitality in the amount not-to-exceed \$25,000.00 for operating support of seasonal shelter services for the period 12/1/2023 – 5/30/2024.

Funding Source: Health and Human Services Levy Fund

BC2023-808

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 The Metanoia Project in the amount not-to-exceed \$25,000.00 for operating support for shelter and hospitality services for shelter resistant persons during the 2023/2024 winter season.
- b) Recommending an award on Purchase Order No. 23005163 to The Metanoia Project in the amount not-to-exceed \$25,000.00 for operating support for shelter and hospitality services for shelter resistant persons during the 2023/2024 winter season.

Funding Source: Health and Human Services Levy Fund

BC2023-809

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to Contract No. 3054 (fka Contract No. 1983) with Oriana House, Inc. for administration and operation of the Neighborhood Reentry Resource Center and the Adult Transition Model for the period 7/1/2021 – 12/31/2024 to expand the scope of services, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$100,000.00.

Funding Source: Health and Human Services Levy Fund

BC2023-810

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to Grant Agreement (via Contract No. 3193) with Northeast Ohio Coalition for the Homeless for street outreach services for individuals experiencing unsheltered homelessness throughout Cuyahoga County for the period 3/23/2023 – 3/22/2024 to extend the time period for one (1) year, to change the scope of services, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$99,900.00.

Funding Source: Health and Human Services Levy Fund

BC2023-811

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting Agreement No. 3982 with Ohio Department of Rehabilitation and Correction in the amount not-to-exceed \$200,000.00 for support services to assist formerly incarcerated individuals, effective upon contract signature of all parties, through 12/31/2024.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2023-812

Court of Common Pleas/Juvenile Court Division, recommending an alternative procurement process to allow weekly and monthly repetitive food purchases in the amount not-to-exceed \$1,800,000.00 for the period 1/1/2024 – 12/31/2025.

Funding Source: General Fund

BC2023-813

Sheriff's Department, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$20,000.00 for emergency and routine veterinary services for the K-9 Unit for the period 1/1/2024 – 12/31/2024.

- a) Family Pet Clinic in the amount not-to-exceed \$10,000.00.
- b) Metropolitan Vet Clinic in the amount not-to-exceed \$6,000.00.
- c) Provider(s) to be determined for emergency services at nearest vet clinic in the amount not-to-exceed \$4,000.00.

Funding Source: Federal Equitable Sharing Account

D. – Consent Agenda

BC2023-814

Department of Public Works, submitting an amendment to Contract No. 832 with DLR Group, Inc. dba DLR Group| Westlake Reed Leskosky for programming services for the Justice Center Complex Project include the coordination of third-party review of the jail and the coordination of the planning process regarding the potential to reduce the scope and construction/project costs for the Courts as part of the Justice Center for the period 4/24/2019 – 12/31/2023 to extend the time period to 12/31/2024; no additional funds required.

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

BC2023-815

Department of Public Works, requesting authority to prepare an amendment to Contract No. 3995 (fka Contract No. 871) with Project Management Consultants LLC for owner’s representative services in connection with the Justice Center Complex Project to include Conceptual Design Phase for the Corrections Center and consulting services to evaluate options for remaining functions at the Justice Center for the period 1/9/2019 – 12/31/2023 to extend the time period to 12/31/2024; no additional funds required.

Funding Source: General Fund

BC2023-816

Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating

BC2023-817

Fiscal Department, presenting proposed travel/membership requests for the week of 12/11/2023:

Dept:	Public Defender's Office							
Event:	Gideons Promise Winter Conference							
Source:	Gideons Promise							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Rachelle Summers	1/25/2024 – 1/28/2024	\$662.50	\$212.00	\$0.00	\$176.00	\$319.80	\$1,370.30	General Fund, Reimbursable at 85% from Ohio Public Defender
Andrew Schriver	1/25/2024 – 1/28/2024	\$662.50	\$212.00	\$0.00	\$153.84	\$319.80	\$1,348.14	General Fund, Reimbursable at 85% from Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

Gideon's Promise Winter Session is a three-day training held annually in January. Winter Session gives us an opportunity for Gideon's Promise "Returners" and Alumni to continue to hone their trial skills. Winter Session provides current CORE 101 members who have completed their initial two-week training and are continuing to matriculate through the CORE 101 training (aka "Returners") with ongoing training and support. Gideon's Promise alumni who have completed their CORE 101 program are able to attend follow-up training, based on their needs. This workshop will provide a wide range of skills & techniques to provide representation to the indigent population.

BC2023-818

Department of Purchasing, presenting proposed purchases for the week of 12/11/2023:

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
23002080	Create, conduct and evaluate Citizens' Advisory Council on Equity (CACE) community survey	Department of Equity and Inclusion	Cleveland State University	\$29,987.00	General Fund
23004775	New installation of (2) Amano McGann credit card readers for use at the Huntington Garage	Department of Public Works	PSX, Inc.	\$44,900.00	Parking Enterprise Fund

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a grant award from the Cleveland Foundation in the amount of \$50,000.00 for public engagement activities in connection with Rediscover Veterans Memorial Bridge for the period 7/1/2023 – 9/30/2023.

Funding Source: Cleveland Foundation

Item No. 2

Sheriff's Department, submitting an amendment to a grant agreement with Ohio University to design a Decision Support System (DSS) for the planning and deployment of anti-human trafficking operations system in connection with Senator Brown's Congressionally Direct Spending (CDS) for the period 7/1/2023 – 6/30/2024 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: FY2023 Senator Brown's Congressionally Directed Spending (CDS) Request for FY2023 (Human Trafficking)

Item No. 3

Department of Public Safety and Justice Services, submitting a Grant Agreement from Ohio Emergency Management Agency in the amount not-to-exceed \$83,800.00 for the FY2023 State Homeland Security Grant Program for the period 9/1/2023 – 12/31/2025.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

Item No. 4

Department of Public Safety and Justice Services,

- a) Requesting authority to apply for grant funds to Ohio Emergency Management Agency in the amount not-to-exceed \$1,645,333.00 for the FY2023 Urban Area Security Initiative Grant Program for the period 9/1/2023 – 12/31/2025.
- b) Submitting a Grant Agreement from Ohio Emergency Management Agency in the amount not-to-exceed \$1,645,333.00 for the FY2023 Urban Area Security Initiative Grant Program for the period 9/1/2023 – 12/31/2025.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

Item No. 5

Department of Public Safety and Justice Services,

- a) Requesting authority to submit a grant application to Ohio Department of Youth Services in the amount of \$10,000.00 for the FY2023 Racial and Ethnic Disparities Planning Program in connection with the Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2023 – 12/31/2024.
- b) Submitting a grant award from Ohio Department of Youth Services in the amount of \$10,000.00 for the FY2023 Racial and Ethnic Disparities Planning Program in connection with the Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2023 – 12/31/2023.

Funding Source: Ohio Department of Youth Services

Item No. 6

Department of Public Safety and Justice Services,

- a) Requesting authority to submit a grant application to Ohio Department of Youth Services in the amount of \$190,000.00 for the FY2023 Juvenile Justice and Delinquency Prevention Disproportionate Minority Contact Title II Formula Block Grant Program for the period 10/1/2023 – 6/30/2025.
- b) Submitting a grant award from Ohio Department of Youth Services \$190,000.00 for the FY2023 Juvenile Justice and Delinquency Prevention Disproportionate Minority Contact Title II Formula Block Grant Program for the period 10/1/2023 – 6/30/2025.

Funding Source: U.S. Department of Justice, Office of Justice Delinquency and Prevention Block Grant

Item No. 7

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

- a) Requesting authority to apply for grant funds from Ohio Department of Development in the amount of \$1,451,600.00 for rapid rehousing to homeless males, females and households with children in connection with the FY2023 Homeless Crisis response Program for the period 7/1/2023 – 8/25/2025.
- b) Submitting a grant agreement from Ohio Department of Development in the amount of \$1,451,600.00 for rapid rehousing to homeless males, females and households with children in connection with the FY2023 Homeless Crisis response Program for the period 7/1/2023 – 8/25/2025.

Funding Source: Ohio Department of Development

Item No. 8

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
No RQ	Contract No. 3976	Nover Englestein & Associates, Inc.	Migration services of the WinWam software from Access to SQL Express	\$3,000.00	Department of Consumer Affairs	11/21/2023 – 11/20/2024	General Fund	11/21/2023 (Executive) 11/22/2023 (Law)
RQ 11049 & 12848	Amend Master Contract – Assign Contract No. 3817	Various providers	Various maintenance, repair and operations supplies for the Sanitary Engineering Division; to add Applied MSS; no additional funds required	\$-0-	Department of Public Works	1/1/2023 – 12/31/2024	(Original) Sanitary Fund	11/29/2023 (Executive) 11/28/2023 (Law)
RQ 11049 & 12848	Amend Master Contract – Assign Contract No. 3831	Various providers	Various maintenance, repair and operations supplies for the Sanitary Engineering Division; to add Core & Main LP; no additional funds required	\$-0-	Department of Public Works	1/1/2023 – 12/31/2024	(Original) Sanitary Fund	11/29/2023 (Executive) 11/28/2023 (Law)
RQ 11049 & 12848	Amend Master Contract – Assign	Various providers	Various maintenance, repair and operations	\$-0-	Department of Public Works	1/1/2023 – 12/31/2024	(Original) Sanitary Fund	11/29/2023 (Executive) 11/28/2023 (Law)

	Contract No. 3832		supplies for the Sanitary Engineering Division; to add Industrial Safety Products; no additional funds required					
RQ 11049 & 12848	Amend Master Contract – Assign Contract No. 3833	Various providers	Various maintenance, repair and operations supplies for the Sanitary Engineering Division; to add Winsupply of Cleveland; no additional funds required	\$-0-	Department of Public Works	1/1/2023 – 12/31/2024	(Original) Sanitary Fund	11/29/2023 (Executive) 11/28/2023 (Law)
RQ 42565	Amend Contract No. 1556	MS Consultants, Inc.	General architectural and engineering services	\$-0-	Department of Public Works	10/23/2018 – 12/31/2023	(Original) General Fund	11/29/2023

VI. – PUBLIC COMMENT

VII. – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, December 4, 2023 at 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Michael Chambers, Fiscal Officer, Fiscal (serving as Chairman)
Katherine Gallagher, Chief of Operations and Community Innovation, Executive’s Office
(Alternate for Chris Ronaye)
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Councilman Dale Miller
Councilwoman Meredith Turner
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing

II – REVIEW MINUTES – 11/27/2023

Michael Chambers motioned to approve the minutes from the November 27, 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

BC2023-769

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

Tom Pavitch, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-769 was approved by unanimous vote.

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

Tom Pavitch, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-770 was approved by unanimous vote.

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

Matt Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-771 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-772 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. Dale Miller asked is there any anticipation of replacing the current phone system and if so, what will it be replaced with. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-773 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-774 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-775 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-776 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-777 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-778 was approved by unanimous vote.

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 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) 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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-779 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-780 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-781 was approved by unanimous vote.

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% FY2021 Law Enforcement State Homeland Security Grant Program and 50% FY2022 Urban Area Security Initiative Grant Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-782 was approved by unanimous vote.

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, LLC 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, LLC 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

Hugh Shannon, Medical Examiner’s Office, presented. Dale Miller asked what situations need to occur where this purchase would be used. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-783 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Dale Miller asked is there any reason as to why there would only be one response to this project. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-784 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-785 was approved by unanimous vote.

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

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-786 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-787 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Dale Miller stated that this is great initiative to complete; asked if this project will include evaluation of the program as a whole or in part; asked if there was a way to get more private funding to support the program. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-788 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-789 was approved by unanimous vote.

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-790 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Dale Miller motioned to approve Consent Agenda Item No. BC2023-791 through -793; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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:

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

**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):

<i>Purchase Order Number</i>	<i>Description</i>	<i>Department</i>	<i>Vendor Name</i>	<i>Total</i>	<i>Funding Source</i>
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:

<i>Purchase Order Number</i>	<i>Description</i>	<i>Department</i>	<i>Vendor Name</i>	<i>Total</i>	<i>Funding Source</i>
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 the 2021 – 2024	\$-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)

			<i>Transportation Improvement Program</i>					
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LPA Agreements – Processed and executed (no vote required)

<i>Approving Resolution</i>	<i>Public convenience and welfare project description</i>	<i>Total Estimated Project Cost</i>	<i>Total Actual Project Cost</i>	<i>Funding Source</i>	<i>Date of Execution</i>
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

There was no public comment.

VII. – ADJOURNMENT

Michael Chambers motioned to adjourn; Meredith Turner seconded. The motion to adjourn was unanimously approved at 11:31 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2023-794

Title	Cuyahoga County Airport Apron Rehab D1, D2, D3 AMD #1
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	3285	TRI MOR Corp.	N/A	\$ 657,875.00	05/23/2023	R2023-0136
A-1	3285	TRI MOR Corp.		\$6,300		

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase. The project consists of Rehabilitate Aprons D1, D2, AND D3 at Cuyahoga County Airport will include pavement removal, clearing and grubbing, excavation and grading, pavement installation, storm drainage installation, NAVAID installation and electrical improvements. Anticipated dates are 6/1/2023-7/10/2023.</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): See above</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>	
Vendor Name and address:	Owner, executive director, other (specify):
TRI MOR Corporation 8530 Boyle Pkwy Twinsburg, OH 44087	Neille Vitale
Vendor Council District: N/A	Project Council District: 11
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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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: \$875,969.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 2 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (10%) SBE () MBE () 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? <i>This was the low bid</i>	<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 by ODOT Aviation Grant (\$500,000.00) and Airport Cash Balance (\$157,875.00).	
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: N/A	
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 checked="" 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 chart above

BC2023-795

Title	Public Works – Sanitary – Master Contract - As-Needed Emergency Plumbing Services
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM3946	Mayer Plumbing	Execution-1yr	Up to \$49,999.00	Pending	Pending
O	CM3947	McPhillips Plumbing & Heating	Execution-1yr	Up to \$49,999.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. Cuyahoga County's Sanitary Engineer Division is in search of a vendor(s) and/or Contractor(s) to supply emergency plumbing services on an as needed basis.</p> <p>This will be a not to exceed contract in the amount of \$49,999.00 extending one-year.</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>-Obtain vendor(s) and/or Contractor(s) that are able to respond to the County within two (2) hours for emergency plumbing services, utilized by the Sanitary Division.</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>

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):
Mayer Plumbing 5914 Ridge Rd.,	Jason Rainer, President

Parma, Ohio 44129	
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA
Vendor Name and address:	Owner, executive director, other (specify):
McPhillips Plumbing Heating & Cooling 16115 Waterloo Rd. Cleveland, Ohio 44110	Sean McPhillips, President
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. NA *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 97 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () 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> . NA	<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> : <i>Awarding to both vendors that supplied bids.</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? One vendor was lower than the other but awarding to both vendors to provide several options when there is an emergency plumbing need.	<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? 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.
100% Sanitary Funds

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):	10.4.23
Date documents were requested from vendor:	10.11.23
Date of insurance approval from risk manager:	10.10.23
Date Department of Law approved Contract:	11.6.23
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):

BC2023-796

Title	2023 Limited Services Agreement for Central Services Campus Project with Gilbane Building Company, CM #4009, \$29,800 (12/11/2023-3/31/2024)
Department or Agency Name	Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4009	Gilbane Building Company	12/11/2023-3/31/2024	\$29,800	pending	pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Department of Public Works is requesting to submit and award a Design Build Limited Services Agreement for the Central Services Campus Project relating to a new Cuyahoga County Corrections Center in the amount of \$29,800.00 with a term through March 31, 2024</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>The primary goal of these services is that pending finalization of the Design Build Agreement to the Central Services Campus Project, the County wishes to engage Gilbane to provide limited evaluative services to assist with ongoing programming efforts for the Project.</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>	
Vendor Name and address:	Owner, executive director, other (specify):
Gilbane Building Company 3135 Euclid Avenue Cleveland, Ohio 44115	Kyle Merrill, Senior Business Leader
Vendor Council District: 7	Project Council District: 7
<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 checked="" 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</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>
<p>Participation/Goals (%): (30) DBE (7) SBE (17) MBE (6) 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></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 type="checkbox"/> No, <i>please explain:</i></p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>

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 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 PW600125-55130-CFCCC0000201
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. New to the County	
<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):
New contract- no history

BC2023-797

Public Works Requests Approval of the Agreement with the City of Cleveland to Perform Bridge Inspection Services for the Municipality in the Year 2023

Scope of Work Summary

The Public Works Department requesting approval of the agreement with the City of Cleveland to perform bridge inspection services for the City for the proposed cost of \$157,014.47. The bridge inspections will be performed in 2023. The primary goal of this request is to approve of these services and to receive reimbursement payment.

Contractor and Project Information

The location of the bridge inspections are within the municipal bounds of the City of Cleveland. The inspections are located in Council Districts 2, 3, 7, 8, 9, and 10.

Project Status and Planning

The inspection services are scheduled for a new year. The County has provided these bridge inspections services for the City of Cleveland in past years.

Funding

The City of Cleveland will reimburse (direct bill paid) the County for providing bridge inspection services to the municipality. The proposed cost of bridge inspection services is \$157,014.47.

BC2023-798

Title	2023; Department of Housing and Community Development; Lutheran Metropolitan Ministry; Low- Moderate Income Housing Activity
Department or Agency Name	Department of Housing and Community Development
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	3812	Lutheran Metropolitan Ministry	10/01/2023 – 12/31/2024	\$375,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Department of Housing and Community Development is requesting approval of a contract with Lutheran Metropolitan Ministry in the amount not to exceed \$375,000.00 for the period of October 1, 2023 through December 31, 2024.
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):

<ul style="list-style-type: none"> Lutheran Metropolitan Ministry will acquire and renovate five housing units for rental to families leaving homelessness as a response to Covid- 19. Lutheran Metropolitan Ministry would serve households with limited resources and provide the opportunity to achieve financial stability and break the cycles of poverty and homelessness through accessible and affordable housing.
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:	Owner, executive director, other (specify):
Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, Oh 44103	Maria Foschia, President
Vendor Council District:	Project Council District:
11	The location of the activity may change during the contract period.
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. Lutheran Metropolitan Ministry was the only submission eligible to use the CDBG-CV funding. *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 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% COMMUNITY DEVELOPMENT BLOCK GRANT-COVID-19 funds
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Signed agreement was received by Department of Housing and Community Development on 09/20/2023	
Timeline: Project/Procurement Start Date (date your team started working on this item):	09/20/2023
Date documents were requested from vendor:	Signed agreement
Date of insurance approval from risk manager:	09/26/2023
Date Department of Law approved Contract:	11/30/2023
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: This contract was processed late because we had to wait for CDBG funding to be appropriated, also we had to wait for vendor to return independent contractor form in which it was received 11/10/2023	
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): CM2729- 7/1/2022- 06/30/2023- \$735,278.00 Approved- R2023-007-1/27/2023

BC2023-799

Title	Five Amazon AWS Call Centers
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	3960	TEC Communications	01/01/2024 – 12/31/2024	\$151,200.00	PENDING	PENDING

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

The Department of Information Technology on behalf of Cuyahoga County HHS plans to contract with TEC Communications, Inc., for January 1, 2024 – December 31, 2024 for Five Amazon AWS Call Centers in the amount of \$151,200.00.

These Amazon AWS call centers are as follows: 7000/cares line, Senior and Adult Services, Kid's Hotline, IT Service Desk, OCSS (Child support).

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):

Previously both Fiscal and HHS Call Centers were managed together under the current contract which expires December 31, 2023. This request is for a new contract with TEC Communications, procured via an RFP Exemption, for only the HHS Call Centers.

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):
TEC Communications, Inc. 20234 Detroit Road Rocky River, Ohio 44116	Melanie Schilling Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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. No other vendors were evaluated. HHS currently has 5 call centers with 1 being the Kid's Hotline. TEC has customized all 5 call centers throughout HHS. We will be exploring RFP after this contract. A delay in the process could have an impact on the HHS Kid's Hotline which supports Kid's that need support throughout Cuyahoga County. This hotline is a 24/7 hotline that deals with children that are in urgent and often critical need. *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. AWS	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% Human Services - Information Services
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase Request is for a new contract, for HHS Call Centers only.	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):

BC2023-800

Title	Space Maintenance of County-Owned Fiber and Racks
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	3983	Sterling Data Center dba BlueBridge Networks	01/01/2024 – 12/31/2025	\$336,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Department of Information Technology plans to contract with Sterling Data Center, LLD dba BlueBridge Networks, for the time period January 1, 2024 – December 31, 2025 for Space Maintenance of County-Owned Fiber and (6) Racks in the amount of \$336,000.00.</p> <p>Sterling Data Center LLC dba BlueBridge Networks provides data center hosting services which support the County's network infrastructure, internet connectivity, cyber security level hardware/software and server applications. This is a Tier 3 hosting data center which provides a fault-tolerant and managed environment which protects the County from loss of data and network outages. It is also a critical piece to entire business operations and part of our strategic disaster recovery plan.</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>This service was leveraged by the County due to proximity. Upon notice of the lease expiration and relocation, County management worked fast to find a cost effective solution to relocate existing data center applications and infrastructure. Sterling Data Center LLC dba BlueBridge Networks' location is a central hub for the County's existing data network.</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>

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):

Sterling Data Center LLC dba BlueBridge Networks 1255 Euclid Avenue Cleveland, Ohio 44115	Kevin Goodman
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. A competitive process would not be a cost-effective option as well as it would provide disruption of the entire County network. As it stands today, no other options are available due to the location of the County's fiber infrastructure. *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 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% 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):

BC2023-801

Title	CCJC CY24 Community Diversion Program contract with the City of Parma
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	3949	City of Parma	1/1/24- 12/31/24	\$14,400.00	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. Community Diversion Services
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): <p>A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>B. 80% of YOUTH referred will be engaged in and complete services with no new charges.</p>

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 Parma	Owner, executive director, other (specify): Sherry Purge (Programmatic Contact)
5555 Powers Boulevard, Parma, Ohio 44129	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Parma

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. 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, 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 checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related Yes No. If yes, complete section below:

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? No 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.
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: 11/09/2023

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	2054	City of Parma	1/1/22-12/31/23	\$22,400.00	12/13/21	BC2021-727

Title | CCJC CY24 Community Diversion Program contract with the City of Solon

Department or Agency Name | Juvenile Court

Requested Action
 Contract Agreement Lease Amendment Revenue Generating
 Purchase Order
 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	3981	City of Solon	1/1/24-12/31/24	\$6,900.00	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. Community Diversion Services
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): D. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. E. 80% of YOUTH referred will be engaged in and complete services with no new charges. F. 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. <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: City of Solon	Owner, executive director, other (specify): Laura Watterson (Programmatic Contact)
33000 Solon Road, Solon, Ohio 44139	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Solon

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:
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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. HHS Levy
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:	11/27/2023
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	2156	City of Solon	1/1/22- 12/31/23	\$12,400.00	01/19/2022	BC2022-34

BC2023-802

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):

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)	3936	The - Musketeer Association LLC	7/1/2023- 6/30/2024	\$45,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor shall engage youth in community service with restorative justice approach in building empathy and accountability for their actions for a term starting July 1, 2023, until June 30, 2024, in the amount not to exceed \$45,000.00.

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): Engage youth in empathy building skills activities to participate in the creation of flowerpots, outreach to community members, and participate in community gatherings and workshops.

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: The Musketeer Association, LLC. 1765 Crawford Rd. Cleveland, Ohio 44106	Owner, executive director, other (specify): Rukiye Z. Abdul-Mutakallim, 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 # <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. <i>RFP Exemption County Code 501.12 (D), 100% Funded through RECLAIM grant.</i> *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% RECLAIM grant.
Is funding for this included in the approved budget? <input 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):	4/10/2023
Date documents were requested from vendor:	9/6/2023
Date of insurance approval from risk manager:	9/28/2023
Date Department of Law approved Contract:	9/28/2023
Date item was entered and released in Infor:	11/18/2023
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? No Yes (if yes, please explain)

HISTORY (see instructions):

n/a

BC2023-803

Title	VILLAGE OF HIGHLAND HILLS PRISONER BOARD & CARE AMENDMENT
Department or Agency Name	SHERIFF'S
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	AG2000218	VILLAGE OF HIGHLAND HILLS	1/1/2020 – 12/31/2020	REVENUE GENERATING estimated amount \$20,000.00 Per diem \$105.26	3/16/2020	BC2020-183
1	129	VILLAGE OF HIGHLAND HILLS	1/1/21- 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-674
2	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/22	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/8/21	BC2021-640
3	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/23	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/14/22	BC2022-695
4	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/24	REVENUE GENERATING estimated amount	CURRENT ITEM	

				\$10,000.00 Per diem \$173.00		
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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 primary goals of the project are jail regionalization

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):
Village of Highland Hills 3700 Northfield Rd Highland Hills, Ohio 44122	Rubin Moultrie, Finance Director
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. This is a revenue generating agreement with a local municipality and could not be competitively bid out. *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 type="checkbox"/> Contract Amendment (list original procurement)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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. Revenue Generating (\$10,000)
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating
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):	8/29/23
Date documents were requested from vendor:	9/13/23
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	10/19/23 & 9/11/23
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: n/a	
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 chart above

Title	VILLAGE OF WOODMERE PRISONER BOARD & CARE AMENDMENT
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	AG2000220		1/1/20020 – 12/31/2020	REVENUE GENERATING Estimated revenue \$5,000.00 Per diem \$105.26	3/16/2020	BC2020-129
1	131	Village of Woodmere	1/1/21- 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/2020	BC2020-676
2	131	Village of Woodmere	ENDING 12/31/22	REVENUE GENERATING Estimated revenue \$3,000.00 Per diem \$122.12	11/8/21	BC2021-640
3	131	Village of Woodmere	ENDING 12/31/23	REVENUE GENERATING Estimated revenue \$3,000.00	11/14/22	BC2022-695
4	131	Village of Woodmere	ENDING 12/31/25	REVENUE GENERATING Estimated revenue \$5,000.00 Per diem \$173.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase.	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?	
Project Goals, Outcomes or Purpose (list 3): The primary goals of the project are jail regionalization	
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):

Village of Woodmere 27899 Chagrin Blvd Woodmere, Ohio 44122	John Patterson, Lieutenant
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 a revenue generating agreement with a local municipality and could not be competitively bid out. *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 type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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. Revenue Generating (\$5,000)
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating
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 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):	8/29/23
Date documents were requested from vendor:	9/13/23
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	10/19/23 & 9/11/23
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: n/a	
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 chart above

Title	CITY OF RICHMOND HTS PRISONER BOARD & CARE AMENDMENT
Department or Agency Name	SHERIFF'S
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	AG2000217	City of Richmond Heights	1/1/2020 – 12/31/2020	REVENUE GENERATING estimated revenue \$60,000.00 Per diem \$105.26	3/16/2020	BC2020-127
1	132	City of Richmond Heights	1/1/21- 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-674
2	132	City of Richmond Heights	ENDING 12/31/22	REVENUE GENERATING estimated revenue \$30,000.00	11/8/21	BC2021-640
3	132	City of Richmond Heights	ENDING 12/31/23	REVENUE GENERATING estimated revenue \$30,000.00	11/14/22	BC2022-695

4	132	City of Richmond Heights	ENDING 12/31/25	REVENUE GENERATING estimated revenue \$35,000.00 per diem \$173.00	CURRENT ITEM	
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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 primary goals of the project are jail regionalization

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):
City of Richmond Hts 26789 Highland Rd Richmond Hts, Ohio 44143	Tom Wetzel, Lieutenant
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. This is a revenue generating agreement with a local municipality and could not be competitively bid out. *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 ().
	<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 type="checkbox"/> Contract Amendment (list original procurement)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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. Revenue Generating (\$35,000)	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating	
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):	8/29/23
Date documents were requested from vendor:	9/13/23
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	10/19/23 & 9/11/23
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: n/a	
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 chart above

Title	CLEVELAND METROPOLITAN PARK DISTRICT PRISONER BOARD & CARE AMENDMENT	
Department or Agency Name	SHERIFF'S	

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):
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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.
O	AG1900213	Board of Park Commissioners of The Cleveland Metropolitan Park District	1/1/2020 – 12/31/2020	REVENUE GENERATING Estimated revenue \$3,000.00 Per diem \$105.26	3/16/2020	BC2020-130
1	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	Ending 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-676
2	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/22	REVENUE GENERATING Estimated revenue \$35,000.00	11/8/21	BC2021-640
3	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/23	REVENUE GENERATING Estimated revenue \$30,000.00	11/14/22	BC2022-695
4	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/25	REVENUE GENERATING estimated revenue \$25,000.00 Per diem \$173.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goals of the project are jail regionalization

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):
Cleveland Metropolitan Park District 4101 Fulton Parkway Cleveland, Ohio 44144	Ken D. Schabitzer, Captain
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 a revenue generating agreement with a local municipality and could not be competitively bid out. *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 type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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.
Revenue Generating (\$25,000)

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

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): 8/29/23

Date documents were requested from vendor: 9/13/23

Date of insurance approval from risk manager: 8/29/23

Date Department of Law approved Contract: 10/19/23 & 9/11/23

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: n/a

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

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

HISTORY (see instructions): see chart above

Title	CITY OF EUCLID PRISONER BOARD & CARE AMENDMENT
Department or Agency Name	SHERIFF'S CORRECTIONS DEPARTMENT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2000364	City of Euclid	2/1/2020-12/31/2020	REVENUE GENERATING	5/26/2020	BC2020-296
A-1	86	CITY OF EUCLID	Ending 12/31/21	REVENUE GENERATING change rate from \$105.26 to \$122.12	12/21/20	BC2020-675
A-2	86	CITY OF EUCLID	ENDING 12/31/22	REVENUE GENERATING for additional revenue in the estimated	10/25/21	BC2021-607

				amount of \$275,000.00		
A-3	86	CITY OF EUCLID	ENDING 12/31/23	REVENUE GENERATING estimated amount \$300,000.00	11/14/22	BC2022-695
A-4	86	CITY OF EUCLID	ENDING 12/31/24	REVENUE GENERATING estimated amount \$460,000.00 Per diem \$173.00	CURRENT ITEM	

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 primary goals of the project are jail regionalization

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):
City of Euclid 585 East 222 nd St Euclid, Ohio 44123	Kelley A. Sweeney, Law Director, City of Euclid
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 a revenue generating agreement with a local municipality and could not be competitively bid out. *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	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

() 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>	
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 checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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. Revenue Generating (\$460,000)	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating	
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):	8/29/23
Date documents were requested from vendor:	9/13/23
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	10/19/23 & 9/11/23
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: n/a	
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 chart above

Title	VILLAGE OF BATENAHL PRISONER BOARD & CARE AMENDMENT	
Department or Agency Name	SHERIFF'S	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	119	BRATENAHL	1/1/21- 12/31/21	REVENUE GENERATING	12/21/20	BC2020-673
1			12/31/22		11/8/21	BC2021-640
2			12/31/23		11/14/22	BC2022-695
3			12/31/24		CURRENT ITEM	

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goals of the project are jail regionalization
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Bratenahl Police Dept. 411 Bratenahl Rd. Bratenahl, Ohio 44108	Charles LoBella, Chief
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 a revenue generating agreement with a local municipality and could not be competitively bid out. *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 type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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.	
Revenue Generating (\$10,000)	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating	
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):	8/29/23
Date documents were requested from vendor:	9/13/23
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	10/19/23 & 9/11/23
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: n/a	
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)	

Number of Solicitations (sent/received) 45 on planholder list /4	<input type="checkbox"/> State Contract, list STS number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by department of Purchasing. # of additional responses received from posting ()
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <i>If not, please explain: lower bids were evaluated as non-compliant to solicitation specification. One was not "rugged" for field use, the other was not "non-contact", requiring handing of chemical substances</i>	<input type="checkbox"/> Government Purchase
How did pricing compare among bids received? \$32k - \$67,600	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA)
	<input type="checkbox"/> Contract Amendment <i>(list original procurement)</i>
	Other Procurement Method, please describe:

TECHNOLOGY ITEMS: Complete, if the request is for the purchase of software or technical equipment		
<input type="checkbox"/> Check if item on IT Standard List of approved purchase. If item is not on IT Standard List answer:		
State date of TAC approval:	Is the item ERP approved?	
Are services covered under original ERP Budget or Project?		
Are the purchases compatible with the new ERP system?		

FUNDING SOURCE(S): <i>(No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source</i> FY2021 State Homeland Security Grant (100%)
Is this approved in the biennial budget?
Payment Schedule: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

PROJECT STATUS: Provide status of project and if late, include timeline for lateness.
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase
If late, have services begun or payments made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain):

HISTORY: Provide prior approval numbers and date of approval, unless submitting a contract amendment and the details were provided on page 1.
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BC2023-805

Title	Division of Children & Family Services – 2024-2025 Cuyahoga County Juvenile Court Contract for Diagnostic Services		
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	3938	Juvenile Court	1/1/24-12/31/25	\$44,000.00	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. Division of Children & Family Services wants to contact with Juvenile Court for Diagnostic Services
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): Cuyahoga County Juvenile Court will provide evaluation services and make recommendations for community based services, psychological evaluations for the Division of Children & Family Services Effectively determining the ability of caregivers to provide appropriate care to their children
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:	Owner, executive director, other (specify):
Cuyahoga County Juvenile Court 9300 Quincy Avenue Cleveland, OH 44106	Thomas F. O'Malley Administrative Judge
Vendor Council District: 07	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 inter-agency 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 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 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 Funds
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 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):	Project is an extension of an existing project Project to begin 1/1/2024
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):						
1/1/22-12/31/23 for \$44,000.00 approval BC2022-380						
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	2399	Juvenile Court	1/1/2022 – 12/31/2023	\$44,000.00	6/21/2022	BC2022-380

BC2023-806

Title	Family and Children First Council/ Values in Action, dba Project Love/Contract for 1/1/2024 to 12/31/25 RQ# The purpose of the contract is to provide Workforce Training Services for youth in Cuyahoga County.
Department or Agency Name	Family and Children First Council
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	3986	Values-In-Action Foundation	1/1/2024 – 12/31/2025	\$140,000.00	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 Values In Action, dba Project Love in the amount of or not-to-exceed \$140,000.00 for the period 01/01/2024-12/31/2025.
 This is an Original Contract as the allowed amendments has been reached.
 -The not to exceed amount by One Hundred Forty Thousand Dollars (\$140,000.00) 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):

- Providing a 16- week facilitated workforce development curriculum.
- Providing soft skills training.
- Providing job/internship interviews.

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):
Values in Action, dba Project Love	Stuart Muszynski
Vendor Council District: 6	Project Council District: 9, 11, 8, 3
If applicable provide the full address or list the municipality(ies) impacted by the project.	Bedford High School Charles F. Brush High School John F. Kennedy John Marshall High School

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> (Provide RQ# for formals, informal as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process. This contract is a County Council sponsored contract *See Justification for additional information.

<input type="checkbox"/> Formal Closing Date:	
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 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):	8/15/23
Date documents were requested from vendor:	8/30/23, 9/25/23, 10/2/23
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	

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

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O		Values In- Action Foundation	8/7/2018 - 12/31/2019	\$70,000.00	8/6/2018	BC2018-522
A-1	CE1800232	Values In- Action Foundation	3/7/2018 – 12/31/2019 Ext. 12/31/2021	\$105,000.00	6/22/2020	BC2020-355
A-2	498	Values In- Action Foundation	12/31/2023	\$50,000.00	4/11/2022	BC2022-223
A-3	498	Values In- Action Foundation	12/31/2023	\$50,000.00		BC2022-677

BC2023-807

Title	HHS: Office of Homeless Services Purchase Order for Radical Hospitality for Winter Weather Project
Department or Agency Name	Office of Homeless 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	23005152	Radical Hospitality	12.1.2023	5.30.2024	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. During the Winter months Radical Hospitality will reach out to homeless individuals and provide them access to seasonal Shelter.
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. Provide seasonal shelter to homeless individuals during the 2023/2024 winter months.
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):
Radical Hospitality 3406 Clinton Ave Cleveland, OH 44113	Paul Sherlock
Vendor Council District: 7	Project Council District: 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. See Justification Form attached *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 type="checkbox"/> Check if item on IT Standard List of approved purchase. N/A	If item is not on IT Standard List state date of TAC approval: N/A
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
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 type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: just recently received to process this purchase order. The vendor had to get registered in the supplier portal and with the inspector general	
Timeline: Project/Procurement Start Date (date your team started working on this item):	<i>11.17.2023 Received request to process payment</i>
Date documents were requested from vendor:	<i>11.17.2023</i>
Date of insurance approval from risk manager:	<i>N/A</i>
Date Department of Law approved Contract:	<i>N/A</i>
Date item was entered and released in Infor:	<i>11.27.2023</i>
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: had to get the vendor to register in supplier portal and with Inspector General	
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):

BC2023-808

Title	HHS: Office of Homeless Services Purchase Order for The Metanoia Project for Winter Weather Project
Department or Agency Name	Office of Homeless 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	23005163	The Metanoia Project	12.1.2023	5.30.2024	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. During the Winter months The Metanoia Project will reach out to homeless individuals and provide them access to seasonal Shelter.

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): 2. Provide seasonal shelter to homeless individuals during the 2023/2024 winter months.	
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):
The Metanoia Project PO Box 770792 Lakewood, OH 44107	Kait McNeely
Vendor Council District: 2	Project Council District: 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. See Justification Form attached *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 type="checkbox"/> Check if item on IT Standard List of approved purchase. N/A	If item is not on IT Standard List state date of TAC approval: N/A
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? 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.
 Health and Human Services Levy

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: just recently received to process this purchase order. The vendor had to get registered in the supplier portal and with the inspector general

Timeline: Project/Procurement Start Date (date your team started working on this item):	11.17.2023 Received request to process payment
Date documents were requested from vendor:	11.17.2023
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Date item was entered and released in Infor:	11.27.2023

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: had to get the vendor to register in supplier portal and with Inspector General

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

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

HISTORY (see instructions):

BC2023-809

Title	Department of Health and Human Services, Office of Reentry; RQ#5806 2023 Oriana House Inc; Amendment 2 Neighborhood Reentry Resource Center and Adult Transition Model
Department or Agency Name	Department of Health and Human Services, Office of Reentry
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	1983	Oriana House	7/1/2021-12/31/2024	\$2,100,000.00	12/7/2021	R2021-0280

A-1	3054	Oriana House	12/19/2022-12/31/2024	\$475,000.00	12/19/2022	BC2022-798/51876452
A-2	3054	Oriana House	Upon signature-12/31/2024	\$100,000.00	Pending	Pending

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

Oriana House, Inc has operated North Star Neighborhood Reentry Resources Center since 2010. North Star’s mission is to provide services in a safe, supportive environment for clients and their families to successfully navigate the barriers faced when returning to their communities. Cuyahoga County.
 Amendment to add the Direct Cash Transfer project through 12/31/2024 in the amount of \$100,000.00.

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):

- a. Oriana House in collaboration will utilize the Direct Cash Transfer (DCT) funds to assist those formerly incarcerated individuals secure housing.
- b. Pay down delinquent utility bills such as water, sewer, gas and electric.
- c. Assist in reducing recidivism as it relates to individuals obtaining new criminal convictions and violating court sanctions associated with the lack of safe living environments.

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):
Oriana House, Inc. 1834 E. 55 th St. Cleveland, OH 44103	James Lawrence, CEO and President
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. Amendment *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>) RFP
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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 type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): up front payment/ one time payment	

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? No Yes (if yes, please explain)

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

HISTORY (see instructions):
 Original - \$,2,100,000.00 – 7/1/2021 - 12/31/2024 - R2021-0280
 Amendment 1- \$475, 000.00 –12/19/2022 -12/31/2024 – BC2022 – 798/51876452

BC2023-810

Title	1 st Amendment with NEOCH; Office of Reentry; 12/1/2023 – 4/30/2023; site emergency seasonal shelter; \$99,900.00 in funding
Department or Agency Name	Office of Reentry
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	3193	NEOCH	3/1/2023 – 12/31/2023	150,000.00	3/20/2023	BC2023-169
A-1	3193	NEOCH	12/1/2023 – 4/30/2024	\$99,900.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. NEOCH's Seasonal Shelter locations will provide safe and supportive accommodations for men and women. Services will also include:

- Linkage to pantries and meal boxes.
- Housing search and linkage to care onsite or through partnering service providers.
- Laundry, bathroom facilities, telephone, mail distribution; storage or linkage/transportation.
- NEOCH will contract with Denison United Church of Christ to provide seasonal shelter.

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. Provide basic scattered site emergency seasonal shelter with respect and compassion for persons in Cuyahoga County that are experiencing unsheltered homelessness and cannot be served at larger shelters
2. Provide linkage to supportive service and housing resources to persons staying in seasonal shelter and working to ensure that those leaving shelter are provided resources to develop a permanent housing plan.

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: Northeast Ohio Coalition for the Homeless (NEOCH) 3631 Perkins Ave Suite #3A-3, Cleveland, OH 44114	Owner, executive director, other (specify): Chris Knestrick
Vendor Council District: County Wide	Project Council District: County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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 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 GRNT</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% - HHS 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 type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): One time up front payment

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:		
Timeline:		
Project/Procurement Start Date (date your team started working on this item):	11/17/2023	
Date documents were requested from vendor:	11/17/2023	
Date of insurance approval from risk manager:	N/A	
Date Department of Law approved Contract:	11.30.2023	
Date item was entered and released in Infor:	11.30.2023	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: waiting on vendor to provide a scope of services		
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

BC2023-811

Title	Ohio Department of Rehabilitation and Correction Grant Agreement with the Office of Reentry
Department or Agency Name	Cuyahoga County Office of Reentry
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)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM3982	ODRC	Signature date -12/31/2024	\$200,000.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. The purpose of this grant to is provide various reentry support to incarcerated adults returning to, or those who have returned to, Cuyahoga County during and/or following a period of incarceration within the Ohio Department of Rehabilitation and Correction (ODRC).
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): Support categories include <ul style="list-style-type: none"> • housing • workforce development and equipment • assessments/treatments • transportation

<ul style="list-style-type: none"> • financial assistance • legal fees and documentation • technology need • programming.
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):
Ohio Department of Rehabilitation and Correction 4545 Fisher Rd Ste D Columbus Ohio, 43228	Ronette (Roni) Burkes, Deputy Director
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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. Grant Agreement *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 - 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 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):

C. – Exemptions

BC2023-812

Cuyahoga Juvenile Court; Food Bids

Scope of Work Summary

The Juvenile Court is requesting the alternate procurement method be continued for the period of 01/01/2024-12/31/2025 in the amount not-to-exceed \$1,800,000.00.

Prior Board Approval Number or Resolution Number: BC2020-49 and BC2021-514

The anticipated start-completion dates are 01/01/2024-12/31/2026.

The primary goal is to ensure food is obtained for the Juvenile Detention residents. Due to the current market conditions we are currently awarding bids on a weekly and monthly basis.

Contractor and Project Information:

Sysco
4747 Grayton Rd
Cleveland OH 44135

Gordon Food Service
7575 Granger Road
Cleveland OH 44125

Sanson
3716 Croton Ave
Cleveland OH 44115

Schwebel
5345 Canal Road
Valley View OH 44125

Borden
3068 W 106th St
Cleveland OH 44111

Funding
100% General Fund. The schedule of payments is by invoice.

BC2023-813

Title	2024 Law Enforcement K9 Veterinary Services		
Department or Agency Name	Sheriff		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
		The Family Pet Clinic	1/1/2024 - 12/31/2024	\$10,000.00	Pending	Pending
		Metropolitan Vet Clinic		\$6,000.00		
		Provider to be determined for emergency services at		\$4,000.00		

		nearest vet clinic				
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 2024 Not-to-Exceed Purchase order for Law Enforcement K9 Veterinary 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):
 The Cuyahoga County Sheriff's Department (CCSD) is requesting an alternate procurement approval resulting in separate not-to-exceed (NTE) purchase orders (POs) to multiple vendors from January 1, 2024 through December 31, 2024. The NTE awards will be to multiple vendors for offsite veterinary services provided to CCSD law enforcement K9s that will not exceed a total of \$20,000.00. The offsite veterinary services are for 1) routine visits or 2) emergency services.

Such services have typically been paid for through discretionary accounts. Annual amounts for each of the vendors listed below typically exceed the \$1,000.00 threshold. The alternative procurement would allow for timely payments to be made for off-site veterinary services to the approved vendors and for the CCSD to remain compliant with Accounts Payable policies and procedures.

The amount of \$20,000.00 was established from research completed on past invoices and services provided in 2023. The alternate procurement approval would allow for POs to be established and approved for various vendors for offsite veterinary services provided to the CCSD's law enforcement K9s and for emergency K9 medical services should the need arise. These individual POs to each vendor would be deducted from the approved amount of \$20,000.00 and processed in Infor Lawson, providing the necessary procurement documentation, although would not require additional Board of Control approval for each individual PO.

This Alternate Procurement grants approval to the CCSD to:

- 1 Create annual NTE POs for approved providers that are historically used on an annual basis.
- 2 Maintain a spreadsheet to track the PO/invoice amounts to ensure the amount spent/encumbered does not exceed \$20,000.00.
- 3 Create POs for emergency veterinary services for providers when there is a life threatening injury.
- 4 Process all POs for approved veterinary providers with no additional Board of Control approval.
- 5 Follow County Accounts Payable procedures for paying all veterinary invoices.
- 6 Amend the Alternate Procurement if the total amount requires an increase or a new provider is added.

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):
The Family Pet Clinic 5151 Turney Rd. Garfield Hts. OH 44124	Philip Lator, VP of Operations
Metropolitan Veterinary Management, LLC 734 Alpha Dr. Highland Heights, OH 44143	Starr Balash, General Manager
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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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 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 checked="" 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 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% Federal Equitable Sharing Account	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input 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 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):
BC2022-766 alternative procurement process for routine veterinary services for the K-9 Unit 1/1/2023 – 12/31/2023 \$20,000.00

D. - Consent Agenda

BC2023-814

Title	DLR Group Westlake Reed Leskosky for Contract CM 832 - 4th Amendment for Programming Services for the Justice Center Complex Project, RQ#44486, \$0, time extension ONLY	
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	CE1900185-conv	DLR Group, Inc. dba DLR Westlake Reed Leskosky	4/24/2019-12/31/2021	\$1,400,000.00	4/23/2019	R2019-0095
A-1	CE1900185	DLR Group, Inc. dba DLR/ Westlake Reed Leskosky	12/31/2021	\$146,900.00	9/30/2019	BC2019-713
A-2	CE1900185	DLR Group, Inc. dba DLR/ Westlake Reed Leskosky	12/31/2021	\$496,875.00	4/27/2020	BC2020-228
A-3	832	DLR Group, Inc. dba DLR/ Westlake Reed Leskosky	12/31/2023	\$343,880.00	9/6/2022	BC2022-508
Amended BC2022-508				Changed \$343,880.00 to \$382,280.00	9/12/2022	BC2022-539
A#4	832	DLR Group/ Westlake Reed Leskosky	1/1/2024-12/31/2024	\$0	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. Department of Public Works is requesting to submit and award a 4th contract amendment for a time extension only through December 31, 2024, for additional Programming Services for the Justice Center Complex Project. The <u>original dates</u> for this Agreement are April 24, 2019 to December 31, 2023.	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____	
Project Goals, Outcomes or Purpose (list 3): The primary goal of these services will assist the County and the Justice Center Executive Steering Committee to develop facility space criteria and opportunities and provide space programming options for consideration, including options for renovation of existing space, new construction of replacement space or a hybrid of renovation and new construction.	
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
DLR Group Inc., an Ohio Corporation dba DLR Group Westlake Reed Leskosky 1422 Euclid Avenue, Suite 300 Cleveland, Ohio 44115	Matthew Janiak – Senior Principal
Vendor Council District: 7	Project Council District: 7
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 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>RQ #44486 (\$1,400,000- original contract value)</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 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. funded by General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services – <u>no additional funds- Time only</u>	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): NA	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

HISTORY (see instructions): see chart at top

BC2023-815

Title	Project Management Consultants, LLC 5 th Amendment for Owner’s Representative Services for the Justice Center Complex Project		
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/	Approval No.
				\$0		

A#5	3995	Project Management Consultants LLC	1/1/2024-12/31/2024		Council's Journal Date pending	pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The primary goal of these services is to assist the County and justice system stakeholders to review facility requirements and opportunities, inform decision-making, and facilitate project delivery as determined by the County.

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

1. Project Goals, Outcomes or Purpose (list 3):
 Department of Public Works is requesting a 5th amendment for the Owner's Representative Services for the Justice Center Complex Project contract with Project Management Consultants, LLC to extend the time period (currently 1/9/2019 to 12/31/2023) to December 31, 2024 to continue services regarding the Justice Center Complex.

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):
Project Management Consultants, LLC 3900 Key Center 127 Public Square Cleveland, Ohio 44114	Jeff Appelbaum- Managing Director
Vendor Council District: 6	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	Justice Center Complex

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 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>Original RQ 40411 @ \$800,000</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 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. This design contract is funded by the General Fund PW600125-55200-CFCCC0000201 – but this 5 th Amendment is for \$0
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): NA
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. Time extension only being requested	
<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):				
CE190002-01 – then CM 871- now CM 3995 (copied contract)				
\$800,000		1/9/2019-1/8/2021	1/8/2019	R2018-0007
	\$0	1/8/2022	2/9/2021	BC2021-53
	\$1,270,000	12/31/2022	6/8/2021	R2021-136
	\$400,000	7/1/2023	9/6/2022	BC2022-509
	\$0	12/31/2023	7/24/2023	BC2023-468

	\$0	12/31/2024	TBD	TBD
	\$1,670,000			
	\$2,470,000			

BC2023-816

Department of Purchasing requesting approval of surplus property to be sold via GovDeals (Cuyahoga County surplus equipment)

Scope of Work Summary

Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E) via GovDeals Inc. The anticipated start-completion dates will be fifteen days after BOC approval.

The primary goal of the project is to sell said property via internet auction, to the highest bidder through GovDeals. The auction surplus list (Exhibit "A") is attached.

The project is mandated by the Ohio Revised Code, Section 307.12(E).

Procurement

There is no procurement method for this project. This is a revenue generating project.

The items listed below will be sold to the highest bidder; 12.5% of the total purchase price will be paid to GovDeals as a Buyer Premium by the Buyer and the department will realize 100% profit of the item sold, in accordance with the GovDeals contract:

<u>Item</u>	<u>Item Description</u>
Snow plow	8' 6" in length; Needs Repair
Mower engine	1995 Metal 36" Kawaski FC420V engine, 14HP; Manufactured by Exmark Viking, Model V36-14K-H; Red in color; Operable but in need of repair – carb cleaning
Mower	10' Bush Hog metal mower, used to knock down vegetation and weeds; Manufactured by Bush Hog, Model 2510, Serial Number 12-02254; Red in color; Needs repair – missing parts
Bat wing	2003; Manufactured by Woods Bat Wing, Model BW-180, Serial Number 922053; Not operable – needs repair – missing various pieces and parts
Turf roller	6' 48" in length; Yellow in color; Needs repair – has cracks and needs welding

Project Status and Planning

The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.

The project planning has four (4) phases. Request Executive's approval to list the item on GovDeals; List & Sell to the highest bidder nationwide; Collect payment from GovDeals and transfer asset to Buyer upon confirmation of payment; Deposit the funds into the appropriate County agency fund.

Funding

There is no cost for this process. The project is a revenue generating project.

BC2023-817

(See related items for proposed travel/memberships for the week of 12/11/2023 in Section D above).

BC2023-818

(See related items for proposed purchases for the week of 12/11/2023 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works; 2023 Cleveland Foundation \$50,000 Grant; Authority to Accept Grant Award

Scope of Work Summary

Department of Public Works requests approval to accept a \$50,000 grant from The Cleveland Foundation for the Rediscover Veterans Memorial Bridge project.

Rediscover Veterans Memorial Bridge is a Cuyahoga County led initiative to reopen the historic streetcar level of the Detroit Superior Bridge as a year-round “park in the sky”. Today, the former streetcar thoroughway is a 3,112-foot empty walkway. Creating permanent public access on the lower level of the bridge would be an adaptive reuse of the underutilized, existing infrastructure. It will promote healthy, safe mobility while also creating a new regional destination for sightseeing and recreation between Downtown Cleveland and nearby neighborhoods.

The primary goal of this request is approval to accept the grant offered by The Cleveland Foundation. The primary goals of this grant are to fund a series of public events on the lower level of the Veterans Memorial Bridge, for those public events to engage the community and spur civic interest in the space, and to assist with the County’s feasibility study related to creating permanent public access to the lower level of the bridge.

The grantor is:

The Cleveland Foundation
6601 Euclid Avenue
Cleveland, Ohio 44103

Project location will be on the lower level of the Veterans Memorial Bridge. Project activities is located in Council District 7.

Project Status

This grant is new to the County.

Funding

The grant has been paid to the County by The Cleveland Foundation.

Item No. 2

Sheriff's Department; RQ# N/A, 2023, Senator Brown's Congressionally Directed Spending (CDS) Request for FY 2023 (Human Trafficking)

Scope of Work Summary

Sheriff's Department requesting approval to enter an agreement with Ohio University as a Subrecipient of the Senator Brown's Congressionally Direct Spending (CDS) Request for FY 2023 (Human Trafficking) in the amount of \$75,600.00.

The funding will support the partnership of the Department of Industrial and Systems Engineering at Ohio University, the Cuyahoga Regional Human Trafficking Task Force, and the Traffik Analysis Hub in the design of a Decision Support System (DSS) that police can utilize in the planning and deployment of anti-human trafficking operations. The project period is from 07/01/2023 to 09/30/2024.

Consent Approval CON2023-94 approved September 11, 2023. Amend for time 6/30/2024 to 9/30/2024 and request for signature on Cost Reimbursement Subaward Letter.

Procurement

Procurement of equipment, subscriptions, travel, training and supplies will comply with Cuyahoga County procurement policies and procedures.

Project Status and Planning

This is a new project for the Sheriff's Department.

Funding

The project is 100% funded by the Senator Brown's Congressionally Directed Spending (CDS) Request for FY 2023 (Human Trafficking). No General Fund Match is required.

Item No. 3

Public Safety & Justice Services; 2023; Acceptance and Approval of FY2022 State Homeland Security Grant Program (Grant Award)

Scope of Work Summary

Public Safety & Justice Services is requesting acceptance and approval of a grant award with Ohio Emergency Management Agency (OEMA) for the anticipated amount of \$83,800.00.

The anticipated start-completion dates are (09/01/2023 – 12/31/2025). Ohio EMA made the award to Cuyahoga County to support the County applications for the Northeast Ohio Regional Fusion Center (NEORFC) Sustainment.

The primary goals of the project are to provide funds to build response capabilities at the state and local level though planning, equipment, training and exercise activities, and to implement the goals and objectives included in the State Investment Justification and State Homeland Security Strategy.

Procurement

This is a grant Notice of Award. Applications will be submitted for projects. The awarding agency Ohio Emergency Management Agency - OEMA makes final decision on qualified projects, as all project at the county/regional level must line up with the SHSP application submitted by Ohio EMA approved by FEMA.

Contractor and Project Information

Ohio Emergency Management Agency

2855 W. Dublin-Granville Road

Columbus, Ohio 43235

The Executive Director of Ohio EMA is Sima Merick.

Project Status and Planning

The grant award reoccurs annually based on federal prioritization and funding by the Executive Branch. The FY203 State Homeland Security Grant Program is a competitive grant by OEMA, which awarded Cuyahoga County funding for one of two (2) projects submitted.

The project is on a critical action path because the grant award document must be returned signed to OEMA by January 10, 2024.

The project's term began on 9.1.2023. The timeline for the grant award is 9.1.2023 – 12.31.2025. This submission is late due to Ohio EMA providing the County with the Notice of Award on 11.9.2023. By federal law pertaining to Homeland Security grants, Ohio EMA has a window of time from the beginning of the performance period to make the award to sub-awardees.

Funding

The project is funded 100% by the Grant

Item No. 4

Public Safety & Justice Services; 2023; Acceptance and Approval of FY2023 Urban Area Security Initiative (UASI) Grant Program (Grant Award)

Scope of Work Summary

Public Safety & Justice Services is requesting acceptance and approval of FY2023 Urban Area Security Initiative (UASI) grant award with Ohio Emergency Management Agency (OEMA) for the anticipated amount of \$1,645,333.00.

The anticipated start-completion dates are (09/01/2023 – 12/31/2025). Federal Emergency Management Agency (FEMA) awarded the Cleveland UASI region this award based on various factors related to risk of terrorist events. Cuyahoga County is the fiscal agent for this award, as has been in this role since 2003.

The primary goals of the project are to provide funds to build response capabilities at the state and local level though planning, equipment, training and exercise activities, and to address gap and sustainment needs based on Threat and Hazard Identification Risk Assessment (THIRA) and Stakeholder Preparedness Reports (SPR) which must be completed every three years and annually, respectively.

Procurement

This is a grant Notice of Award. The awarding agency Ohio Emergency Management Agency is the pass-thru agency for FEMA for the UASI grant project. Cuyahoga County will be reimbursed by Ohio EMA for allowable purchases.

Contractor and Project Information

Ohio Emergency Management Agency
2855 W. Dublin-Granville Road
Columbus, Ohio 43235

The Executive Director of Ohio EMA is Sima Merick.

Project Status and Planning

The grant award reoccurs annually based on federal prioritization and funding by the Executive Branch. The UASI grant program is awarded to regions based on risk assessment scores and prioritization by FEMA.

The project is on a critical action path because the grant award document must be returned signed to OEMA by January 10, 2024.

The project's term has already begun. The grant performance period began 9/1/2023. Ohio EMA presented PSJS with the NOA on 11/9/2023.

Funding

The project is funded 100% by the FY2023 Urban Area Security Initiative (UASI) Grant Program

Item No. 5

Public Safety and Justice Services, 2023, submitting a request to accept an award from the Ohio Department of Youth Services for the Title II Formula Grant, Subaward for Juvenile Justice and Delinquency Prevention Administrative Award to Cuyahoga County for the period of October 1, 2023, to December 31, 2024, in the amount not-to-exceed \$10,000.00.

Scope of Work Summary

Public Safety and Justice Services is requesting approval to accept and award for the Title II Formula Grant, Subaward for Juvenile Justice and Delinquency Prevention Administrative award to reduce racial and ethnic disparities and positive youth development, though the Ohio Department of Youth Services for the anticipated cost not-to-exceed \$10,000.00.

Funding for this grant was previously approved on March 28, 2022, by the Board of Control under consent item No. CON2022-79.

The funds awarded under this grant will be allocated to provide programmatic and fiscal oversight of the Juvenile Justice and Delinquency block funding. The anticipated start-completion dates are 10/01/2023-12/31/2024.

The primary goals of the grant are:

- To administer the block award funding that is allocated to subrecipients to provide direct services to minority youth.
- Submit quarterly fiscal reports to the State for reimbursement of encumbered County funds.

- Provide programmatic management and oversight to subrecipients of block funding to ensure grant policies and guidelines are adhered to.

Procurement

There is no procurement process for this funding as it is awarded to manage the block grant award.

Contractor and Project Information

The projects recommended for funding will provide services under Positive Youth Development (PYD) or Racial and Ethnic Disparities (RED) throughout Cuyahoga County. Oversight will occur for the four projects that were awarded funding through the JJDP block grant. The four projects recommended for funding this year are:

Golden Ciphers

Cleveland Rape Crisis Center

Shaker Heights Police Department

Project Status and Planning

Services for the project period will begin upon execution of the grant agreement between the Office Department of Youth Services (ODYS) and Cuyahoga County.

Funding

The project is funded 100% by the Ohio Department of Youth Services. The schedule of payments is quarterly.

Item No. 6

Public Safety and Justice Services, 2023, submitting a request to accept an award from the Ohio Department of Youth Services for the Title II Formula Grant, Subaward for Juvenile Justice and Delinquency Prevention Block Award to Cuyahoga County for the period of October 1, 2023, to June 30, 2025, in the amount not to exceed \$190,000,00.

Scope of Work Summary

Department of Public Safety and Justice Services, is requesting approval to accept an award in the amount not-to-exceed \$190,000.00 through the Ohio Department of Youth Services. The Title II Formula Grant for Juvenile Justice and Delinquency award funds youth diversion programming to assist at-risk minority youths in Cuyahoga County with mentoring, life skills, entrepreneurial and conflict management skills in order to decrease the likelihood of negative contact with law enforcement and/or entering into the juvenile justice system.

The funds awarded under this grant will be allocated to subrecipients who will provide direct services to minority youth by providing activities and events that will decrease the exposure to law enforcement and/or the juvenile justice system. The anticipated start-completion dates are 10/1/2023 – 6/30/2025.

The primary goal of the Title II Block Award is to allocate funding that provide services for Racial and Ethnic Disparities (RED) programs to reduce and/or prevent a disproportionate number of minority youths from being arrested or having contact in interpersonal relationships or Positive Youth Development (PYD) programs that assist delinquent and at-risk youth in obtaining a sense of safety and structure, belonging and membership, self-worth and social contribution, independence, and control over one's life, and closeness in interpersonal relationships. The projects were reviewed and recommended by the Juvenile

Justice Delinquency and Prevention Allocation Committee. This award will assist in processing the contracts entered with the subrecipients in an effort to mitigate potential interruption of the service delivery for these much-needed services.

Procurement

This block funding allocated by the State of Ohio from funding appropriated by the Department of Justice's Office of Juvenile Delinquency and Prevention through funding awarded to the Ohio Department of Youth Services. Cuyahoga County is one of only three regional planning units in Ohio to receive block funding. Funding allocated to the subrecipients was done through the release of an RFP that was posted on the Public Safety and Justice Services website from 8/3/2023 through 10/30/2023, and an email was sent to 128 service providers on a plan holders list. The Allocation Committee reviewed, scored the proposals, and met on 9/26/2023 to recommend funding.

Contractor and Project Information

There are multiple programs that will provide services throughout Cuyahoga County. Program details and information will be accompanied in the briefing memo for each contract during processing in contract manager.

Project Status and Planning

There are three programs that were recommended for funding by the JJDP Allocation Committee. All programs start and end dates are 10/1/23 through 3/31/25. The projects that were awarded funding are:

Golden Ciphers – SESA Rites of Passage Program (\$71,416.00)

Cleveland Rape Crisis Center – Positive Youth Development Prevention (\$72,745.50)

Shaker Heights Police Department – Advancing Youth through Restorative Justice Program (\$45,838.50)

Funding

The funds for this grant are provided under Title II Juvenile Justice and Delinquency Prevention Act. As the state agency authorized to administer Title II funding in Ohio, the Department of Youth Services hereby issues the award.

Item No. 7

OFFICE OF HOMELESS SERVICES – 2023 HOMELESS CRISIS RESPONSE PROGRAM– REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL

Requesting authority to submit a grant application to the State of Ohio's Homeless Crisis Response Program. This application is for State of Ohio Emergency Solutions Grant (ESG) funding in the amount of \$1,451,600.00 for rapid re-housing for homeless singles and families in Cuyahoga County for the period of 9/1/23 – 6/30/25.

Submitting grant agreement B-L-23-1DD-2 with the State of Ohio's Homeless Crisis Response Program in the amount of \$1,451,600.00 for rapid re-housing for homeless singles and families in Cuyahoga County for the period of 9/1/23 – 6/30/25. This grant was awarded through the PY2023 Homeless Crisis Response Program application.

Scope of Work Summary

This award maintains rapid re-housing for homeless singles and families in Cuyahoga County. EDEN, Inc. is identified as the subrecipient in the grant agreement and will provide the services.

The primary goals identified of HCRP are to:

- Prevent individuals and families from experiencing homelessness.
- Rapidly move persons from emergency shelter into permanent housing when homelessness does occur.
- Better meet national objectives and the needs of Ohio's homeless persons

Procurement

OHS was awarded funding through the PY2023 Homeless Crisis Response Program application.

Grantor information:

Ohio Department of Development
Office of Community Development
77 South High Street, P.O. Box 1001
Columbus, Ohio 43216-1001

Subrecipient information:

Emerald Development & Economic Network, (EDEN) Inc.
7812 Madison Ave.
Cleveland, OH 44102

Item No. 8

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 12/11/2023 in Section V above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT