



**Cuyahoga County Board of Control Agenda
Tuesday, January 2 , 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 12/18/2023

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-01

Department of Public Works, submitting an amendment to Contract No. 2176 with Innovation Landing LLC for lease of office space and parking spaces located at 1835/1849 Prospect Avenue, Cleveland, for use by Veterans Service Commission for the period 10/1/2009-9/30/2024 to extend the time period to 6/30/2025, to change the terms, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$315,000.00.

Funding Source: General Fund

BC2024-02

Department of Public Works, submitting an amendment to Contract No. 3108 with CATTs Construction, Inc. for resurfacing and rehabilitation of Coventry Road from Fairhill Road to Euclid Heights Boulevard, in the City of Cleveland Heights for additional funds in the amount not-to-exceed \$91,367.99.

Funding Source: \$5.00 Motor Vehicle License Tax Fund

BC2024-03

Department of Public Works, recommending an award on RQ7866 and enter into Contract No. 4051 with CTL Engineering, Inc. (77-4) in the amount not-to-exceed \$150,000.00 for geotechnical services for the Central Services Campus Project on a task order basis, effective upon signatures of all parties through project completion.

Funding Source: General Fund

BC2024-04

Department of Public Works, recommending an award on RQ7864 and enter into Contract No. 4052 with KS Associates, Inc. (82-2) in the amount not-to-exceed \$60,000.00 for survey services for the Central Services Campus Project on a task order basis, effective upon signatures of all parties through project completion.

Funding Source: General Fund

BC2024-05

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Entrust, Corporation in the amount not-to-exceed \$40,301.70 for the purchase of Entrust Managed SSL Enterprise Account Certificates to provide secure transmission of data on Cuyahoga County Web Servers for the period 10/28/2023 – 10/27/2024.
- b) Recommending an award on Purchase Order No. 23004484 to Entrust, Corporation in the amount not-to-exceed \$40,301.70 for the purchase of Entrust Managed SSL Enterprise Account Certificates to provide secure transmission of data on Cuyahoga County Web Servers for the period 10/28/2023 – 10/27/2024.

Funding Source: General Fund

BC2024-06

Department of Information Technology, submitting an amendment to Contract No. 1181 (fka Contract No. CE1900169) with SBC Global Services, Inc. dba AT&T Global Services on behalf of its Affiliates The Ohio Bell Telephone Company dba AT&T Ohio for Measured business line services for the period 1/1/2019 – 12/31/2023, to extend the time period to 12/31/2024, to change the terms, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$216,000.00.

Funding Source: General Fund

BC2024-07

Department of Information Technology, recommending an award on RQ12903 and enter into Contract No. 4029 with Interapt, LLC (25-1) in the amount not-to-exceed \$81,120.00. for a Network Engineer to augment staff with network administration, design and security in connection with the County's Wide Area and Local Area Networks, effective upon signatures of all parties for a period of one (1) year.

Funding Source: General Fund

BC2024-08

County Executive's Office, submitting a Grant Agreement with The Refugee Response (via Contract No. 4030) in the amount not-to-exceed \$150,000.00 to support the building of a new multipurpose farm market and farm stand facility in Ohio City to spur economic growth in Cuyahoga County effective upon contract signatures of all parties through 12/31/2026.

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

BC2024-09

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4014 (fka Contract Nos. 2975 and 1666) with Applewood Centers, Inc. for clinical case management services for the Coordinated Approach to Low-Risk Misdemeanors (CALM) Project for the period 7/1/2021 – 6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$389,781.00.

Funding Source: Reclaim Grant

BC2024-10

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4017 (fka Contract No. 1468 and 2967) with Applewood Centers, Inc. for Therapeutic Level IV Foster Care Respite services for Coordinated Approach to Low-Risk Misdemeanors Project for the period 6/1/2021 – 6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$62,458.80.

Funding Source: RECLAIM Grant

BC2024-11

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Serenity Health & Wellness Corporation in the amount not-to-exceed \$225,000.00 for positive youth development services for Court referred youth ages 15 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. 4008 with Serenity Health & Wellness Corporation in the amount not-to-exceed \$225,000.00 for positive youth development services for Court referred youth ages 15 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024.

Funding Source: RECLAIM grant.

BC2024-12

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Golden Ciphers in the amount not-to-exceed \$59,873.20 for positive youth development services for Court referred youth ages 12 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. 4010 with Golden Ciphers in the amount not-to-exceed \$59,873.20 for positive youth development services for Court referred youth ages 12 to 18 with high risk for recidivism for the period 7/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

BC2024-13

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bellefaire Jewish Children’s Bureau in the amount not-to-exceed \$250,715.00 for Co-occurring Integrated Treatment program services for youth ages 12 to 18 with co-occurring substance abuse and mental health diagnoses for the period 7/1/2023 – 6/30/2025.
- b) Recommending an award and enter into Contract No. 4019 Bellefaire Jewish Children’s Bureau in the amount not-to-exceed \$250,715.00 for Co-occurring Integrated Treatment program services for youth ages 12 to 18 with co-occurring substance abuse and mental health diagnoses for the period 7/1/2023 – 6/30/2025.

Funding Source: RECLAIM Grant

BC2024-14

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Applewood Centers, Inc. in the amount not-to-exceed \$472,000.00 for Multisystemic Therapy/Multisystemic Therapy-Problem Sexual Behavior Services for adjudicated youth for the period 7/1/2023-6/30/2025.
- b) Recommending an award and enter into Contract No. 4021 with Applewood Centers, Inc. in the amount not-to-exceed \$472,000.00 for Multisystemic Therapy/Multisystemic Therapy-Problem Sexual Behavior Services for adjudicated youth for the period 7/1/2023-6/30/2025.

Funding Source: RECLAIM grant

BC2024-15

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Intelligence Over Emotions Foundation in the amount not-to-exceed \$57,099.90 for positive youth development and social-emotional programming services for Court referred males 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. 4028 with Intelligence Over Emotions Foundation in the amount not-to-exceed \$57,099.90 for positive youth development and social-emotional programming services for Court referred males ages 11 to 18 with high risk for recidivism for the period 7/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

BC2024-16

Medical Examiner's Office, submitting an amendment to Contract No. 1560 (formerly Contract No. CE1900351) with Allstar Laundry Services, Inc. for laundry services for the period 12/1/2019-12/31/2023 to extend the time period to 6/30/2024, to change the terms, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$11,337.50.

Funding Source: General Fund

BC2024-17

Department of Public Safety and Justice Services on behalf of Medical Examiner's Office, submitting an amendment to Contract No. 4020 (fka Contract No. 1144 and CE1800308) with JusticeTrax, Inc. for Laboratory Information Management System software licenses for the period 10/15/2018 - 10/14/2024 to extend the time period to 12/31/2024, to expand the scope of services to include the purchase of a (50) user licenses for Consumables Inventory Management System (CIMS), and (7) Laboratory Information Management System named user licenses, and custom development, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$63,868.63.

Funding Source: 65% American Rescue Plan Act Crime Lab Backlog Grant; 35% General Fund with 30% reimbursement by the Center for Disease Control Overdose Data to Action Grant (OD2A)

BC2024-18

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Services in the amount not-to-exceed \$10,000.00 for evidence-based, trauma-informed treatment of child victims and witnesses of violence in connection with the Defending Childhood Initiative Project for the period 10/1/2023-9/30/2024.
- b) Recommending an award and enter into Contract No. 3924 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$10,000.00 for evidence-based, trauma-informed treatment of child victims and witnesses of violence in connection with the Defending Childhood Initiative Project for the period 10/1/2023-9/30/2024.

Funding Source: 100% by the Ohio Attorney General Victim of Crime Act VOCA Grant Fund

BC2024-19

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$226,151.00 for Defending Childhood Central Intake and Assessment services in connection with the FY2023 Victims of Crime Act Grant for the period 10/1/2023 – 9/30/2024.
- b) Recommending an award and enter into Contract No. 3925 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$226,151.00 for Defending Childhood Central Intake and Assessment services in connection with the FY2023 Victims of Crime Act Grant for the period 10/1/2023 – 9/30/2024.

Funding Source: 100% by the Ohio Attorney General Victim of Crime Act VOCA Grant Fund

BC2024-20

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Wingspan Care Group in the amount not-to-exceed \$10,000.00 for evidence-based, trauma-informed treatment services for child victims and witnesses of violence in connection with the Defending Childhood Initiative Project for the period 10/1/2023 – 9/30/2024.
- b) Recommending an award and enter into Contract No. 3927 with Wingspan Care Group in the amount not-to-exceed \$10,000.00 for evidence-based, trauma-informed treatment services for child victims and witnesses of violence in connection with the Defending Childhood Initiative Project for the period 10/1/2023 – 9/30/2024.

Funding Source: 100% by the Ohio Attorney General Victim of Crime Act (VOCA) Grant Fund

BC2024-21

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 A Place 4 Me Collaborative in the amount not-to-exceed \$113,935.00 for rental assistance and supportive services in support of COVID Recovery to youth at risk of homelessness for the period 1/1/2024-12/31/2024.
- b) Recommending an award and enter into Contract No. 3887 with A Place 4 Me Collaborative in the amount not-to-exceed \$113,935.00 for rental assistance and supportive services in support of COVID Recovery to youth at risk of homelessness for the period 1/1/2024-12/31/2024.

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

BC2024-22

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an award on RQ13207 and enter into a Master Contract with various providers (26-2) in the amount not-to-exceed \$164,000.00 for the Teen Pregnancy Prevention Program for the period 1/1/2024-12/31/2025.

- a) Contract No. 3942 with Planned Parenthood of Greater Ohio in the anticipated amount of \$110,000.00.
- b) Contract No. 3944 with Beech Brook in the anticipated amount of \$54,000.00.

Funding Source: Health and Human Services Levy Fund

BC2024-23

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, recommending an award and enter into Agreement No. 3723 with Cuyahoga County District Board of

Health in the amount not-to-exceed \$240,000.00 for child fatality review services for the period 1/1/2024 – 12/31/2025.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-24

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Home Depot U.S.A, Inc. in the total amount not-to-exceed \$49,500.00 for routine equipment and material purchases for the period 1/1/2024 – 12/31/2024 for various divisions:
 - 1) Facilities Division in the amount not-to-exceed \$19,250.00
 - 2) Road and Bridge Division in the amount not-to-exceed \$2,000.00
 - 3) Road and Bridge – Fleet Division in the amount not-to-exceed \$2,500.00
 - 4) Sanitary Division in the amount not-to-exceed \$21,750.00
 - 5) Animal Shelter in the amount not-to-exceed \$4,000.00

- b) Recommending an award to Home Depot U.S.A., Inc. in the total amount not-to-exceed \$49,500.00 for routine equipment and material purchases for various divisions, as listed above.

Funding Source: 39% General Fund, 9% Road and Bridge Fund, 44% Sanitary Sewer Fund, and 8% Dog and Kennel Fund

BC2024-25

Department of Health and Human Services/Cuyahoga Job and Family Service, recommending an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to Treasurer, State of Ohio in the total amount not-to-exceed \$3,487,984.93 for State-mandated services rendered to children with medical handicaps for the period 1/1/2024-12/31/2024, in accordance with Ohio Revised Code Section 3701.023.

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2024-26

Department of Public Works, submitting an amendment to Contract No. 2378 with The Vallejo Company for the rehabilitation of Superior Road from Euclid Avenue to Lee Road in the Cities of Cleveland Heights and East Cleveland for a decrease in the amount of (\$50,000.00); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 20% Federal, 35% Ohio Public Works Commission Funds, 43% County Motor Vehicle \$7.50 License Tax fund, and 2% municipalities

BC2024-27

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 1389 with Cleveland Rape Crisis Center for development and implementation of a Protection Order Registry in connection with FY2016 Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence and Stalking Program for the period 6/1/2019 – 9/30/2023 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: U.S. Department of Justice, Office of Violence Against Women Grant

BC2024-28

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 1390 with The Legal Aid Society of Cleveland for development and implementation of a Protection Order Registry in connection with FY2016 Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence and Stalking Program for the period 6/1/2019 – 9/30/2023 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: U.S. Department of Justice, Office of Violence Against Women Grant

BC2024-29

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 1453 with Journey Center for Safety and Healing dba Domestic Violence Child Advocacy Center for the coordination of training of suburban police departments on the use of Danger Assessment for Law Enforcement in connection with FY2020 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program for the period 7/8/2021 – 9/30/2023 to extend the time period to 9/30/2025; no additional funds required.

Funding Source: FY2020 U.S. Department of Justice, Office on Violence Against Women Grant

BC2024-30

Fiscal Department, presenting proposed travel/membership requests for the week of 1/2/2024.

| | | | | | | | | |
|---------------------|---------------------------------|----------------|----------|------------|------------------------|----------|----------|----------------|
| Dept: | County Executive’s Office | | | | | | | |
| Event: | USDOT Infrastructure Investment | | | | | | | |
| Source: | USDOT | | | | | | | |
| Location: | Washington, DC | | | | | | | |
| Staff | Travel Dates | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total | Funding Source |
| Christopher Ronayne | 1/8/2024-1/8/2024 | \$0.00 | \$50.00 | \$0.00 | \$40.00 | \$500.00 | \$590.00 | General Fund |

*Paid to host

**Staff reimbursement

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

Purpose:

Executive Ronayne and Deputy Chief of Staff, David Razum will travel to Washington DC to attend meetings related to federal government infrastructure investment in Cuyahoga County with USDOT.

| | | | | | | | | |
|-------------|---------------------------------|----------------|----------|------------|------------------------|----------|----------|----------------|
| Dept: | Department of Communications | | | | | | | |
| Event: | USDOT Infrastructure Investment | | | | | | | |
| Source: | USDOT | | | | | | | |
| Location: | Washington, DC | | | | | | | |
| Staff | Travel Dates | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total | Funding Source |
| David Razum | 1/8/2024-1/8/2024 | \$0.00 | \$50.00 | \$0.00 | \$40.00 | \$500.00 | \$590.00 | General Fund |

*Paid to host

**Staff reimbursement

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

Purpose:

Executive Ronayne and Deputy Chief of Staff, David Razum will travel to Washington DC to attend meetings related to federal government infrastructure investment in Cuyahoga County with USDOT.

BC2024-31

Department of Purchasing, presenting proposed purchases for the week of 1/2/2024.

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

| Purchase Order Number | Description | Department | Vendor Name | Total | Funding Source |
|-----------------------|---|----------------------------|---------------------------|---------------------------|----------------|
| 23005339 | Lift equipment rentals on an as-needed basis for various County buildings | Department of Public Works | Sunbelt Rentals, Inc | Not-to-exceed \$49,999.00 | General Fund |
| 23005368 | (6) Air release valves | Department of Public Works | The Craun Liebing Company | \$5,014.20 | Sanitary Fund |

Items/Services Received and Invoiced but not Paid:

| Purchase Order Number | Description | Department | Vendor Name | Total | Funding Source |
|-----------------------|---|--|---------------------------------------|-------------|---|
| 23005317 | Factory Authorized – Vactor repairs on Vehicle S-229* | Department of Public Works | Jack Doheny Company | \$21,569.27 | Sanitary Fund |
| 23005322 | Factory Authorized – Repairs at the Creekside Pump Station* | Department of Public Works | The Craun Liebing Company | \$14,720.00 | Sanitary Fund |
| 23005187 | Out-of-home emergency placement services for the period 8/15/2023 – 8/31/2023, 9/1/2023 – 9/30/2023 and 10/1/2023 – 10/31/2023* | Division of Children and Family Services | Harbor Point Behavioral Health Center | \$67,704.00 | 66% Health and Human Services Levy and 34% Title IV-E reimbursement |

*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00.

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.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Domestic Relations Court Division,

- a) Requesting authority to apply for grant funds from Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount of \$90,000.00 for the Families First Program in connection with CY2024 Behavioral Health, Prevention, Treatment, and Recovery Support Services Program for the period 1/1/2024-12/31/2024.
- b) Submitting a grant award from Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount of \$90,000.00 for the Families First Program in connection with CY2024 Behavioral Health, Prevention, Treatment, and Recovery Support Services Program for the period 1/1/2024-12/31/2024.

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

Item No. 2

Department of Public Safety and Justice Services,

- a) Submitting an amendment to a grant award from Camp HOPE America for the Camp HOPE America Readiness Grant Program for the period 3/1/2018 – 12/31/2023 to extend the time period to 12/31/2024, no additional funds.
- b) Submitting a Memorandum of Understanding with Alliance for HOPE International to outline the collaborative roles and responsibilities on the creation and development of Camp HOPE America – Ohio Program for the period 1/1/2024 – 12/31/2024.

Funding Source: Camp HOPE America and Verizon Foundation

Item No. 3

Department of Public Safety and Justice Services,

- a) Requesting authority to apply for grant funds from The Cleveland Browns in the amount of \$7,500.00 for the Camp HOPE Pathways programming in connection with the 2023 Healthy Relationships Microgrant – Browns Give Back program for the period 12/1/2023 – 12/31/2024.
- b) Submitting a grant award from The Cleveland Browns in the amount of \$7,500.00 for the Camp HOPE Pathways programming in connection with the 2023 Healthy Relationships Microgrant – Browns Give Back program for the period 12/1/2023 – 12/31/2024.

Funding Source: The Cleveland Browns

Item No. 4

Department of Health and Human Services/Division of Senior and Adult Services,

- a) Requesting authority to apply for grant funds from Western Reserve Area Agency on Aging in the amount of \$20,623.46 for the Medicare Improvements for Patients and Providers Act (MIPPA) Medicare Savings Programs, Low-income Subsidy and Prescription Drug Assistance through the Aging Network, State Health Insurance Program and Aging and Disability Resource Centers for the period 9/1/2023 – 8/31/2024.
- b) Submitting a grant agreement with Western Reserve Area Agency on Aging in the amount of \$20,623.46 for the Medicare Improvements for Patients and Providers Act (MIPPA) Medicare Savings Programs, Low-income Subsidy and Prescription Drug Assistance through the Aging Network, State Health Insurance Program and Aging and Disability Resource Centers for the period 9/1/2023 – 8/31/2024.

Funding Source: Western Reserve Area Agency on Aging through the Federal Medicare Improvements for Patients and Providers Act (MIPPA)

Item No. 5

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a grant agreement with Cuyahoga County District Board of Health for Home and Community-Based Health Services and Home Health Care in connection with the FY2023 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority AIDS Initiative for the period 3/1/2023 – 2/29/2024, for additional funds in the amount of \$10,000.00.

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

Item No. 6

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 | Amend Contract No. 2234 | Nover Englestein & Associates, Inc. | Support and maintenance on the WinWam Software System, expand the scope of services, effective upon contract signature of all parties | \$3,645.00 | Fiscal Office/ Department of Consumer Affairs | 2/1/2022 – 1/31/2025 | (Original) General Fund | 12/18/2023 (Executive) 12/19/2023 (Law) |
| No RQ | Amend Agreement No. 3250 | City of Cleveland/ Department of Law | Prosecution services for domestic violence and sexual assault cases in connection with the FY2022 STOP Violence Against Women Act Block Grant Program | \$-0- | Department of Public Safety and Justice Services | 1/1/2023 – 12/31/2023 to extend the time period to 2/15/2024 | (Original) FY2022 STOP Violence Against Women Act Block Grant Fund | 12/18/2023 (Executive) 12/19/2023 (Law) |
| RQ 4593 | Amend Contract No. 2436 (fka Contract No. 2298) | YMCA of Greater Cleveland | Renovations and the purchase of furnishings for an interim housing facility that provides substance use disorder treatment and mental health counseling services in connection with funding for one-time capital and programmatic costs | \$-0- | Department of Public Safety and Justice Services | 1/1/2022 – 6/30/2024 to extend the time period to 8/31/2025 | (Original) Opioid Settlement Fund | 12/20/2023 (Executive) 12/19/2023 (Law) |

| | | | | | | | | |
|---------|-------------------------|--|---|-------|---|---|---|--|
| | | | to support delivery of services to persons with serious mental illness, serious mental illness with co-occurring substance abuse or substance abuse/addiction | | | | | |
| RQ 8737 | Amend Contract No. 2875 | Stella Maris, Inc. | Building rehabilitation 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 | 12/20/2023 (Executive) 12/21/2023 (Law) |
| No RQ | Amend Contract No. 2875 | Sisters of Charity Foundation of Cleveland | Fiscal agent services and oversight of the implementation and operation of a Youth Drop-in Center for homeless young adults, ages 16 – 24 | \$-0- | Department of Children and Family Services | 11/29/2021 – 12/31/2023 to extend the time period to 12/31/2025 | (Original) Health and Human Services Levy Fund | 12/22/2023 |

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, December 18, 2023 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
James Boyle, County Council (Alternate for Pernel Jones, Jr.)
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 12/11/2023

Leigh Tucker motioned to approve the minutes from the December 11, 2023, meeting; James Boyle 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

BC2023-819

Department of Public Works,

- a) Requesting authority to apply for grant funds from the Ohio Department of Natural Resources/
National Park Service in the amount of \$1,498,750.00 for the Beulah Park-Euclid Beach Connector
Trail in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland
for the period 12/18/2023– 12/17/2025.
- b) Submitting a grant award with the Ohio Department of Natural Resources/National Park Service in
the amount of \$1,498,750.00 for the Beulah Park-Euclid Beach Connector Trail in connection with
the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period
12/18/2023– 12/17/2025.

Funding source: The \$1,498,750 grant award from the Ohio Department of Natural Resources / National Park Service is funded 100% by Federal funds. This grant is a 50/50 match. The County will be required to contribute \$1,498,750 of local share.

Nichole English Department of Public Works, presented. James Boyle asked if it's \$60 or \$16M. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-819 was approved by unanimous vote.

BC2023-820

Department of Public Works,

- a) Requesting authority to apply for grant funds from the Ohio Department of Natural Resources in the amount of \$70,000.00 for the Beulah Park-Euclid Beach Connector Trail in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 12/18/2023–12/17/2025.
- b) Submitting a grant award with the Ohio Department of Natural Resources in the amount of \$70,000.00 for the Beulah Park-Euclid Beach Connector Trail in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 12/18/2023–12/17/2025.

Funding Source: \$70,000.00 from the Ohio Department of Natural Resources. This grant is a 53.3 - 46.6% split. The County will be required to contribute \$80,000.00 of local share.

Nichole English Department of Public Works, presented. There were no questions. Dale Miller motioned to approve the item; James Boyle seconded. Item BC2023-820 was approved by unanimous vote.

BC2023-821

Department of Public Works, submitting an amendment to Contract No. 2146 with Browning-Ferris Industries of Ohio, Inc. dba Republic Services for rubbish removal services at various County buildings for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$240,000.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. James Boyle asked why we don't bid it now; well not now, but in six months; asked wasn't there an option to renew in the contract. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2023-821 was approved by unanimous vote.

BC2023-822

Department of Public Works, submitting an amendment to Contract No. 2592 with Precision Compaction Services, LLC for preventative maintenance and repair services on compactors, balers and

dumpsters, located at various County buildings for the period 8/2/2022-8/1/2025 for additional funds in the amount not-to-exceed \$23,000.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-822 was approved by unanimous vote.

BC2023-823

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 3901) with City of Seven Hills in the amount not-to-exceed \$400,000.00 for maintenance and repair of storm and sanitary sewers and pumping stations, located in County Sewer District No. 2 for the period 1/1/2024-12/31/2024.

Funding Source: Revenue Generating

Nichole English Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-823 was approved by unanimous vote.

BC2023-824

Department of Development, recommending an award and enter into Agreement No. 3993 with Cleveland State University in the amount not-to-exceed \$24,500.00 for research and analysis in areas related to Economic Development for the period 1/1/2024-12/31/2024.

Funding Source: Department of Development General Fund

Bob Flauto, Department of Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-824 was approved by unanimous vote.

BC2023-825

Department of Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to The National Council for Community Development, Inc. dba Grow America in the amount not-to-exceed \$198,000.00 for economic development and technical assistance services for the period 1/1/2024 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 3971 with The National Council for Community Development, Inc. dba Grow America in the amount not-to-exceed \$198,000.00 for economic development and technical assistance services for the period 1/1/2024 – 12/31/2025.

Funding Source: General Fund

Bob Flauto, Department of Development presented. Paul Herdeg, Department of Development supplemented. Dale Miller asked what projects you worked on significantly in 2023 and what the impact was. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-825 was approved by unanimous vote.

BC2023-826

Department of Housing and Community Development, recommending a payment on Purchase Order No. 23005206 to City of Euclid in the amount of \$116,476.96 as final payment for reimbursement of FY2016 - 2018 U.S. Department of Housing and Urban Development Home Investment Partnership Program funds for HOME Qualified Activities provided under Contract No. AG1900185 during the term of the contract from 5/1/2019 – 4/30/2021.

Funding Source: HOME Investment Partnership Grant

Sara Parks Jackson, Department of Housing and Community Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2023-826 was approved by unanimous vote.

BC2023-827

Department of Housing and Community Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to Court Community Service in the amount not-to-exceed \$110,000.00 for litter control services and oversight in selected urban communities for the period 1/1/2024 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 3953 with Court Community Service in the amount not-to-exceed \$110,000.00 for litter control services and oversight in selected urban communities for the period 1/1/2024 – 12/31/2025.

Funding Source: Community Development Block Grant Fund

Sara Parks Jackson, Department of Housing and Community Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2023-827 was approved by unanimous vote.

BC2023-828

Department of Housing and Community Development, recommending an award and enter into Agreement No. 3991 with Cleveland State University in the amount not-to-exceed \$65,000.00 for research and development of a comprehensive housing plan with metrics and recommendations, effective upon contract signatures of all parties through 10/31/2024.

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

Sara Parks Jackson, Department of Housing and Community Development, presented. Levine Ross asked how long the study will take or when do you think everything will be wrapped up. Leigh Tucker

motioned to approve the item; Levine Ross seconded. Item BC2023-828 was approved by unanimous vote.

BC2023-829

Department of Information Technology, submitting an amendment to Contract No. 1096 with Tim Wauhopp for Enterprise Resource Planning System support services for the period 3/22/2021 – 12/31/2023, to extend the time period to 12/31/2024, and for additional funds in the amount not-to-exceed \$98,800.00.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. James Boyle asked if Tim Wauhopp is an employee or a contractor; asked wouldn't it have been better to hire him as an employee. James Boyle commented I don't disagree with the issues of hiring employees. Dale Miller asked if the services he provides are needed on an ongoing basis or is time limited for us to transition this work to an existing employee. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2023-829 was approved by unanimous vote.

BC2023-830

Department of Information Technology, submitting an amendment to Contract No. 2597 (fka Contract No. 601 and PO20001443) with DataBank IMX for OnBase software support and maintenance for the period 5/1/2020 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$282,496.00.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-830 was approved by unanimous vote.

BC2023-831

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies in the amount not-to-exceed \$111,874.06 for a joint cooperative purchase of various licenses for Veeam software subscription services for various time periods, effective 12/26/2023 - 3/30/2025.
- b) Recommending an award on Purchase Order No. 23005164 to Advizex Technologies in the amount not-to-exceed \$111,874.06 for a joint cooperative purchase of various licenses for Veeam software subscription services for various time periods, effective 12/26/2023 -3/30/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-831 was approved by unanimous vote.

BC2023-832

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$23,900.00 for a state contract purchase of (100) Cisco IP 8811 Phones.
- b) Recommending an award on Purchase Order No. 23005165 to TEC Communications, Inc. in the amount not-to-exceed \$23,900.00 for a state contract purchase of (100) Cisco IP 8811 Phones.

Funding Source: Capital Improvement project

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-832 was approved by unanimous vote.

BC2023-833

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems in the amount not-to-exceed \$8,462.75 for a state contract purchase of (1) Axis Dome Camera, (1) Zenitel Intercom, (1) card reader, various equipment needed for installation and programming of the intercom to be located in the Sheriff's Department Information Technology Office, and one (1) of maintenance and support.
- b) Recommending an award on Purchase Order No. 23005252 to Integrated Precision Systems in the amount not-to-exceed \$8,462.75 for a state contract purchase of (1) Axis Dome Camera, (1) Zenitel Intercom, (1) card reader, various equipment needed for installation and programming of the intercom to be located in the Sheriff's Department Information Technology Office, and one (1) year of maintenance and support.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. James Boyle asked where in the Sheriff's Office is the Information Technology Office located. The Presenter will follow up. Leigh Tucker motioned to approve the item as amended; James Boyle seconded. Item BC2023-833 was approved by unanimous vote as amended.

BC2023-834

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,734.00 for a state contract purchase of (8) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5-year warranty, HP Absolute Data & Device Security Premium – Subscription Licenses, (12) docking stations and (11) monitors for the Court of Common Pleas/Juvenile Court Division.
- b) Recommending an award on Purchase Order No. 23005258 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,734.00 for a state contract purchase of (8) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5-year warranty, HP Absolute Data & Device Security Premium – Subscription Licenses, (12) docking stations and (11) monitors for the Court of Common Pleas/Juvenile Court Division.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-834 was approved by unanimous vote.

BC2023-835

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to OneSparQ, LLC in the amount not-to-exceed \$150,800.00 for staff augmentation services for the Enterprise Resource Planning System for the period 1/1/2024 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 4001 with OneSparQ, LLC in the amount not-to-exceed \$150,800.00 for staff augmentation services for the Enterprise Resource Planning System for the period 1/1/2024 – 12/31/2024.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked what kind of work this is used for. Leigh Tucker asked what you mean work is being done on the Fiscal side. James Boyle asked what the determining factors is that we would no longer need these services; asked is this consulting work is project specific; asked if they wrap up the project will the contract end earlier; asked if the project is that vital why don't we hire for 40 hours not 20 hours to get project done in half the time. Leigh Tucker motioned to approve the item; James Boyle seconded. Item BC2023-835 was approved by unanimous vote.

BC2023-836

Department of Law, submitting an amendment to Contract No. 2317 (fka CE1800177) with RELX, Inc. dba LexisNexis, a division of RELX Inc. for online legal research services for various County departments and agencies for the period 1/1/2018 - 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$249,380.32.

Funding Source: General Fund

Jerad Zibritosky, Department of Law, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2023-836 was approved by unanimous vote.

BC2023-837

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 2165 with Oriana House, Inc. for Cognitive Behavioral Therapy utilizing the “Thinking for Change” Model 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 \$272,800.00.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Dale Miller asked if there are any programs in place to measure the effectiveness of these services to the communities being served versus those which are not. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-837 was approved by unanimous vote.

BC2023-838

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 1993 with Mizanin Reporting Service, Inc. for court transcription services for the period 1/1/2022 – 12/31/2023 for additional funds in the amount not-to-exceed \$10,000.00.

Funding Source: General Fund

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. James Boyle asked will these funds pay us to the end of the year; asked will the new contract be for two years with the same vendor. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-838 was approved by unanimous vote.

BC2023-839

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Rising.Over. Situations.Evaluating. Self. (R.O.S.E.S.) Mentoring in the amount not-to-exceed \$30,714.00 for community based and social based mentoring services for court referred females ages 12 to 17 for the period 7/1/2023 – 6/30/2024.
- b) Recommending an award and enter into Contract No. 3933 with Rising.Over. Situations.Evaluating. Self. (R.O.S.E.S.) Mentoring in the amount not-to-exceed \$30,714.00 for community based and social based mentoring services for court referred females ages 12 to 17 for the period 7/1/2023 – 6/30/2024.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. Levine Ross asked is this is a new vendor or have we used them in the past; asked if there are any metrics on how these services will be evaluated. The Presenter will follow up. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-839 was approved by unanimous vote.

BC2023-840

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Sports and Spine Physical Therapy, Inc. in the amount not-to-exceed \$57,576.96 for educational and vocational support services for Court-referred youths ages 15 to 17 with high risk for recidivism for the period 7/1/2023-6/30/2024.
- b) Recommending an award and enter into Contract No. 3934 with Sports and Spine Physical Therapy, Inc. in the amount not-to-exceed \$57,576.96 for educational and vocational support services for Court-referred youths ages 15 to 17 with high risk for recidivism for the period 7/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-840 was approved by unanimous vote.

BC2023-841

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$3,300.00 for Community Diversion Program services for the period 1/1/2024 – 12/31/2024.

- a) Agreement No. 3980 with City of Shaker Heights in the amount not-to-exceed \$3,000.00.
- b) Agreement No. 3996 with Village of Orange in the amount not-to-exceed \$300.00.

Funding Source: Health and Human Services Levy Fund

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-841 was approved by unanimous vote.

BC2023-842

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 Kiesler Police Supply in the amount not-to-exceed \$4,725.92 for a state contract purchase of (17) cases of forensic ballistics ammunition for the Firearms Lab.
- b) Recommending an award on Purchase Order No. 23005192 to Kiesler Police Supply in the amount not-to-exceed \$4,725.92 for a state contract purchase of (17) cases of forensic ballistics ammunition for the Firearms Lab.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; James Boyle seconded. Item BC2023-842 was approved by unanimous vote.

BC2023-843

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 Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$9,999.75 for a state contract purchase of (49) cases of forensic ballistics ammunition for the Firearms Lab.
- b) Recommending an award on Purchase Order No. 23005238 to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$9,999.75 for a state contract purchase of (49) cases of forensic ballistics ammunition for the Firearms Lab.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

Lezlie White, Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-843 was approved by unanimous vote.

BC2023-844

Sheriff's Department, recommending an award on RQ13429 and enter into Contract No. 3989 with GPI Enterprises Inc. (16-2) in the amount not-to-exceed \$75,000.00 for (2) temporary full-time clerical employees as needed for the Commissary Division for the period 1/1/2024 - 6/30/2024.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Dale Miller asked why it is so hard to find people to fill these positions. James Boyle asked how much the temporary clerks are being paid; asked if the clerk's position is unionized and if so what's the rate of pay the Clerk's receive. Levine Ross asked will the temporary clerks work 40 hours a week. James Boyle commented that we went through hiring issues for Correction Officers, Social Workers, etc. but now it seems that the county is having issues with filling positions across the Board we got to get a plan in place to be functional. The commissary has ongoing issues, and I am sure that we're not happy with hiring temporary workers to work in the commissary, but at least the work is being done. Echoed that we got to get our hiring together. He is not assigning blame;

he is just saying this is obviously a problem all over. Leigh Tucker motioned to approve the item; James Boyle seconded. Item BC2023-844 was approved by unanimous vote.

BC2023-845

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$43,526.40 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2024 – 12/31/2024.

- b) Recommending an award and enter into Contract No. 3863 with West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$43,526.40 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2024 – 12/31/2024.

Funding Source: FY22 State Homeland Security Program Grant

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2023-845 was approved by unanimous vote.

BC2023-846

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

- a) Submitting an RFP exemption, which will result in payments to various providers in the total amount-not-to-exceed \$82,402.23 as final payment for SNAP (Supplemental Nutrition Assistance Program) to Skills Employment and Training services for the period 10/1/2020 – 9/30/2023.
 - 1) Purchase Order No. 23004843 with The Centers for Families and Children in the amount not-to-exceed \$9,260.84.
 - 2) Purchase Order No. 23004844 with Cuyahoga County Public Library in the amount not-to-exceed \$2,264.24.
 - 3) Purchase Order No. 23004845 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$12,407.08.
 - 4) Purchase Order No. 23004846 with Towards Employment in the amount not-to-exceed \$6,558.53.
 - 5) Purchase Order No. 23004847 with Cleveland Center for Arts & Technology dba NewBridge Cleveland in the amount not-to-exceed \$15,474.98.
 - 6) Purchase Order No. 23004848 with West Side Catholic Center in the amount not-to-exceed \$35,038.57.
 - 7) Purchase Order No. 23004849 with Urban League of Greater Cleveland in the amount not-to-exceed \$1,397.99.

- b) Recommending payments to various providers in the amount-not-to-exceed \$82,402.23 as final payment for SNAP (Supplemental Nutrition Assistance Program) to Skills Employment and Training services for the period 10/1/2020 – 9/30/2023.
- 1) Purchase Order No. 23004843 with The Centers for Families and Children in the amount not-to-exceed \$9,260.84.
 - 2) Purchase Order No. 23004844 with Cuyahoga County Public Library in the amount not-to-exceed \$2,264.24.
 - 3) Purchase Order No. 23004845 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$12,407.08.
 - 4) Purchase Order No. 23004846 with Towards Employment in the amount not-to-exceed \$6,558.53.
 - 5) Purchase Order No. 23004847 with Cleveland Center for Arts & Technology dba NewBridge Cleveland in the amount not-to-exceed \$15,474.98.
 - 6) Purchase Order No. 23004848 with West Side Catholic Center in the amount not-to-exceed \$35,038.57.
 - 7) Purchase Order No. 23004849 with Urban League of Greater Cleveland in the amount not-to-exceed \$1,397.99.

Funding Source: Federal Food Assistance Employment and Training

Marcos Cortes, Department of Health and Human Services on behalf of Cuyahoga Job and Family Services, presented. Dale Miller commented that his wife currently works for The Centers for Families and Children; and therefore, is going to recuse on this item. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-846 was approved by majority vote, with Dale Miller recusing.

BC2023-847

Department of Health and Human Services/Division of Children and Family Services, recommending an award on RQ13102 and enter into Contract No. 4026 with Circle Health Services dba The Centers (114-4) in the amount not-to-exceed \$450,000.00 for residential placement for up to 58 children and young adults for high quality childcare for children in custody in connection with the Child Wellness Campus project, effective upon contract signatures of all parties for a period of six (6) months.

Funding Source: Health and Human Services Levy

Marcos Cortes, Department of Health and Human Services, presented. Eric Morris of President and CEO of the Centers, supplemented. Dale Miller commented that his wife currently works for The Centers; and therefore, is going to recuse on this item. Levine Ross asked how many staff \$450,000.00 will cover. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-847 was approved by unanimous vote.

BC2023-848

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 Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$425,000.00 for acquisition costs for property located at 2710 Walton Avenue for temporary, emergency housing for 104 ~~quests~~ **guests** currently residing at Norma Herr Women’s Center effective upon contract signatures of all parties for a period of three (3) years.
- b) Recommending an award and enter into Contract No. 4027 with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$425,000.00 for acquisition costs for property located at 2710 Walton Avenue for temporary, emergency housing for 104 ~~quests~~ **guests** currently residing at Norma Herr Women’s Center effective upon contract signatures of all parties for a period of three (3) years.

Funding Source: Public Assistance Fund

Melissa Sirak, Office of Homeless Services, Elaine Gimmel Executive Director of Emerald Development and Economic Network presented. Levine Ross asked how long the women will be relocated to this location; asked after the three years what will the property be used for. James Boyle asked where 2710 Walton Avenue is. Leigh Tucker motioned to approve the item as amended; Dale Miller seconded. Item BC2023-848 was approved by unanimous vote as amended.

C. – Exemptions

BC2023-849

Sheriff’s Department, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$32,000.00 for various purchases for food service operations in the Jail Kitchen for the period 1/1/2024 – 12/31/2024:

- a) W.W. Grainger, Inc. in the amount not-to-exceed \$10,000.00
- b) Joshen Paper and Packaging in the amount not-to-exceed \$7,000.00
- c) Dean Supply Company in the amount not-to-exceed \$9,000.00
- d) Gordon Food Supply in the amount not-to-exceed \$6,000.00

Funding Source: General Fund

Chris Costin, Sheriff’s Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2023-849 was approved by unanimous vote.

BC2023-850

Sheriff’s Department, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$71,000.00 for various equipment repairs in the Jail facilities for the period 1/1/2024 – 12/31/2024:

- a) Belenky, Inc. in the amount not-to-exceed \$10,000.00

- b) Cleveland Communications, Inc. in the amount not-to-exceed \$39,000.00
- c) General Parts, LLC in the amount not-to-exceed \$15,000.00
- d) Toyota Material Handling Ohio in the amount not-to-exceed \$7,000.00

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. James Boyle asked what they are going to do; asked what the typical work is. James Boyle commented he may be on the wrong item; asked what Toyota Material Handling Ohio provides. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2023-850 was approved by unanimous vote.

BC2023-851

Department of Health and Human Services, recommending an alternative procurement process, which will result in payments to Treasurer, State of Ohio for various invoices in the total amount not-to-exceed \$250,000.00 for technical support services to County employees in connection with the Tech Service Support Policy for the period 1/1/2024-12/31/2024.

Funding Source: Health and Human Services Levy

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2023-851 was approved by unanimous vote.

BC2023-852

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process, which will result in various award recommendations to various providers in the total amount not-to-exceed \$120,000.00 for non-emergency client transportation services for the period 1/1/2024-12/31/2024.

- a) ABC Taxi in the total amount not-to-exceed \$60,000.00
- b) Ace Taxi in the total amount not-to-exceed \$60,000.00

Funding Source: Health and Human Services Levy Fund fully reimbursable by Federal Medicaid Funds

Remon Kaldas, Department of Health and Human Services presented. Marcos Cortes, Department of Health and Human Services and Paul Porter, Department of Purchasing, supplemented.

Dale Miller asked is Americab different from both of these two; asked whether Americab is a separate company, and we have two additional companies in the contract; asked does Americab provide most of these services; Levine Ross was going to ask about Americab but the questions have been addressed; asked how many these two providers will serve. Dale Miller asked after the vote if he could get a little bit of a description of the procurement process how these two vendors were chosen and how this process differed from a regular procurement process; Nichole English commented that could you look at doing a master contract in the future. Levine Ross motioned to approve the item; Dale Miller seconded. Item BC2023-852 was approved by unanimous vote.

D. – Consent Agenda

James Boyle commented on consent item BC2023-853 he should have talked about this when the Sheriff’s presented their item on whether there’s opportunities to combine services under one contract. We are buying from Joshen Paper and Packaging on Exemption BC2023-849 and doing the same thing on this item, some of it is small dollars so it’s not that big a deal but if we could purchase products globally across the board if nothing else to cut down on paperwork and the approvals. Leigh Tucker motioned to approve Consent Agenda Item No. BC2023-853 through BC2023-856; Nichole English seconded. The Consent Agenda Items were approved by unanimous vote.

BC2023-853

Department of Public Works, submitting an amendment to a Master Contract with various providers for can liners for various County buildings for the period 11/30/2022-11/29/2023 to extend the time period to 12/31/2024; no additional funds required.

- a) Contract No. 2837 Joshen Paper & Packaging Co., Inc.
- b) Contract No. 2853 Speedy Office Supply, Inc.

Funding Source: General Fund

BC2023-854

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 November 2023 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2023-855

Fiscal Department, presenting proposed travel/membership requests for the week of 12/18/2023:

| Dept: | Public Safety and Justice Services | | | | | | | |
|----------------|--|----------------|----------|------------|------------------------|----------|------------|----------------|
| Event: | Foundations of Intelligence Analysis Training | | | | | | | |
| Source: | International Association of Law Enforcement Intelligence Analysts | | | | | | | |
| Location: | Phoenix, AZ | | | | | | | |
| | | | | | | | | |
| Staff | Travel Dates | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total | Funding Source |
| Melanie Molzan | 01/14/2024-01/20/2024 | \$750.00 | \$342.00 | \$1,122.00 | \$430.00 | \$500.00 | \$3,144.00 | UASI Grant |

*Paid to host

**Staff reimbursement

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

Purpose:

The Foundations of Intelligence Analysis Training is mandatory for intelligence analysts at the Northeast Ohio Regional Fusion Center within the first year of employment. The goal of the training is to provide a foundation of knowledge and understanding of analysis. It is a five-day introduction to the basics of law enforcement intelligence analysis. It is designed to be an entry-level curriculum and meets the educational requirements for the IALEIA Criminal Intelligence Certified Analysts process.

| Department | Organization | Membership Dues | Dates of Membership | Funding Source |
|---------------------------|--|-----------------|-----------------------|---|
| Medical Examiner’s Office | Association for the Advancement of Blood & Biotherapies (AABB) | \$10,575.00 | 1/1/2024 – 12/31/2024 | General Fund – Medical Examiners Lab Fund |

Purpose of Membership:

American Association of Blood Banks (AABB) is the accrediting body for the Toxicology Laboratory at the Medical Examiner’s Office.

BC2023-856

Department of Purchasing, presenting proposed purchases for the week of 12/18/2023:

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 |
|-----------------------|--|--|---------------------------------|-------------|---|
| 23005139 | (1) year subscription to Thinkst Canary Active Defense software | Department of Information Technology | Above & Beyond Electronics, LLC | \$12,299.74 | General Fund |
| 23005188 | (48) Level B personal protective equipment (PPE) suits for use by Cuyahoga County HazMat teams | Department of Public Safety and Justice Services | FarrWest Environmental Supply | \$7,983.44 | FY2021 State Homeland Security Grant Program Fund |

Items/Services Received and Invoiced but not Paid:

| Purchase Order Number | Description | Department | Vendor Name | Total | Funding Source |
|-----------------------|-------------|------------|-------------|-------|----------------|
|-----------------------|-------------|------------|-------------|-------|----------------|

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|----------|--|--|--|------------|---|
| 23005185 | Concrete for various county projects* | Department of Public Works | Contractors Choice Ready Mix | \$8,606.61 | Road and Bridge Fund |
| 23005234 | Out-of-home emergency placement services for the period 11/1/2023 – 11/30/2023** | Division of Children and Family Services | Mimique Homes, Inc. dba A Mother's Dream | \$5,700.00 | 66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund |

*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.

**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.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Corrections Planning Board,

- a) Requesting authority to apply for grant funds from U.S. Department of Justice, Office on Violence Against Women in the amount of \$1,000,000.00 for the High-Risk Domestic Violence Court Enhancement Initiative in connection with the FY2023 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program for the period 10/1/2023 – 9/30/2027.
- b) Submitting a grant award from U.S. Department of Justice, Office on Violence Against Women in the amount of \$1,000,000.00 for the High-Risk Domestic Violence Court Enhancement Initiative in connection with the FY2023 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program for the period 10/1/2023 – 9/30/2027.

Funding Source: FY2023 U.S. Department of Justice, Office on Violence Against Women

Item No. 2

Court of Common Pleas/Corrections Planning Board,

a) Requesting authority to apply for grant funds to U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$950,000.00 for the expansion of Veterans Treatment Court Program in connection with the FY23 Veterans Treatment Court Discretionary Grant Program for the period 10/1/2023 – 9/30/2027.

b) Submitting a grant award from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$950,000.00 for the expansion of the Veterans Treatment Court Program in connection with the FY23 Veterans Treatment Court Discretionary Grant Program for the period 10/1/2023 – 9/30/2027.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance

Item No. 3

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. 2977 | YMCA of Greater Cleveland | Rental assistance and supportive 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 | 12/11/2023 (Executive) 12/7/2023 (Law) |
| RQ 8737 | Amend Contract No. 2871 | CHN Housing Partners | Construction project in connection with the alternative housing and relates services and support for COVID Recovery – Continuum of Care program | \$-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 | 12/11/2023 (Executive) 12/8/2023 (Law) |

LPA Agreements – Processed and executed (no vote required)

| Approving Resolution | Public convenience and welfare project description | Total Estimated Project Cost | Total Actual Project Cost | Funding Source | Date of Execution |
|----------------------|--|------------------------------|---------------------------|--|------------------------|
| R2023-0196 | Replacement of Schaaf Road Bridge No. 02.89 over West Creek in the City of Independence – Council District 6 | \$2,405,600.00 | \$3,210,000.00 | \$1,924,480.00 – Federal Fund \$481,120.00 – Road and Bridge Fund | 12/11/2023 (Executive) |
| R2023-0105 | Replacement of Ridgewood Drive Bridge No. 03.50 over | \$2,500,000.00 | \$2,675,000.00 | \$2,000,000.00 – Federal Fund \$500,000.00 – Road and Bridge Fund | 12/11/2023 (Executive) |

| | | | | |
|--|--|--|--|--|
| West Creek in the City of Parma – Council Districts 4 | | | | |
|--|--|--|--|--|

Item No. 4

**Purchases Processed
Not-to-Exceed \$5,000.00
For the period 11/1/2023 – 11/30/2023
(No Vote Required)**

| PO Number | Date | Vendor | Description | Accounting Unit | Amount | Status |
|-----------|------------|------------------------------|-----------------------------------|-----------------------|-----------|----------|
| 23004928 | 11/01/2023 | TIM LALLY CHEVROLET INC | REAR END AND AXEL WORK | MAINTENANCE GARAGE | \$4254.17 | Approved |
| 23004942 | 11/02/2023 | CUMMINS SALES AND SERVICE | OXYGEN SENSOR | SANITARY OPERATING | \$1914.30 | Approved |
| 23004943 | 11/02/2023 | BOB BARKER CO INC | EVA Sandal Color: Black Siz | LEGAL | \$340.80 | Approved |
| 23004943 | 11/02/2023 | BOB BARKER CO INC | EVA Sandal Color: Black Siz | LEGAL | \$340.80 | Approved |
| 23004943 | 11/02/2023 | BOB BARKER CO INC | EVA Sandal BLACK SIZE: 13/14 | LEGAL | \$340.80 | Approved |
| 23004946 | 11/02/2023 | CORE & MAIN LP | Catch Basin | SANITARY DISTRICTS | \$1018.68 | Approved |
| 23004946 | 11/02/2023 | CORE & MAIN LP | Clay Pipe W/4" Hole | SANITARY DISTRICTS | \$60.43 | Approved |
| 23004946 | 11/02/2023 | CORE & MAIN LP | 12 Clay Pipe PE2' | SANITARY DISTRICTS | \$52.43 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Bagels, White Whole Grain, Fro | LEGAL | \$159.15 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | French Toast Sticks, Frozen, 0 | LEGAL | \$185.04 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Waffles, Homestyle, Round, Fro | LEGAL | \$92.49 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Pancake, Whole Grain, Frozen # | LEGAL | \$81.36 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Small Wedge Potatoes, Refriger | LEGAL | \$195.99 | Approved |

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|----------|------------|---------------------|--------------------------------|----------------------|-----------|------------|
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Cheese Sticks, Mozzarella, Bre | LEGAL | \$138.02 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Biscuits, Buttermilk, Sliced, | LEGAL | \$79.48 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Slider Sandwiches, Smoked Turk | LEGAL | \$241.23 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Sandwiches, Peanut Butter & St | LEGAL | \$173.28 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Pita Bread, White, 6 Inch, Poc | LEGAL | \$48.04 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Breadsticks, Italian Garlic & | LEGAL | \$122.40 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Crusts, Pizza, 1/2 Sheet, Trad | LEGAL | \$152.52 | Approved |
| 23004948 | 11/02/2023 | SYSCO CLEVELAND INC | Maple-Battered Turkey Pancake | LEGAL | \$106.50 | Approved |
| 23004958 | 11/02/2023 | DELL MARKETING LP | TEAMS ROOM PRO | ENGINEERING SERVICES | \$1389.60 | Unreleased |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Lima Beans, Baby, Grade A, IQF | LEGAL | \$57.40 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Cut Green Beans, Mixed Sieve, | LEGAL | \$258.50 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Broccoli Cuts, Grade A, IQF, 3 | LEGAL | \$240.30 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Gordon Choice Cauliflower Flor | LEGAL | \$81.42 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Cut Corn, Grade A, IQF, 30 Lb | LEGAL | \$217.40 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Green Peas, Grade A, IQF, 30 L | LEGAL | \$233.35 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Chopped Spinach, Grade A, Froz | LEGAL | \$69.38 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Brussels Sprouts, Medium, Grad | LEGAL | \$75.18 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Capri Vegetable Blend, IQF, 4 | LEGAL | \$75.02 | Approved |

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|----------|------------|--------------------------------|---------------------------------|-------------------------------|-----------|----------|
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Italian Vegetable Blend, IQF, | LEGAL | \$86.22 | Approved |
| 23004964 | 11/03/2023 | GORDON FOOD SERVICE | Cob Corn, Grade A, IQF, 96/Cas | LEGAL | \$117.48 | Approved |
| 23004970 | 11/03/2023 | MNJ TECHNOLOGIES DIRECT INC | Surface Pro for County Sheriff | LAW ENFORCEMENT - SHERRIFF | \$2215.00 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Heavy Duty, multi-purpose clean | LEGAL | \$180.52 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Rational Cleaner tabs (OVEN) | LEGAL | \$205.30 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Rational Rinse tabs (OVEN) | LEGAL | \$192.46 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Heavy Duty Pot and Pan Deterge | LEGAL | \$449.80 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Boil Out Fryer Cleaner 26/8oz | LEGAL | \$67.33 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Clean Quick, sanitizer quat, b | LEGAL | \$64.26 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Live Bacteria Drain Additive, | LEGAL | \$143.06 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Floor Cleaner/concentrate/Heav | LEGAL | \$161.30 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Drain Maintainer/Cleaner, 6/3 | LEGAL | \$54.22 | Approved |
| 23004972 | 11/03/2023 | ARIES DISTRIBUTION | Sanitizer/Low Temp 4/1 gal jug | LEGAL | \$123.36 | Approved |
| 23004976 | 11/06/2023 | A BETTER TRUCK CAP INC | TONNEAU COVER | SANITARY OPERATING | \$1304.99 | Approved |
| 23004980 | 11/06/2023 | ECHOGRAPHICS | SMALL & LARGE SEALS & FREIGHT | GENERAL (CONSUMER AFFAIRS) | \$2407.50 | Approved |
| 23004989 | 11/06/2023 | STACIE HOWARD-CROWELL | Respite | FCFC OTHER SOCIAL SERV GRANTS | \$1500.00 | Approved |
| 23005001 | 11/07/2023 | BROWN ENTERPRISE SOLUTIONS LLC | firewall | STATE HOMELAND SECURITY PROJE | \$4291.48 | Approved |

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|----------|------------|--------------------------------|---|--------------------------------|-----------|------------|
| 23005001 | 11/07/2023 | BROWN ENTERPRISE SOLUTIONS LLC | shipping | STATE HOMELAND SECURITY PROJE | \$0.00 | Approved |
| 23005002 | 11/07/2023 | VECTOR CONSTRUCTION INC | encumbrance request | SANITARY OPERATING | \$2070.00 | Approved |
| 23005008 | 11/08/2023 | A BETTER TRUCK CAP INC | DECKED DRAWER SYSTEM | SANITARY OPERATING | \$1809.99 | Approved |
| 23005015 | 11/08/2023 | ELANCO US INC | Emergency antibodies for parvo | DICK GODDARD BEST FRIENDS FUND | \$1200.00 | Approved |
| 23005016 | 11/08/2023 | UNIVERSITY ENTERPRISES INC | Oper & Maint Wastewater Vol 1 | SANITARY OPERATING | \$1000.00 | Approved |
| 23005016 | 11/08/2023 | UNIVERSITY ENTERPRISES INC | Oper & Maint Wastewater Vol 2 | SANITARY OPERATING | \$1000.00 | Approved |
| 23005016 | 11/08/2023 | UNIVERSITY ENTERPRISES INC | Coll Sys Evaluating & Improve | SANITARY OPERATING | \$160.00 | Approved |
| 23005016 | 11/08/2023 | UNIVERSITY ENTERPRISES INC | Coll Sys Oper & Maint Videos | SANITARY OPERATING | \$200.00 | Approved |
| 23005020 | 11/09/2023 | PREMIER AUTO BODY & COLLISION | BODY REPAIRS | MAINTENANCE GARAGE | \$2787.80 | Approved |
| 23005021 | 11/09/2023 | ARC DOCUMENT SOLUTIONS | Encumbrance Request | SANITARY OPERATING | \$1326.30 | Approved |
| 23005029 | 11/09/2023 | NATIONAL ASSOCIATION FOR COUNT | ANNUAL MEMBERSHIP 1/1/2024 - 12/31/2024 | ECONOMIC DEVELOPMENT | \$3540.00 | Approved |
| 23005034 | 11/13/2023 | SPITZER BUICK GMC PARMA LLC | AC REPAIRS | MAINTENANCE GARAGE | \$1786.56 | Approved |
| 23005040 | 11/14/2023 | SITETECH INC | encumbrance request | SANITARY OPERATING | \$1890.00 | Approved |
| 23005043 | 11/14/2023 | PROGRESS SOFTWARE CORPORATION | DEVCRRAFT APPLICATION BUILDER Nov 23 - Nov 24 | ELECTRONIC VOTING CONSULTATION | \$1169.00 | Approved |
| 23005057 | 11/14/2023 | BRINKS INC | Acct: 10000149679 | JAIL OPERATIONS | \$1650.52 | Unreleased |
| 23005054 | 11/15/2023 | TEC COMMUNICATIONS INC | BOE Call Center 2023 | BOARD OF ELECT ADMINISTRATION | \$2237.89 | Approved |

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|----------|------------|-----------------------------|--------------------------------|--------------------------------|-----------|----------|
| 23005055 | 11/15/2023 | CW DESIGNS INC | Goldberg Arb Invoice | LAW DEPARTMENT | \$3416.87 | Approved |
| 23005058 | 11/15/2023 | JEFFREY A BELKIN LLC | Belkin Arb Invoice - Gageham | LAW DEPARTMENT | \$3000.00 | Approved |
| 23005059 | 11/15/2023 | HPM BUSINESS SYSTEMS INC | 11" Trifold pressure seal form | LEGAL | \$4729.50 | Approved |
| 23005072 | 11/16/2023 | BEST TRUCK EQUIPMENT INC | SNOW PLOW CUTTING EDGES | FAC-BUILDING SERVICES | \$1119.96 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | Ruled Desk Pad, 22 in x 17 in, | LEGAL | \$1417.68 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | Monthly Planner, 9 in x 11 in, | LEGAL | \$1082.88 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | Daily Appointment Book with15- | LEGAL | \$799.50 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | Desk Calendar Refill, 3 1/2 in | LEGAL | \$47.84 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | 8" x 4.5" Daily Desk Calendar | LEGAL | \$67.64 | Approved |
| 23005073 | 11/16/2023 | UNITED BUSINESS SUPPLY | Desk Calendar Base for 4.5" x | LEGAL | \$56.28 | Approved |
| 23005077 | 11/16/2023 | EASYCLOCKING | EasyClocking Nov 23-24 | BOARD OF ELECT ADMINISTRATION | \$1562.50 | Approved |
| 23005083 | 11/16/2023 | AMAZON CAPITAL SERVICES INC | Table C Charging Cords | ELECTRONIC VOTING CONSULTATION | \$2923.12 | Approved |
| 23005083 | 11/16/2023 | AMAZON CAPITAL SERVICES INC | Table C Charging Cords | ELECTRONIC VOTING CONSULTATION | \$852.78 | Approved |
| 23005092 | 11/17/2023 | 4 IMPRINT INC | PROMO BAGS | SAS-PROTECTIVE SVCS | \$916.91 | Approved |
| 23005092 | 11/17/2023 | 4 IMPRINT INC | PROMO POST ITS | SAS-OFC OF THE DIRECTOR | \$388.81 | Approved |
| 23005092 | 11/17/2023 | 4 IMPRINT INC | PROMO KEYCHAINS | SAS-OFC OF THE DIRECTOR | \$577.89 | Approved |
| 23005093 | 11/17/2023 | NICHOLS PAPER & SUPPLY CO | PARTS AND LABOR REPAIR | SANITARY OPERATING | \$1265.10 | Approved |
| 23005094 | 11/17/2023 | SUSAN EVANS | Lustig Arb Inv - Wacasey Gosha | LAW DEPARTMENT | \$3325.00 | Approved |

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|----------|------------|---------------------------------|--------------------------------|--------------------------------|-----------|------------|
| 23005102 | 11/17/2023 | SOLON BOARD OF EDUCATION | 11/7/23 Election Nite Help | GENERAL ELECTION | \$1120.00 | Approved |
| 23005103 | 11/17/2023 | BEDFORD SCHOOL DISTRICT | 11/7/23 Election Night Help | GENERAL ELECTION | \$2340.00 | Approved |
| 23005104 | 11/17/2023 | AMAZON CAPITAL SERVICES INC | Table C Charging Cords | ELECTRONIC VOTING CONSULTATION | \$2997.00 | Approved |
| 23005120 | 11/20/2023 | SENIOR IMPACT PUBLICATIONS LLC | WRAAA ADULTS RESOURCE GUIDE | SAS-OFC OF THE DIRECTOR | \$2587.50 | Approved |
| 23005123 | 11/20/2023 | CENTERS FOR MEDICARE & MEDICAID | Medicare - Wood STTL | RISK MGMT SETTLEMENTS | \$1359.56 | Approved |
| 23005129 | 11/21/2023 | MNJ TECHNOLOGIES DIRECT INC | 6 PACK WALKIE TALKIE | OFFICE OF THE DIRECTOR | \$1624.00 | Approved |
| 23005130 | 11/21/2023 | US POSTMASTER | POSTAGE | CUYAHOGA SUPP. ENFORCEMENT AG | \$1670.00 | Approved |
| 23005131 | 11/21/2023 | BORDEN DAIRY | 1/2 pint 1% homogenized milk | DETENTION CENTER | \$3857.00 | Approved |
| 23005131 | 11/21/2023 | BORDEN DAIRY | 1/2 pint Fat free chocolate mi | DETENTION CENTER | \$855.90 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Bread, Whole Grain, Enriched W | DETENTION CENTER | \$2488.00 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Buns, Whole Grain Hamburger, 3 | DETENTION CENTER | \$316.00 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Buns, Whole Grain Hot Dogs 16 | DETENTION CENTER | \$316.00 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Buns, Sub, 6in.8 per pack | DETENTION CENTER | \$319.00 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Flour Tortillas, 12 ct per pac | DETENTION CENTER | \$142.40 | Approved |
| 23005132 | 11/21/2023 | SCHWEBEL BAKING CO | Rye bread, sliced | DETENTION CENTER | \$222.00 | Approved |
| 23005136 | 11/21/2023 | CARR BROS INC | concrete | FAC-BUILDING SERVICES | \$2000.00 | Unreleased |
| 23005141 | 11/21/2023 | HOLZBERG COMMUNICATIONS INC | biohazard test kits | STATE HOMELAND SECURITY PROJE | \$1949.00 | Approved |

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|----------|------------|--------------------------------|--------------------------------|--------------------------------|-----------|----------|
| 23005141 | 11/21/2023 | HOLZBERG COMMUNICATIONS INC | Shipping | STATE HOMELAND SECURITY PROJE | \$0.00 | Approved |
| 23005145 | 11/22/2023 | UNITED RENTALS AERIAL EQUIPMEN | SHORING BOX STRUTS | SANITARY OPERATING | \$1630.00 | Approved |
| 23005146 | 11/22/2023 | FRIENDSHIP CIRCLE OF CLEVELAND | Camp | FCFC OTHER SOCIAL SERV GRANTS | \$1330.00 | Approved |
| 23005147 | 11/22/2023 | CEIA USA LTD | Metal Detector 720MM | CENTRAL SECURITY SERV-SHERIFF | \$3290.00 | Approved |
| 23005147 | 11/22/2023 | CEIA USA LTD | Metal Plates with Screws | CENTRAL SECURITY SERV-SHERIFF | \$134.00 | Approved |
| 23005147 | 11/22/2023 | CEIA USA LTD | Freight | CENTRAL SECURITY SERV-SHERIFF | \$125.00 | Approved |
| 23005148 | 11/26/2023 | SHI | Part#: NPN-TRYHA-BUSIN-A | SECURITY AND DISASTER RECOVERY | \$2552.60 | Approved |
| 23005151 | 11/27/2023 | ADVANCE OHIO | RQ13368 LEGAL AD FA MICROSCOPE | PUBLIC SAFETY GRANTS ADMIN | \$1123.20 | Approved |
| 23005156 | 11/27/2023 | AMAZON CAPITAL SERVICES INC | Thermal Label Printer for EIP | ELECTRONIC VOTING CONSULTATION | \$3399.60 | Approved |
| 23005166 | 11/27/2023 | JEFFREY A BELKIN LLC | Belkin Invoice - Gheen Canc | LAW DEPARTMENT | \$2000.00 | Approved |
| 23005167 | 11/27/2023 | PITNEY BOWES | Bi-Annual Fees for 0010408789 | BOARD OF ELECT ADMINISTRATION | \$1563.30 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Oranges, Fresh, (table beautif | DETENTION CENTER | \$1140.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Fresh Pears, 95-110 per case | DETENTION CENTER | \$380.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Strawberries, Fresh, 8lb box, | DETENTION CENTER | \$104.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Seedless Grapes, Green/Red, Fr | DETENTION CENTER | \$228.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Cantaloupe Melons, Fresh, 4/ca | DETENTION CENTER | \$8.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Honeydew Melons, Fresh, 3/case | DETENTION CENTER | \$9.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Bananas, Medium, Ripe on the t | DETENTION CENTER | \$210.00 | Approved |

| | | | | | | |
|----------|------------|---------------------------|--------------------------------|------------------------------|----------|----------|
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Yellow Apples, Fresh, Eating q | DETENTION CENTER | \$720.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Red Apples, Delicious, Fresh, | DETENTION CENTER | \$580.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Apple Slices 25/2oz individual | DETENTION CENTER | \$400.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Carrot Sticks 100/2oz individu | DETENTION CENTER | \$279.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Seedless Watermelon, Fresh, 2 | DETENTION CENTER | \$21.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Peaches, Fresh, ripe turning, | DETENTION CENTER | \$320.00 | Approved |
| 23005171 | 11/28/2023 | THE SANSON COMPANY | Cilantro (SMALL AMOUNT) TWO TI | DETENTION CENTER | \$9.00 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 500RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$216.27 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$266.47 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$296.30 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$220.06 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$454.18 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS | MED EXAM OTH JUDICIAL GRANTS | \$340.68 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 500RD/CASE | MED EXAM OTH JUDICIAL GRANTS | \$404.00 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 5000RD/CASE | MED EXAM OTH JUDICIAL GRANTS | \$298.80 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$225.06 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 500RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$304.21 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$304.21 | Approved |

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|----------|------------|---------------------------|--------------------------------|------------------------------|----------|----------|
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$451.70 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$215.06 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 500RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$298.80 | Approved |
| 23005192 | 11/29/2023 | KIESLER POLICE SUPPLY INC | Ammunition 1000RDS/CASE | MED EXAM OTH JUDICIAL GRANTS | \$430.12 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Peanut Butter, Smooth #354393 | DETENTION CENTER | \$176.37 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Pizza, Seasoned, with R | DETENTION CENTER | \$84.56 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Cheese, Deluxe Nacho, # | DETENTION CENTER | \$120.78 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Olives, Spanish Black Ripe, Sl | DETENTION CENTER | \$69.85 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Peppers, Jalapeno, Sliced, Pla | DETENTION CENTER | \$47.26 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Cheese, Sharp Cheddar, | DETENTION CENTER | \$112.38 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Alfredo #283580 Primo | DETENTION CENTER | \$111.48 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Sweet & Sour #242292 1 | DETENTION CENTER | \$124.36 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Spaghetti, with Spices, | DETENTION CENTER | \$76.10 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Beans, Great Northern, Fancy # | DETENTION CENTER | \$37.69 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Milk, Evaporated, Shelf-Stable | DETENTION CENTER | \$104.38 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Pepper Rings, Banana, Crinkle- | DETENTION CENTER | \$40.95 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Beans, Black, Fancy, #10 #5577 | DETENTION CENTER | \$37.49 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Beans, Dark Red Kidney, Fancy, | DETENTION CENTER | \$41.74 | Approved |

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|----------|------------|---------------------|--------------------------------|------------------|----------|----------|
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Beans, Pinto, Fancy, #10 #2614 | DETENTION CENTER | \$37.59 | Approved |
| 23005196 | 11/29/2023 | GORDON FOOD SERVICE | Jelly, Apple-Grape, #10 #10092 | DETENTION CENTER | \$151.00 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Bagels, White Whole Grain, Fro | DETENTION CENTER | \$159.15 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | French Toast Sticks, Frozen, 0 | DETENTION CENTER | \$185.04 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Waffles, Homestyle, Round, Fro | DETENTION CENTER | \$92.49 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Pancake, Whole Grain, Frozen # | DETENTION CENTER | \$81.36 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Small Wedge Potatoes, Refriger | DETENTION CENTER | \$195.99 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Cheese Sticks, Mozzarella, Bre | DETENTION CENTER | \$211.60 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Biscuits, Buttermilk, Sliced, | DETENTION CENTER | \$79.48 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Slider Sandwiches, Smoked Turk | DETENTION CENTER | \$241.23 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Sandwiches, Peanut Butter & St | DETENTION CENTER | \$173.28 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Pita Bread, White, 6 Inch, Poc | DETENTION CENTER | \$48.04 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Breadsticks, Italian Garlic & | DETENTION CENTER | \$122.40 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Crusts, Pizza, 1/2 Sheet, Trad | DETENTION CENTER | \$152.10 | Approved |
| 23005200 | 11/29/2023 | SYSCO CLEVELAND INC | Maple-Battered Turkey Pancake | DETENTION CENTER | \$106.50 | Approved |
| 23005201 | 11/29/2023 | SYSCO CLEVELAND INC | Frosted Flakes, Reduced-Sugar, | DETENTION CENTER | \$182.40 | Approved |
| 23005201 | 11/29/2023 | SYSCO CLEVELAND INC | Whole Grain, Reduced-Sugar, Pl | DETENTION CENTER | \$179.55 | Approved |
| 23005201 | 11/29/2023 | SYSCO CLEVELAND INC | Apple Jacks, Reduced Sugar, Wh | DETENTION CENTER | \$271.65 | Approved |

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|----------|------------|---------------------|--------------------------------|------------------|----------|----------|
| 23005201 | 11/29/2023 | SYSCO CLEVELAND INC | Fruit Loops, Reduced Sugar, Wh | DETENTION CENTER | \$177.80 | Approved |
| 23005201 | 11/29/2023 | SYSCO CLEVELAND INC | Honey Nut, Cheerios, Bowl #509 | DETENTION CENTER | \$293.90 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Creamy Italian Dressing, 1 Gal | DETENTION CENTER | \$83.24 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Ranch Dressing, 1 Gal, 4/Case | DETENTION CENTER | \$120.06 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | French Dressing, 1 Gal, 4/Case | DETENTION CENTER | \$83.90 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Barbecue Sauce, 1 Gal, 4/Case | DETENTION CENTER | \$90.82 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Hot Sauce, 1 Gal, 4/Case #7908 | DETENTION CENTER | \$64.60 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Tartar, Packets #213361 | DETENTION CENTER | \$45.26 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Ketchup, Packets #272086 Gor | DETENTION CENTER | \$37.20 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Mustard Packets #870812 Bric | DETENTION CENTER | \$51.66 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Mayonnaise, Packets #475574 | DETENTION CENTER | \$171.90 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Barbecue, Dipping Cups | DETENTION CENTER | \$65.22 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Dressing, Italian #631420 Ki | DETENTION CENTER | \$86.13 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Taco, Packets #192007 | DETENTION CENTER | \$38.82 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Sauce, Hot, Packet #691181 C | DETENTION CENTER | \$48.57 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Cole Slaw Dressing, 1 Gal, 4/C | DETENTION CENTER | \$45.83 | Approved |
| 23005202 | 11/29/2023 | GORDON FOOD SERVICE | Mustard, Jug, 1 Gal, 4/Case #8 | DETENTION CENTER | \$19.97 | Approved |
| 23005203 | 11/29/2023 | SYSCO CLEVELAND INC | Beef, Ground, Fine Grind, 81% | DETENTION CENTER | \$689.40 | Approved |

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|----------|------------|-----------------------|--------------------------------|--------------------|-----------|----------|
| 23005203 | 11/29/2023 | SYSCO CLEVELAND INC | Beef Patties, Ground Chuck & B | DETENTION CENTER | \$414.60 | Approved |
| 23005219 | 11/30/2023 | UNIVERSAL OIL INC | ATF FLUID | COUNTY AIRPORT | \$1261.10 | Approved |
| 23005222 | 11/30/2023 | ASHLAND UNIVERSITY | JENNIFER WILSON | EQUITY & INCLUSION | \$1498.50 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Cups, Souffle Portion, 2 Ounce | DETENTION CENTER | \$34.26 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Lids, Plastic, Clear, Polystyr | DETENTION CENTER | \$21.48 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Trays, 5-Compartment School Lu | DETENTION CENTER | \$504.30 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Film Roll, Cling Wrap, 18 Inch | DETENTION CENTER | \$225.80 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Bags, Sandwich, 6 x 7 Inch, We | DETENTION CENTER | \$256.26 | Approved |
| 23005224 | 11/30/2023 | PRISTINE CHEMICAL LLC | Spoons, Soup, Medium-Weight PI | DETENTION CENTER | \$147.90 | Approved |

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Nichole English seconded. The motion to adjourn was unanimously approved at 11:55 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-01

| | |
|---------------------------|---|
| Title | Third Amendment to VSC Lease by/btwn Cuyahoga County, Ohio and Innovation Landing, LLC to extend Term for lease of space at 1835/1849 Prospect Avenue, Cleveland for use by Cuyahoga County Veterans Service Commission. Current Term for the period 10/1/2009 – 9/30/2024 extending to 6/30/2025 and for additional funds not-to-exceed \$315,000.00 |
| Department or Agency Name | Department of Public Works on behalf of Cuyahoga County Veterans Service Commission |
| 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 | 1029 | Lease Investment Properties, Ltd. | 10/1/2009- 9/30/2014 | \$2,410,134.60 | 4/7/2009 | Resol#091364 |
| A-#1 | 1029 | Investment Properties, Ltd. | 10/1/2009 – 9/30/2014 extend 9/30/2019 effective 10/1/2014 | \$1,019,132.40 | 11/12/2014 | R2014-0241 |
| A-#2 | 1029 | Terry L. Poltorek Kenneth F. Lutke Partner Investment Properties, LLC fka Investment Properties, Ltd. | 10/1/2009- 9/30/2019 extend 9/30/2024 effective 10/1/2019 | \$1,050,00000 | 5/14/2019 | R2019-0098 |
| BoC Item No. 3 Contracts \$0.00- | 2176 | Assignment of Lease and Tennant | 10/1/2019- 9/30/2024 | \$0.00 | 3/28/2022 | BoC Item No. 3. Page 15. |

| | | | | | | |
|---|------|--|---|--------------|-----|-----------|
| \$4,999.99-processed and executed (no vote required) page 15. | | Estoppel Certificate and Agrmt. Innovation Landing LLC | effective 1/1/2022 | | | |
| A-#3 | 2176 | Innovation Landing LLC | Effective 1/1/2024 and ending 6/30/2025 | \$315,000.00 | Tbd | R2023-Tbd |
| | | | | | | |

Revised "true up" lifetime total \$ 4,636,767.00

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| 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 goal of the project is to continue the lease space at 1835/1849 Prospect Avenue, Cleveland for use by Cuyahoga County Veterans Service Commission beyond the current Term expiration of 09/30/2024 to 6/30/2025 and for additional funds not-to-exceed \$315,000.00. The outcome: The underlying lease is not new to the County and was entered into pursuant to CE0900320 CM1029 and Resolution#091364 (4/7/2009), R2014-0241 (11/12/2014), R2019-0098 (5/14/2019), CM2176 Assignment & Assumption and related SDNA Agreements to Innovation Landing LLC Board of Control Agenda on 3/28/2022. The purpose: This Third Amendment will allow the VSC to continue to lease space for staff at 1835/1839 Prospect Ave. for VSC staff until the completion of the renovations are completed at the new building located at 3950 Chester Ave. |
| If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: Innovation Landing LLC 737 Bolivar Rd. suite #270, Cleveland, Ohio 44115 | Owner, executive director, other (specify): Scott Maloney, Managing Member |
| | |
| 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 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 |
| 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 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): | 09/07/23 PWD-3656 opened 11/01/23 JMyers assigned to NFarina | |
| Date documents were requested from vendor: | 11/2/23, 11/7/23 requested and received 11/15 received docs | |
| Date of insurance approval from risk manager: | PWD-3656 uploded 11/15/23 | |
| Date Department of Law approved Contract: | 11/15/23 | |
| Date item was entered and released in Infor: | 12/6/23 | |
| 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):
 Resol#083771 9/9/2008 Authority JRoss Dir. Dept Central Services seek proposals RQ12466 8/1/2009-7/31/2014
 Resol#083771 10/28/2008 Approve Addendum No. 1 RQ12466 due date from 10/27/2008 to 11/3/2008
 Resol#090686 2/12/2009 Authority JRoss Dept. Central Services authority to negotiate Investment Properties, LLC
 Resol#091364 4/7/2009 Lease Investment Properties, Ltd. Terry Poltorek Kenneth F. Lutke Partners \$2,410,134.60
 R2014-0241 11/12/2014 First Amendment 10/1/2009 – 9/30/2014 extend 9/30/2019 effective 10/1/2014 Terry L. Poltorek Kenneth F. Lutke Partner Investment Properties, LLC fka Investment Properties, Ltd. \$1,019,132.40
 R2019-0098 5/14/2019 Second Amendment 10/1/2009- 9/30/2019 extend 9/30/2024 effective 10/1/2019 Terry L. Poltorek Kenneth F. Lutke Partner Investment Properties, LLC fka Investment Properties, Ltd. \$1,050,000.00 (true up funds ending 12/31/23 paid out: \$892,500.00 per CKehoe VSC subtracting nine months)
 BoC Item No. 3. Page 15. 3/28/2022 Assignment of Lease and Tennant Estoppel Certificate and Agrmt. Innovation Landing LLC

BC2024-02

| | | |
|---------------------------|---------------------|--|
| Title | Coventry Rd. AMD #2 | |
| 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 | Approval Date | Approval No. |
|--------------------------------------|--------------------------------------|--------------------------------|----------------|----------------|------------------|-----------------|
| O | | CATTS Construction, Inc. | | \$3,069,263.91 | 03/28/2023 | R2023-0060 |
| A-1 | 3108 | CATTS Construction, Inc. | | \$0.00 | 09/05/2023 | |
| A-2 | 3108 | CATTS Construction, Inc. | | \$91,367.99 | Pending | |
| | | | | | | |
| | | | | | | |
| Total | | | | \$3,160,901.90 | | |
| | | | | | | |

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|---|
| <p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>This project consists of the resurfacing and rehabilitation of Coventry Road from Fairhill Road/ North Park Boulevard to Euclid Heights Boulevard, including pavement base repairs. ADA compliant curb ramps, reconfiguring of traffic medians and splinter islands at the intersection of Coventry Road and Fairmont Boulevard and Scarborough Road, including new traffic signals.</p> |
| <p>For purchases of furniture, computers, vehicles: <input checked="" 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): 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): |
| CATTS Construction, Inc. 21223 Aurora Rd. Warrensville Hts. OH 44146 | Michael Dempsey |
| Vendor Council District: 9 | Project Council District: 10 |
| | |

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|---|--|
| 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 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: <i>\$3,135,000.00</i> | <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 (%6) SBE (%19) MBE (%5) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i> | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i> <i>This bid is 2.09 % under the estimate.</i> | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? Equal | <input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe: |

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

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| 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 \$5.00 Road and Bridge 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): |

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| 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 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) | |

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| HISTORY (see instructions): |
| See chart above |

BC2024-03

| | |
|---------------------------|---|
| Title | 2023 – Public Works submitting & award contract CM 4051 with CTL Engineering, Inc. for Geotechnical Services for the Cuyahoga County Corrections Center Project, RFQ#7866 \$150,000 |
| 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) | CM 4051 | CTL Engineering, Inc. | Effective date – Completion of Work | \$150,000 | | |
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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>Requesting approval of a contract with CTL Engineering, Inc. in the amount of \$150,000 for the time period beginning on the effective date and continuing until the completion of the work.</p> <p>This contract fulfils RFQ #7866 for Geotechnical Services for the Cuyahoga County Corrections Center Project.</p> |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> N/A</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p> |
| <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The primary goal of this request is the approval of the contract with CTL Engineering, Inc. so that they may provide the needed geotechnical services for the new Cuyahoga County Corrections Center 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> |

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| <p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p> | |
| <p>Vendor Name and address: CTL Engineering, Inc. 3085 Interstate Parkway, Brunswick, Ohio 44212</p> | <p>Owner, executive director, other (specify): Matthew Kairouz, P.E., Branch Manager</p> |
| <p>Vendor Council District: N/A – Located in Brunswick</p> | <p>Project Council District: 8</p> |
| <p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p> | <p>Garfield Heights</p> |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
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| <p>RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ #7866 <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/12/2022</p> | <p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p> |
| <p>The total value of the solicitation: \$150,000</p> | <p><input type="checkbox"/> Exemption</p> |
| <p>Number of Solicitations (sent/received) 83 contacts on vendor list / 3 received Statement of Qualifications</p> | <p><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</p> |
| <p>Participation/Goals (%): () DBE (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</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> |

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| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase |
| Venders were scored based on qualifications | <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input type="checkbox"/> Contract Amendment (list original procurement) |
| N/A | <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. | |

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| 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. 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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

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| 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):

BC2024-04

| | |
|---------------------------|---|
| Title | 2023 – Public Works submitting & award contract CM 4052 with KS Associates, Inc. for Survey Services for the Cuyahoga County Corrections Center Project, RFQ#7864 \$60,000 |
| 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) | CM 4052 | KS Associates, Inc. | Effective date – Completion of Work | \$60,000 | | |
| | | | | | | |

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

Requesting approval of a contract with KS Associates, Inc. in the amount of \$60,000 for the time period beginning on the effective date and continuing until the completion of the work.

This contract fulfils RFQ #7864 for Survey Services for the Cuyahoga County Corrections Center Project.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of this request is the approval of the contract with KS Associates, Inc. so that they may provide the needed survey services for the new Cuyahoga County Corrections Center project.

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: KS Associates, Inc. 600 Superior Ave East, Suite 1300, Cleveland, OH 44114 | Owner, executive director, other (specify): Mark Skellenger, P.E. Vice President, Principal-in-Charge |
| | |

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|---|-----------------------------|
| Vendor Council District: 7 | Project Council District: 8 |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | Garfield Heights |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|--|--|
| RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ RFQ #7864 <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/12/2022 | 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) 83 contacts on vendor list / 2 received Statement of Qualifications | <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 (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i> | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain:</i> | <input type="checkbox"/> Government Purchase |
| Venders were scored based on qualifications | <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) |
| N/A | <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.
General Fund

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| 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): |

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| 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) | |

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| HISTORY (see instructions): |
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BC2024-05

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|---------------------------|---|
| Title | Entrust Certificates |
| Department or Agency Name | Department of Information Technology |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|---|--------------------------------|---------------------|-------------|-------------|---|--------------|
| | 23004484 EXMT | Entrust Corporation | | \$40,301.70 | | |
| Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. | | | | | | |
| Certificate Renewal | | | | | | |

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|---|
| The Department of Information Technology plans to contract with Entrust Corporation for Entrust Certificates in the amount of \$40,301.70. Entrust provides the County with the annual website security certificate. |
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ |
| Project Goals, Outcomes or Purpose (list 3): This request is for a renewal of security certificates currently provided by Entrust. All of the County's certificates are currently issued through Entrust and the department is undergoing a project to migrate from cuyahogacounty.us to a .gov extension for the websites and email. During this migration keeping the certificate provider the same across all sites for the project period is desired until the project is completed. |
| If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: Entrust Corporation | Owner, executive director, other (specify): |
| 1187 Park Place Shakopee, MN 55379 | Michael Kassolis |
| Vendor Council District: | Project Council District: |
| | |
| 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. All of the County's certificates are currently issued through Entrust and the department is undergoing a project to migrate from cuyahogacounty.us to a .gov extension for the websites and email. During this migration keeping the certificate provider the same across all sites for the project period is desired until the project is completed. *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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below: | |
| <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions. | |
| Are 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. | |

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| 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): |

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| 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: IT Budget, Vendor Submission of required purchasing forms and IG registration payment | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10/03/2023 |
| Date documents were requested from vendor: | 10/03/2023 |
| 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: | 12/12/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| 10/03/2023 Requested required purchasing documents and quote from vendor | |
| 10/06/2023 Reached out to vendor to check on status. Requested vendor to update IG registration. Vendor replied it would take roughly 15 business days to complete. | |
| 10/13/2023 received updated quote. | |
| 10/18/2023 received required purchasing forms. | |
| 10/25/2023 no IG registration completed. Reached out to vendor to check on forms and IG registration. Vendor confirmed not completed and will take additional time. Referred to another contact. | |
| 11/02/2023 reached out to vendor for update. | |
| 11/03/2023 vendor reached out to confirm registration incomplete. | |
| 11/06/2023 vendor stated they are having issues registering. I referred the directly to the IG. Vendor confirmed registration complete. I checked and they completed the wrong registration – not for IG. | |
| 11/12/2023 checked IG website, registration incomplete | |
| 11/15/2023 checked IG, no registration. Reached out to vendor. They started the correct registration but had issues paying with a Canadian credit card. I referred them to the IG. | |
| 11/16/2023 IG replies with check mailing option, Entrust is unable to issue a check. | |
| 11/17/2023 Entrust still experiencing payment issues, advised vendor to contact IG | |
| 11/20/2023 IG reached out to vendor – offered options the vendor already could not do. IG unable to assist. Vendor found an US credit card they were able to use. | |
| 11/21/2023 Vendor completed IG registration, ethics and payment | |
| 11/26/2023 IG registration not showing | |
| 11/29/2023 IG registration not showing. | |
| 12/01/2023 IG registration not showing. Requested another updated quote. | |
| 12/05/2023 Reached out to IG for registration confirmation. IG said Entrust did not complete their ethics quiz. Reached back out to the vendor who emailed the results of their 100% completed ethics quiz. Reached back to IG to advise. | |
| 12/07/2023 reached out to IG to confirm registration. IG confirmed number is 23-0432-REG. | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Entrust provides security certificates, which cannot lapse. The vendor kept the subscription in place while they completed their registration. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
| BC2022-726 Entrust Inc. 10/28/2022 – 10/27/2023 |

BC2024-06

| | | |
|---------------------------|--|--|
| Title | Measured Business Analog Telephone Connections | |
| 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 | 1181 | AT&T Corp | 01/01/2019 – 12/31/2023 | \$1,080,000.00 | 06/11/2019 | R2019-0132 |
| 1 st Amendment | 1181 | AT&T Corp | 01/01/2024 – 12/31/2024 | \$216,000.00 | PENDING | PENDING |
| | | | | | | |

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

The Department of Information Technology plans to amend Contract No. 1181 with AT&T Corporation, to extend the time period to 12/31/2024 for Measured Business Analog Telephone Connections in the amount of \$216,000.00.

This agreement is for the Measured Business Analog Telephone connections from AT&T that serves as the telephone infrastructure for various County facilities.

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

Project Goals, Outcomes or Purpose (list 3):

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

The County buildings in which the Measure Business Analog service is widespread as this telephone service is used in most County owned and leased facilities to support safety services (Elevator Telephones, Burglar Alarms, Fire Alarms, and legacy facsimile services.)

Unfortunately, it was learned during this renewal discussion with AT&T that the company is looking to retire the Measured Business Analog telephone service. The Department of Information Technology is in the process of drafting an RFP to convert these services to a cellular telephone service.

The usage of Analog telephone lines has been the industry standard for Elevators, Burglar, Fire, and facsimile for years. AT&T is a leader in telephone service and this agreement has been established many years ago. The uplift it will take to migrate to a different provider based on how many systems interconnect to AT&T's Measure Business service will be a lengthy endeavor.

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

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

| | |
|---|---|
| Vendor Name and address: | Owner, executive director, other (specify): |
| AT&T Corporation 6889 West Snowville Road Brecksville, Ohio 44141 | Scott Maurer Strategic Account Lead Representative |
| Vendor Council District: | Project Council District: |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|---|
| RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. This request is for a 1 st amendment to an already existing approved contract. There is not believed to be any vendor to provide the service through a competitive process due to the age of the technology. The County IT Department is in the infancy stages of identifying alternative solutions due to AT&T is looking to retire this service. *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>RFP</i> <input type="checkbox"/> Other Procurement Method, please describe: |

| | |
|--|---|
| Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below: | |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: 10/12/2023 |

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

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

| | |
|---|---|
| Provide status of project. | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: Contract was returned by DOP due to concerns with named entity on contract. Corrections were negotiated and agreed upon and resubmitted. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 03/22/2023 Date DoIT and AT&T began working on the SOW |
| Date documents were requested from vendor: | 08/29/2023 |
| Date of insurance approval from risk manager: | 11/08/2023 final Legal approval |
| Date Department of Law approved Contract: | 11/08/2023, 12/14/2023 final approval from Legal regarding naming |
| Date item was entered and released in Infor: | 11/17/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: 11/20/2023: CM1181 DOP returned with concerns regarding the entity named on the SOW. Internal discussion on how to resolve. Working with vendor for updated SOW. 12/05/2023: Requested Legal opinion. Working with vendor for SOW. 12/08/2023: AT&T confirmed entity was correct and considered part of the family of entities of AT&T Corp. DoIT requested Legal opinion. 12/13/2023: Legal requested SOW be updated to reflect AT&T Corp. AT&T provided updated SOW. 12/14/2023: Legal approved updated SOW and all required purchasing documentation submitted. 12/14/2023: Re-released for DOP review and BOC scheduling. Received DOP approval 3:14 PM. Scheduled for January 2, 2024 BOC approval agenda. | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services will begin on January 1, 2024. No gaps in services, no payments have been made, no late fees will be assessed and all agreed upon discounts will be applied to the County's Measured Business account. | |

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

HISTORY (see instructions):

BC2024-07

| | | |
|---------------------------|---|--|
| Title | Network Engineer WAN/LAN | |
| 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 | 4029 | Interapt, LLC | Upon Approval for one year | \$81,120.00 | PENDING | PENDING |
| | | | | | | |
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Cuyahoga County Department of IT – Office of Infrastructure and Operations is in need of a Network Engineer to augment staff and assist with network administration, design, and security. This position will primarily focus on the installation and maintenance of connectivity to the County’s Wide Area Network (WAN) and Local Area Networks (LAN).

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

Project Goals, Outcomes or Purpose (list 3):

This position will primarily focus on the installation and maintenance of connectivity to the County’s Wide Area Network (WAN) and Local Area Networks (LAN).

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): |
| Interapt, LLC 552 East Market Street, Suite 302 Louisville, Kentucky 40202 | Merabeth Martin Chief Operating Officer |
| Vendor Council District: | Project Council District: |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|--|
| RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: \$150,000.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 25 / 1 | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <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? Interapt provided the only bid at \$81,120.00. | <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 type="checkbox"/> No. If yes, complete section below: | |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: TAC Approval 09/14/2023 |
| Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions. | |
| Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | |

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

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

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

Provide status of project.

New Service or purchase Recurring service or purchase Is contract late No Yes, In the fields below provide reason for late and timeline of late submission

Reason: Contract to begin upon approval and execution by County Board of Control.

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):

BC2024-08

| | |
|---------------------------|--|
| Title | Executive Office; Ohio City Farm; Grant approval effective upon signature for one year to help with the upgrade and design of an International Farmers Market. |
| Department or Agency Name | Executive Office |
| 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 | 4030 | Ohio City Farm | 1 Year; Effective upon | \$150,000.00 | | |

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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Ohio City Farm is an urban farm located in Ohio City Neighborhood that nourishes the community with local food and empowers resettled refugees by providing employment and training. This farm is jointly administered by CMHA and the Refugee Response. This agreement is to help with the upgrade and design of an International Farmers Market.

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):
 Expand and upgrade the Farmers Market
 Provide Fresh produce to underserved residents.
 Provide employment and training opportunity for refugees

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): |
| Ohio City Farm 2054 W 47 th st Cleveland, Ohio 44102 | Patrick Kearns Executive 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 # <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 grant agreement to help urban farm located within Cuyahoga County. *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 (). |

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|---|--|
| 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. | |

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| 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% Arpa 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 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) | |

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| HISTORY (see instructions): |
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BC2024-09

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|---------------------------|---|
| Title | Project CALM Clinical Staff |
| Department or Agency Name | Cuyahoga County Court of Common Pleas, Juvenile Division |
| Requested Action | <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|-------------------------------|--------------------------------|------------------------|--------------------|--------------|---|--------------|
| (O) | 2975 | Applewood Centers, Inc | 7/1/2021-6/30/2023 | \$215,250.00 | 5/12/2022 | BC2022-267 |
| (A-1) | 2975 | Applewood Centers, Inc | 7/1/2022-6/30/2023 | \$218,167.00 | 01/09/2023 | BC2023-10 |
| (A-2) | 4014 | Applewood Centers, Inc | 7/1/2022-6/30/2024 | \$389,781.00 | pending | pending |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor will provide staff coverage for behavioral health screenings 24-hrs per day, 7 days per week, and will coordinate with police departments within Cuyahoga County regarding program referrals and transportation of youth to the agency's location. To extend the time period from June 30, 2023, to June 30, 2024, and increase the funds in the amount of \$389,781.00 for the time period from July 1, 2023 through June 30, 2024.

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): *Vendor to provide brief behavioral health screenings to determine if youth is appropriate for the program and to assist in identifying appropriate respite options. *Staff will provide case management services to assist and support youth and their families in gaining access to medical, social, educational/vocational, and other services essential to meeting their basic needs.

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: Applewood Centers, Inc 10427 Detroit Ave., Cleveland, Ohio 44102 | Owner, executive director, other (specify): Adam G. Jacobs, President |
| Vendor Council District: | Project Council District: |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|--|--|
| RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: | <input 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: Contract amendment | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (list original procurement)- This project is funded 100% by the RECLAIM grant. <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. | |

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

| | |
|---|---|
| Provide status of project. The project is an extension of an existing project | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, and vendors' delayed submission of documents. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 5/31/2023 |
| Date documents were requested from vendor: | 6/15/2023 |
| Date of insurance approval from risk manager: | 6/14/2023 |
| Date Department of Law approved Contract: | 5/31/2023 |
| Date item was entered and released in Infor: | 12/1/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This contract is recurring for services and has been written into the RECLAIM Grant. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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|---|
| HISTORY (see instructions): |
| Prior approval (O) -\$215,250.00- (BC2022-267)- (5/12/2022) (A-1)- \$218,167.00- (BC2023-10)- (1/9/2023) (A-2)-\$389,781.00- pending |

BC2024-10

| | |
|---------------------------|---|
| Title | FY 2023-2024 Contract Amendment with Applewood Centers Inc. for Respite Services Project CALM |
| Department or Agency Name | Cuyahoga County, Juvenile Court |
| 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) | 2967 | Applewood Centers, Inc. | 6/1/22-6/30/22 | 67,592.40 | 7/19/2021 | BC2021-361 |
| A-1 | 2967 | Applewood Centers, Inc. | 7/1/22-6/30/23 | 62,458.80 | 12/20/2022 | BC2022-786 |
| A-2 | 2967 | Applewood Centers, Inc. | 7/1/23-6/30/24 | 62,458.80 | pending | pending |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The vendor will provide Respite Services for Project CALM, a diversion program for youth potentially charged with low-level domestic violence. This amendment is to extend the time period from June 30, 2023, to June 30, 2024 and increase the funds in the amount of \$62,458.80. This changes the not-to-exceed value of the contract to \$192,510.00.

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

Project Goals, Outcomes or Purpose (list 3):
The goals are to provide respite services to youth arrested for domestic violence offense and in need of respite services and divert them from detention 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: Applewood Centers, Inc. 10427 Detroit Avenue Cleveland, Ohio 44102 | Owner, executive director, other (specify): President of Applewood Centers, Inc. is Adam G. Jacobs. |
| Vendor Council District: | Project Council District: |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

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

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

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

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

| | |
|---|---|
| Provide status of project. | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The project's term has already begun, the contract is late due to receiving the notice of grant award after the grant award and approval process, resigning of all amendments to comply with Executive order number EO2023-0003, and vendors submitting documents after the deadline due to staffing changes. | |
| Timeline: Project/Procurement Start Date | 5/31/2023 |

| | |
|--|------------|
| (date your team started working on this item): | |
| Date documents were requested from vendor: | 6/9/2023 |
| Date of insurance approval from risk manager: | 6/6/2023 |
| Date last document received by vendor: | 10/23/2023 |
| Date Department of Law approved Contract: | 5/31/2023 |
| Date item was entered and released in Infor: | 10/24/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

HISTORY (see instructions):

BC2024-11

| | |
|---------------------------|---|
| 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) | 4008 | Serenity Health & Wellness Corporation | 7/1/2023-6/30/2024 | \$225,000.00 | Pending | Pending |
| | | | | | | |

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|--|
| <p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>Vendor to provide art therapy & violence prevention services through its iMIND Expressive Art Therapy & Violence Prevention Program for a term starting July 1, 2023, until June 30, 2024. The funding for this contract shall not exceed \$225,000.00.</p> |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: n/a How will replaced items be disposed of?</p> |
| <p>Project Goals, Outcomes or Purpose (list 3): The vendor primary goal is to engage youth in prosocial activities and provide full-service mentorship through art therapy & violence prevention services.</p> |
| <p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: 7344 Pearl Rd, STE 2B, Middleburg Heights, Ohio 44130 | Owner, executive director, other (specify): Sara Fleming, CEO |
| Vendor Council District: | Project Council District: |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
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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. RFP Exemption- County Code 501.12(D) *See Justification for additional information. |
| The total value of the solicitation: | <input checked="" type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i> . RFP Exemption- County Code 501.12(D) and 100% grant funded. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). RFP Exemption- County Code 501.12(D) and 100% grant funded |
| 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? RFP Exemption- County Code 501.12(D) | <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: |

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| 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. |

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| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. This project is 100% funded through the RECLAIM grant. |
| Is funding for this included in the approved budget? <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): |

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| Provide status of project. | |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to RECLAIM grant notification and award process. | |
| 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 Final document received 11/9/2023 |
| Date of insurance approval from risk manager: | 11/7/2023 |
| Date Department of Law approved Contract: | 11/6/2023 |
| Date item was entered and released in Infor: | 12/4/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Budget Errors on numerous contracts. | |
| 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) | |

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| HISTORY (see instructions): |
| n/a no prior approval. New contract. |

BC2024-12

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

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| 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 (O) | 4010 | Golden Ciphers | 7/1/2023-6/30/2024 | \$59,873.20 | Pending | pending |
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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Vendor shall provide various positive youth development activities and entrepreneurial and employment training for a term starting July 1, 2023, until June 30, 2024. Funding for this contract shall not exceed \$59,873.20.</p> <p>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?</p> <p>Project Goals, Outcomes or Purpose (list 3): Vendor shall provide on-site programming for the various needs of youth referred, and provide various positive youth development activities and entrepreneurial and employment training,</p> <p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: 4450 Cedar Ave. #3 Cleveland, Ohio 44103 | Owner, executive director, other (specify): Pamela Hubbard- Funding Executive 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 |
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| RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: | <input checked="" type="checkbox"/> Exemption |

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| Number of Solicitations (sent/received) / RFP Exemption – County Code 501.12(D) | <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? RFP Exemption – County Code 501.12(D) | <input type="checkbox"/> Contract Amendment (list original procurement) |
| | <input type="checkbox"/> Other Procurement Method, please describe: |

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| Is Purchase/Services technology related <input 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. | |

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| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. This project is 100% funded through the RECLAIM grant |
| Is funding for this included in the approved budget? <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): |

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| Provide status of project. | |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to the RECLAIM grant notification and award process, which is out of the Courts control. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 4/6/2023 |
| Date documents were requested from vendor: | 9/6/2023 |
| Date of insurance approval from risk manager: | 10/23/2023 |
| Date Department of Law approved Contract: | 11/6/2023 |

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| Date item was entered and released in Infor: | 12/6/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
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BC2024-13

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|---------------------------|---|
| Title | INTEGRATED CO-OCCURRING TREATMENT |
| Department or Agency Name | COURT OF COMMON PLEAS, JUVENILE DIVISION |
| Requested Action | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|-------------------------------------|--------------------|--------------|---|--------------|
| (A) | 4019 | Bellefaire Jewish Children's Bureau | 7/1/2023-6/30/2025 | \$250,715.00 | Pending | Pending |
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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. This program addresses substance abuse, mental health disorders, or co-occurring disorders ICT is an integrated treatment approach embedded in an intensive home-based therapy delivery model. This contract is for a term starting July 1, 2023, until June 30, 2025. The funds shall not exceed \$250,715.00.</p> |
| <p>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?</p> |
| <p>Project Goals, Outcomes or Purpose (list 3): Goals to include individual and family integrated substance use disorder and mental health therapeutic counseling. Crisis intervention, including safety planning and monitoring, and 24/7 availability from a program therapist.</p> |
| <p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) |
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| Vendor Name and address: Bellefaire Jewish Children's Bureau 22001 Fairmount Blvd. Shaker Heights, Ohio 44118 | Owner, executive director, other (specify): Adam G. Jacobs President |
| Vendor Council District: | Project Council District: |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|--|
| RQ # <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 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? RFP EXEMPTION_ 100% grant funded project. | <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. | |

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| 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% grant funded through RECLAIM. |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

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| Provide status of project. | |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, and vendors' delayed submission of documents. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 5/31/2023 |
| Date documents were requested from vendor: | 6/09/2023 signed contract received 12/1/2023 |
| Date of insurance approval from risk manager: | 9/16/2023 |
| Date Department of Law approved Contract: | 5/13/2023 |
| Date item was entered and released in Infor: | 12/8/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Issues arising when trying to release contracts & amendments | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This is an RFP exemption contract that was written into the RECLAIM grant. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
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BC2024-14

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|---------------------------|---|
| Title | MULTISYSTEMIC THERAPY AND MULTISYSTEMIC THERAPY-PROBLEM SEXUAL BEHAVIOR (MST/MST-PSB) |
| 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/ | Approval No. |
|--------------------------------------|--------------------------------------|----------------|-------------|--------|-----------------------|--------------|
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|-----|------|-------------------------|-------------------|--------------|------------------------|---------|
| | | | | | Council's Journal Date | |
| (O) | 4021 | Applewood Centers, Inc. | 7//2023-6/30/2025 | \$472,000.00 | Pending | pending |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. MST-PSB is designed with core elements of MST standard, but additionally addresses problematic sexual behaviors in youth of all genders ages 12 to 17 1/2. Each program is delivered in the home and community and focuses on family strengths. The court desires to contract with the vendor for a term starting July 1, 2023, until June 30, 2025. The funding for this contract is not to exceed \$472,000.00.

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):

- The MST standard model is a family-driven treatment approach that addresses a multitude of behavioral issues by addressing complex systemic drivers to youth delinquency.
- MST-PSB is designed with core elements of MST Standard, but additionally addresses problematic sexual behaviors.
- The vendor shall provide an intensive, in-home and community-based service for youth based on the MST and MST-PSB Models and maintain all elements of fidelity model.

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: Applewood Centers, Inc. 10427 Detroit Ave. Cleveland, Ohio 44102 | Owner, executive director, other (specify): Adam G. Jacobs. |
| Vendor Council District: | Project Council District: |
| 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 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? RFP Exemption- County Code 501.12(D) | <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. | |

| |
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| 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 contract is 100% funded through the RECLAIM grant. |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|--|---|
| Provide status of project. | |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contracts and amendments to comply with Executive order number EO2023-0003, and vendors' delayed submission of documents. | |
| Timeline: Project/Procurement Start Date | 5/31/2023 |

| | |
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| (date your team started working on this item): | |
| Date documents were requested from vendor: | 6/9/2023 Signed Contract received 12/10/2023 |
| Date of insurance approval from risk manager: | 6/14/2023 |
| Date Department of Law approved Contract: | 9/5/2023 |
| Date item was entered and released in Infor: | 12/11/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

HISTORY (see instructions):
 4021 is a new two-year contract for MST-MST PSB services due to vendor increase rates. This contract is an affiliate of the previously approved contract no. 2863 MST- MST PSB -
 Contract Number 2863 MST-PSB (BC2022-780) approved 12/20/2022- FTP:7/1/2022-6/30/2023.

BC2024-15

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|---------------------------|--|
| 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) | 4028 | Intelligence Over Emotions Foundation | 7/1/2023- 6/30/2024 | \$57,099.90 | Pending | Pending |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Vendor shall provide social and emotional learning groups via the healing circles model and incorporate cognitive behavioral techniques for a term starting July 1, 2023, until June 30, 2024. The funds shall not exceed \$57,099.90.

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| 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): The primary goal of the program is to increase empathy for justice involved youth and provide an opportunity for restorative justice techniques. A reduction in individualized harm and harm caused to the community by participants will be identified and addressed through self-reflection. |
| If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: Intelligence Over Emotions Foundation. 3700 Euclid Ave. Cleveland, Ohio 44115. | Owner, executive director, other (specify): Johnathan Collins -Founder, Executive 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. *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? RFP Exemption – County Code 501.12(D) | <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. | |

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

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|---|---|
| Provide status of project. | |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, and vendors’ delayed submission of documents. | |
| Timeline: | 04/10/2023 |
| Project/Procurement Start Date (date your team started working on this item): | |
| Date documents were requested from vendor: | 9/6/2023 received last document from vendor 12/5/2023 |
| Date of insurance approval from risk manager: | 11/4/2023 |
| Date Department of Law approved Contract: | 11/6/2023 |
| Date item was entered and released in Infor: | 12/13/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: _N/A | |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
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BC2024-16

| | |
|---------------------------|---|
| Title | Contract 3 rd Amendment, Allstar Laundry Services Inc. for MEO Laundry Services for additional six months, thru 6/30/2024, amount not to exceed \$11,337.50. |
| Department or Agency Name | Medical Examiner's Office |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|-------------------------------|-------------------------|-------------|---|--------------|
| A-#3 | CM#1560 | Allstar Laundry Services Inc. | 1/1/2024 Thru 6/30/2024 | \$11,337.50 | | |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Complete laundry service, including pick-up and delivery as scheduled/needed.

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. Pick-up of soiled items in need of laundry services.
2. Laundering sheets, towels, gowns etc.
3. Delivery of laundered items.

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): |
| Allstar Laundry Services Inc. 12717 Euclid Avenue Cleveland, OH 44112 | Carmelita Burrell, President |
| Vendor Council District: | Project Council District: |
| 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> | Provide a short summary for not using competitive bid process. |

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| <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | This is a contract 3rd amendment to extend for 6 months until 6/30/2024. Due to staff shortage, an RFP was not able to be completed prior to the expiration of this contract. The six-month extension will allow enough time for a competitive bid process, without interruption of necessary services. *See Justification for additional information. |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <i>RQ-19-46336 BC2019-692 9/16/2019 CE1900351</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 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. NA | |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. NA | |

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| 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 ME100100 55160 |
| 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): |

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| Provide status of project. |
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| <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: Vendor delay on document return. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 11/20/2023 |
| Date documents were requested from vendor: | 12/13/2023 |
| Date of insurance approval from risk manager: | 12/14/2023 see email from Awatef Assad re. insurance issues |
| Date Department of Law approved Contract: | 12/7/2023 |
| Date item was entered and released in Infor: | 12/15/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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|---|-----------------|--------------------------|---------------------------------------|---------------|------------|
| HISTORY (see instructions): | | | | | |
| Contract History CE/AG# (if applicable) | | CE1900351 | | | |
| Infor/Lawson PO# Code (if applicable) | | 210718 CONV | | | |
| Lawson RQ# (if applicable) | | na | | | |
| CM Contract# | | CM#500 copied to CM#1560 | | | |
| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
| Original Amount | \$45,110.00 | | 12/1/2019 - 11/30/2022 | 9/16/2019 | BC2019-692 |
| Prior Amendment Amounts (list separately) | | \$25,000.00 | 11/30/2022 | 8/19/2021 | BC2021-429 |
| | | \$30,000.00 | 12/1/2022 - 12/31/2023 | 12/19/2022 | BC2022-789 |
| | | \$ | | | |
| Pending Amendment | | \$11,337.50 | 06/30/2024 | PENDING | PENDING |
| Total Amendments | | \$66,337.50 | | | |
| Total Contact Amount | | \$111,447.50 | | | |

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BC2024-17

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

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council’s Journal Date | Approval No. |
|--------------------------------|--------------------------------|------------------|-------------------------|--------------|---|--------------|
| O | CE1800308 | JusticeTrax Inc. | 10/15/2018 – 10/14/2021 | \$85,560.00 | 9/24/2018 | BC2018-651 |
| A-1 | CE1800308 | JusticeTrax Inc. | 10/15/2018 – 10/14/2021 | \$7,500.00 | 6/24/2019 | BC2019-479 |
| A-2 | CE1800308 | JusticeTrax Inc. | 10/15/2018 – 10/14/2021 | \$35,425.00 | 8/12/2019 | BC2019-596 |
| A-3 | 1144 | JusticeTrax Inc. | 10/15/2018 – 10/14/2021 | \$79,391.67 | 6/14/2021 | BC2021-284 |
| A-4 | 1144 | JusticeTrax Inc. | 10/15/2018 – 10/14/2024 | \$131,885.83 | 8/2/2021 | BC2021-407 |
| A-5 | 4020 | JusticeTrax Inc. | 10/15/2018 – 12/31/2024 | \$63,868.63 | Pending | Pending |

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| <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 Medical Examiner’s Office is requesting approval of a contract amendment with Justice Trax Inc, for the amount of \$63,868.63. The Medical Examiner will add seven (7) additional licenses, a consumables inventory system, and custom development from Justice Trax.</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): Add additional licenses for staff. Add Consumable inventory Management System. Custom development to extract final report PDFS to the server daily.</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> |

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| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| JusticeTrax 1 W Main St, Mesa, AZ 85201 | Simon Key President |
| Vendor Council District: | Project Council District: |
| All | All |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | All municipalities of Cuyahoga County. |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|--|
| RQ # <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. Active contract in place; amending to add services and funds. *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>) Sole Source <input type="checkbox"/> Other Procurement Method, please describe: |

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| Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below: | |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: |
| 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? 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.
 65% of the project will be funded by the American Rescue Plan Act (ARPA) Crime Lab Backlog Grant; 30% will be funded by the Medical Examiner’s General Fund and reimbursed by the CDC Overdose Data to Action Grant (OD2A) via the Cuyahoga County Board of Health; 5% will be covered by the Medical Examiner’s General Fund.

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

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

Provide status of project.

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| <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:

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| Timeline: Project/Procurement Start Date (date your team started working on this item): | |
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| Date documents were requested from vendor: | |
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| Date of insurance approval from risk manager: | |
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| Date Department of Law approved Contract: | |
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| 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):

BC2024-18

| | |
|---------------------------|---|
| Title | 2023 Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service; Contract for Defending Childhood Treatment Services |
| Department or Agency Name | Public Safety and Justice 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 | Approva l No. |
|--------------------------------------|--------------------------------------|---|--------------------------|-------------|--|------------------|
| O | 3924 | Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service | 10/01/2023- 9/30/2024 | \$10,000.00 | TBD | TBD |
| | | | | | | |

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

Public Safety and Justice Services requesting approval of contract with Mental Health Services for Homeless Persons Inc. dba Frontline Service for the anticipated cost not-to-exceed \$10,000.00.

This contract is for treatment services to conduct screening for all children and their families referred by community agencies in connection with the Defending Childhood Initiative Project for the period of 10/01/2023-9/30/2024.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to provide evidence-based, trauma-informed treatment for child victims and witnesses of violence. The purpose of the treatment is to mitigate and/or treat the impact of trauma.

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): |
| Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service 1744 Payne Ave Cleveland, OH 44114 | The Associate Director of Development for the contractor/vendor is Naomi Worthington. |
| Vendor Council District: | Project Council District: |
| Council District 7 | All; County Wide |

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| 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. This project is exempt from the formal bidding process. The new contract is due to continued funding from the Ohio Attorney General's office and Mental Health Services for Homeless Persons, Inc. was named specifically as a partner on the approved grant application. *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. | |

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| 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. |
|---|

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|---|
| The project is funded 100% by the Ohio Attorney General Victim of Crime Act (VOCA) Grant 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 type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|--|---|
| Provide status of project. | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The project's term has already begun. The grant performance period began on 10/1/2022. The grant award has been received on 9/29/2023 – BC 2023-648. PSJS needed that final award to confirm awards to grant partners, and request accounting information, all of which is needed to process the contract. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10/4/2023 |
| Date documents were requested from vendor: | 10/5/2023 |
| Date of insurance approval from risk manager: | 11/2/2023 |
| Date Department of Law approved Contract: | 10/4/2023 |
| Date item was entered and released in Infor: | 11/3/2023 |
| 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | |
| Due to the nature of this grant, it will always be submitted late, as we don't find out the award amount until after the term has begun. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
| CM 2851 - BC2022-714 |

BC2024-19

| | |
|---------------------------|--|
| Title | 2023 Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service; Contract for Defending Childhood Central Intake and Assessment Services |
| Department or Agency Name | Public Safety and Justice 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 aPeriod | Amount | Date BOC Approved/ | Approva l No. |
|--------------------------------------|--------------------------------------|-------------|--------------|--------|-----------------------|------------------|
|--------------------------------------|--------------------------------------|-------------|--------------|--------|-----------------------|------------------|

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|---|------|--|----------------------|--------------|------------------------|-----|
| | | | | | Council's Journal Date | |
| O | 3925 | Mental Health Services for Homeless Persons Inc. dba Frontline Service | 10/01/2023-9/30/2024 | \$226,151.00 | TBD | TBD |
| | | | | | | |

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

Public Safety and Justice Services requesting approval of contract with Mental Health Services for Homeless Persons Inc. dba Frontline Service for the anticipated cost not-to-exceed \$226,151.00.

This contract is for central intake and assessment services to conduct screening for all children and their families referred by community agencies in connection with the Defending Childhood Initiative Project for the period of 10/01/2023-09/30/2024.

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

Project Goals, Outcomes or Purpose (list 3):

The goal of this project is to provide intake and assessment services to conduct screening for all children and their families referred by community agencies via defending childhood screening tool, progressing to assessment stage, as needed.

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): |
| Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service 1744 Payne Ave Cleveland, OH 44114 | The Associate Director of Development for the contractor/vendor is Naomi Worthington. |
| Vendor Council District: | Project Council District: |
| Council District 7 | All; 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 |
|-------------------------|-----------------------------|

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| 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 project is exempt from the formal bidding process. The new contract is due to continued funding from the Ohio Attorney General's office. Mental Health Services for Homeless Persons, Inc. was specifically named as a partner on the approved grant application. *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. The project is funded 100% by the Ohio Attorney General Victim of Crime Act (VOCA) Grant 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 type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|--|---|
| Provide status of project. | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The project's term has already begun. The grant performance period began on 10/1/2022. The grant award has been received on 9/29/2023 – BC 2023-648. PSJS needed that final award to confirm awards to grant partners, and request accounting information, all of which is needed to process the contract. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10/4/2023 |
| Date documents were requested from vendor: | 10/5/2023 |
| Date of insurance approval from risk manager: | 11/2/2023 |
| Date Department of Law approved Contract: | 10/4/2023 |
| Date item was entered and released in Infor: | 11/3/2023 |
| 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | |
| Due to the nature of this grant, it will always be submitted late, as we don't find out the award amount until after the term has begun. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
| CM 2852 - BC2022-715 |

BC2024-20

| | | |
|---------------------------|---|--|
| Title | 2023 Wingspan Care Group; Contract for Defending Childhood Treatment Services | |
| Department or Agency Name | Public Safety and Justice 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 | 3927 | Wingspan Care Group | 10/01/2023- 9/30/2024 | \$10,000.00 | TBD | TBD |
| | | | | | | |

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

Public Safety and Justice Services requesting approval of a contract with Wingspan Care Group for the anticipated cost not-to-exceed \$10,000.00.

This Project is not new to the County and the services are currently being provided by the affiliated associates of Wingspan Care Group, Applewood Centers, Inc., and Bellefaire Jewish Children’s Bureau.

This contract is for evidence-based trauma-informed treatment services for child victims and witnesses to violence in connection with the Defending Childhood Initiative Project for the period of 10/01/2023-09/30/2024.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to provide evidence-based, trauma-informed treatment for child victims and witnesses of violence. The purpose of the treatment is to mitigate and/or treat the impact of trauma.

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): |
| Wingspan Care Group 22001 Fairmount Boulevard Shaker Heights, OH 44118 Council District 9 | The Paralegal for the contractor/vendor is Elizabeth A. Eisenberg |
| Vendor Council District: | Project Council District: |
| Council District 9 | All; 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. This project is exempt from the formal bidding process. The new contract is due to continued funding from the |

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| | Ohio Attorney General's office and Mental Health Services for Homeless Persons, Inc. was named as a partner on the approved grant application. *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 (<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. | |

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| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. The project is funded 100% by the Ohio Attorney General Victim of Crime Act (VOCA) Grant 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 type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): | |

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

Reason: The project's term has already begun. The grant performance period began on 10/1/2022. The grant award has been received on 9/29/2023 – BC 2023-648. PSJS needed that final award to confirm awards to grant partners, and request accounting information, all of which is needed to process the contract.

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| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10/4/2023 |
| Date documents were requested from vendor: | 10/5/2023 |
| Date of insurance approval from risk manager: | Applewood - 11/2/2023 Bellefaire - 11/4/2023 |
| Date Department of Law approved Contract: | 10/4/2023 |
| Date item was entered and released in Infor: | 11/9/2023 |
| 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | |
| Due to the nature of this grant, it will always be submitted late, as we don't find out the award amount until after the term has begun. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
| CM 2850 - BC2022-749 |

BC2024-21

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|---------------------------|---|
| Title | Office of Homeless Services; 2024 A Place 4 Me Collaborative Services Contract for Alternative Housing and Related Services and Supports for COVID Recovery |
| Department or Agency Name | Office of Homeless 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 | 3887 | A Place 4 Me Collaborative | 1/1/2024- 12/31/2024 | \$113,935.00 | Pending | Pending |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 The Office of Homeless Services requesting approval of a contract with A Place 4 Me Collaborative for the anticipated cost of \$113,935.00.

A Place 4 Me will aim to alleviate youth homelessness in Cuyahoga County by providing the following:

- Youth Emergency Funding:
- Rental Assistance:
- Lodging Kits:
- Furniture Bank Grants:

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

Project Goals, Outcomes or Purpose (list 3):

- To provide Youth Emergency funding: this can be for utility bills, transportation assistance, court costs and other housing related fees.
- Rental Assistance: payments for back rent or security deposits
- Lodging Kits: Kits with essential household items that will allow them to cook, clean and sleep in new homes
- Furniture Bank Grants: grants that will allow them to purchase furniture from the Cleveland Furniture Bank

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

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

| | |
|---|---|
| Vendor Name and address: | Owner, executive director, other (specify): |
| A Place 4 Me Collaborative 4100 Franklin Blvd. Cleveland, OH 44113 | Kate Lodge |
| Vendor Council District: | Project Council District: |
| District 7 | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | County wide |

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

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|--|---|
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> . N/A | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A |
| 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? N/A | <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. | |

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

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|---|---|
| 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: Vendor recently became a non-profit and were originally providing these services as a subcontractor of the YWCA. When they became a non-profit. Office of Homeless Services asked us to separate them out with their own contract. The budget took some time to determine for the new contract. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 9.29.2023 |
| Date documents were requested from vendor: | 9.29.2023 |
| Date of insurance approval from risk manager: | N/A |
| Date Department of Law approved Contract: | 11.30.2023 |

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|--|------------|
| 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: No issues arose during processing | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) continuing services provided under their original agreement with the YWCA | |
| Have payments be made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) paid them under previous agreement with the YWCA. | |

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| HISTORY (see instructions): |
| See above |

BC2024-22 a)

| | |
|---------------------------|---|
| Title | RQ# 13207 - 2024 – Family and Children First Council (FCFC) Planned Parenthood of Greater Ohio – Contract for Teen Pregnancy Prevention Program |
| Department or Agency Name | Family and Children First Council (FCFC) |
| 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 | 3942 | Planned Parenthood of Greater Ohio (PPGO) | 1/1/2024-12/31/2025 | \$110,000.00 | Pending | Pending |
| | | | | | | |

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|---|
| Service/Item Description (include quantity if applicable): Teen Pregnancy Prevention Programming |
| 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? |
| Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> In collaboration with FCFC, the selected school districts, community partners and the external evaluator, develop effective measures to meet the goals of the program and prevent Out-of-Wedlock births among teens in Cuyahoga County Ensure program development of services is geared toward school age youth of both genders, with primary emphasis on the target population of youth ages grades 5th though 12th. |

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: Planned Parenthood of Greater Ohio 444 W. Exchange Street Akron, Ohio 44302 | Owner, executive director, other (specify): Executive Director Iris E. Harvey |
| Vendor Council District: N/A | Project Council District: Various |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|---|
| RQ # 13207 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/25/2023 | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: \$164,000.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 26 /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? N/A | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA) <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input type="checkbox"/> Contract Amendment (list original procurement) |
| | <input type="checkbox"/> Other Procurement Method, please describe: |

| | |
|--|--|
| Is Purchase/Services technology related <input checked="" type="checkbox"/> 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 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): (No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source 100% Health and Human Services Levy |
| Is this approved in the biennial 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, provide reason for late and time-line of late submission |
| Reason: Vendors sent documents late. We explained to them the timeframe was short for receiving documents. | |
| Time Line: Project/Procurement Start Date (date your team started working on this item) | 6/15/23 |
| Date documents were requested from vendor. | 10/31/23 |
| Date of insurance approval from risk manager | 12/7/23 |
| Date Department of Law approved Contract. | 12/7/23 |
| Date item was entered and released in Infor | 11/8/23, 12/12/23 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction. None | |
| 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) | |

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| HISTORY: Provide prior approval numbers and date of approval (in the box below), unless submitting a contract amendment and the details were provided in the table on page 1. |
| Original Contract CE1800384-01 1/1/2019-/12/31/2019 BC2018-818 Approval Date 11/19/2018 Amendment 1 CM#389 1/1/2020-12/31/2020 BC2020-116 Approval Date 2/10/2020 Amendment 2 CM#389 1/1/2021-12/31/2021 BC2021-146(A) Approval Date 3/29/2021 Amendment 3 CM#389 1/1/2022-6/30/2023 BC2022-304 Approval Date 5/16/2022 Amendment 4 CM#389 7/1/2023-12/31/2023 BC2023-401 Approval Date 5/7/2023 |

BC2024-22 b)

| | |
|---------------------------|---|
| Title | RQ# 13207 - 2024 – Family and Children First Council (FCFC) Beech Brook – Contract for Teen Pregnancy Prevention Program |
| Department or Agency Name | Family and Children First Council (FCFC) |
| 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 | 3944 | Beech Brook | 1/1/2024- 12/31/2025 | \$54,000.00 | Pending | Pending |
| | | | | | | |

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| Service/Item Description (include quantity if applicable): Teen Pregnancy Prevention Programming |
| 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? |
| Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> In collaboration with FCFC, the selected school districts, community partners and the external evaluator, develop effective measures to meet the goals of the program and prevent Out-of-Wedlock births among teens in Cuyahoga County Ensure program development of services is geared toward school age youth of both genders, with primary emphasis on the target population of youth ages grades 5th through 12th. |
| 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: Beech Brook 3737 Lander Road Cleveland, Ohio 44124 | Owner, executive director, other (specify): Executive Director Thomas P. Royer |
| Vendor Council District: Council District 11 | Project Council District: The project is located in Council District 11 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| | |
|---|--|
| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
| RQ # 13207 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/25/2023 | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: \$164,000.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 26 /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? N/A | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA) <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input type="checkbox"/> Contract Amendment (list original procurement) |
| | <input type="checkbox"/> Other Procurement Method, please describe: |

| | |
|--|--|
| Is Purchase/Services technology related <input checked="" type="checkbox"/> 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 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. | |

| |
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| FUNDING SOURCE(S): (No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source 100% Health and Human Services Levy |
| Is this approved in the biennial 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, provide reason for late and time-line of late submission |
| Reason: Vendors sent documents late. We explained to them the timeframe was short for receiving documents. | |
| Time Line: Project/Procurement Start Date (date your team started working on this item) | 6/15/23 |
| Date documents were requested from vendor. | 10/31/23 |
| Date of insurance approval from risk manager | 12/7/23 |
| Date Department of Law approved Contract. | 12/7/23 |
| Date item was entered and released in Infor | 11/8/23, 12/12/23 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction. None | |

| |
|--|
| 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: Provide prior approval numbers and date of approval (in the box below), unless submitting a contract amendment and the details were provided in the table on page 1. |
| Original Contract CE1800384-01 1/1/2019-/12/31/2019 BC2018-818 Approval Date 11/19/2018 |
| Amendment 1 CM#491 1/1/2020-12/31/2020 BC2020-136 Approval Date 2/18/2020 |
| Amendment 2 CM#491 1/1/2021-12/31/2021 BC2021-146(B) Approval Date 3/29/2021 |
| Amendment 3 CM#491 1/1/2022-6/30/2023 BC2022-304 Approval Date 5/16/2022 |
| Amendment 4 CM#491 7/1/2023-12/31/2023 BC2023-401 Approval Date 5/7/2023 |

BC2024-23

| | |
|---------------------------|---|
| Title | Office of Early Childhood/Invest in Children; 2024-25; Cuyahoga County Board of Health; General Contract; Child Fatality Review Board |
| Department or Agency Name | Office of Early Childhood/Invest in Children |
| Requested Action | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|--------------------------------|-----------------------|--------------|---|--------------|
| O | 3723 | Board of Health Child Fatality | 01/01/2024-12/31/2025 | \$240,000.00 | TBD | TBD |
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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Through this program, all unexpected and potentially preventable child deaths receive an individual and in-depth case review by the Child Fatality Review Committee to better understand the circumstances that led to the death and to make informed recommendations for system changes and programs that could prevent similar deaths in the future. The Cuyahoga County Board of Health implements the day-to-day operation of this board and process, under the active leadership of the Office of Early Childhood Performance Period: 01/01/2024-12/31/2025.</p> |
| <p>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?</p> |
| <p>Project Goals, Outcomes or Purpose (list 3) 1. Provide leadership and staffing services to the Child Fatality Review Committee.</p> |

2. Use standardized information gathering techniques to help determine secondary causes of death and other contributing factors and work with the Cuyahoga County Medical Examiner to collect data on all sudden and suspicious child deaths

3. Develop recommendations for action based on case review findings and identify opportunities for immediate action through committee members, when appropriate.

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): |
| Cuyahoga County Board of Health 5550 Venture Dr. Parma, OH 44130 | Terry Allan, MPH |
| Vendor Council District: | Project Council District: |
| District 4 | Countywide |
| 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. 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 |

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| 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. | |

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

| | |
|---|---|
| Provide status of project. | |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: The Board of Health only approves contracts once each month. We did not receive the signed contract until 11.21.2023 but we did not get a compliant COI until 11.28.2023. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10.5.2023 |
| Date documents were requested from vendor: | 10.5.2023 |
| Date of insurance approval from risk manager: | 8.29.2023 |
| Date Department of Law approved Contract: | 11.28.2023 |
| Date item was entered and released in Infor: | 11.28.2028 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): BC2021-664-11/15/21 |
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C. – Exemptions

BC2024-24

Scope of Work Summary

The Department of Public Works is requesting an Exemption with the Home Depot that will result in a not-to-exceed purchase order set up to cover routine equipment and material purchases. The amount of the purchase order will be not-to-exceed \$49,500.00. This will allow Public Works business units to make needed equipment and material purchases at a big box retail store where stock levels and alternate/backup options are optimal.

The primary goal of the project is to ensure Public Works business units have options for purchasing readily available equipment and materials that are in close proximity to County locations.

Procurement

An Exemption is being requested because it would be very difficult to bid big box retail stores where stocked items are extensive and there is no way to forecast identifiable material needed to be included in a bid process. Home Depot has many locations throughout Cuyahoga County including Cleveland's Steelyard Commons location which is in close proximity to Downtown Cuyahoga County buildings as well as the new Harvard Maintenance Garage where our Sanitary, Road & Bridge, and Fleet divisions are located and are known to need materials from Home Depot for immediate business needs.

Contractor and Project Information

Home Depot
2455 Paces Ferry Road
Atlanta, GA 30339

Funding

The project is funded as follows:

Facilities –\$19,250.00 – General Fund
Sanitary – \$21,750.00 – Sanitary Sewer Fund
Road & Bridge – \$2,000.00 – Road & Bridge Fund
Road & Bridge (Fleet) - \$2,500.00 – Road & Bridge Fund
Animal Shelter – 4,000.00 – Kennel Operations Fund

BC2024-25

Scope of Work Summary

Cuyahoga Job and Family Services is requesting approval of a Government Agreement with Treasurer for the State of Ohio for the anticipated cost not to exceed \$3,487,984.93 for the time period 1/1/2024-12/31/2024.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number.
BC2021-736, BC2023-801

The Ohio Department of Health's Children with Medical Handicaps Program provides payment for Diagnostic, Treatment, and Service Coordination programs to children who are residents of Ohio and who

are potentially or actually medically handicapped. Section 3701.023 (I) of the Ohio Revised Code mandated the Department of Health to collect reimbursement from each Ohio county. The maximum amount we are required to reimburse Children with Medical Handicaps (CMH) program is \$3,487,984.93. This amount equals one-tenth of one mill of our county’s total property tax valuation.

We need to reimburse the state for payments made for healthcare for the Children with Medical Handicaps Program which is state mandated. The anticipated start-completion dates are 1/1/2024-12/31/2024.

The primary goals of the project are:

To adhere to state policy for The Children with Medical Handicaps Program

To reimburse the state for healthcare for Children with Medical Handicaps

The project is mandated by ORC section 3701.023 (I).

Procurement

The procurement method for this project was Government Agreement. The maximum amount we are required to reimburse Children with Medical Handicaps (CMH) program is \$3,487,984.93. This amount equals one-tenth of one mill of our county’s total property tax valuation.

Contractor and Project Information

Treasurer for the State of Ohio
 Department of Health
 PO Box 15278
 Columbus, OH 43215-0278

The Treasurer Robert Sprague for The State of Ohio is the contractor/vendor

Project Status and Planning

The agreement is annual with the Treasurer for the State of Ohio.

Funding

The project is funded 100% funded by the Health and Human Services Levy.
 The schedule of payments is by monthly invoice.

D. – Consent Agenda

BC2024-26

| | | |
|---------------------------|--|--|
| Title | Superior Rd. AMD #3 (FINAL) | |
| 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 | 2378 | The Vallejo Company | N/A | \$2,988,925.02 | May 10 th 2022 | R2022-0116 |
| A-1 | 2378 | The Vallejo Company | | \$0.00 | Jan, 9 th , 2023 | |
| A-2 | 2378 | The Vallejo Company | | -\$449,061.57 | October 10 th , 2023 | BC2023-627 |
| A-3 | 2378 | The Vallejo Company | | -\$50,000 | PENDING | |
| | | | | | | |

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

This project includes the resurfacing of approximately 1.7 miles of Superior Road (CR-41) from Euclid Avenue to Lee Road in the Cities of East Cleveland and Cleveland Heights. Work tasks include the installation of new asphalt intermediate and surface courses, full and partial depth pavement repairs and curb, sidewalk and drive apron repairs as required, utility adjustments, ADA curb ramp upgrades and new pavement markings for the length of the corridor. This the first amendment for this project, there are no new items for this project. The amendment is for increasing and decreasing quantities.

The anticipated start-completion dates are May 31, 2022 and ending approximately November 4, 2022. The project is essentially complete, just finishing up final details.

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

Project Goals, Outcomes or Purpose (list 3): See above

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

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

| | |
|---|---|
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Vallejo Company 4000 Brookpark Rd. Cleveland OH, 44134 | Mark Adzema |
| Vendor Council District: 7 | Project Council District: 10 |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

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| 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: \$3,144,351.52 Number of Solicitations (sent/received) 4 / 4 | <input type="checkbox"/> Exemption <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 (%): (%7) DBE () 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> <i>Low Bidder not DEI compliant recommended vendor matched the lowest bid</i> | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? We accepted the lowest and best bid | <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. | |

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| 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 20% Federal, 35% OPWC Funds, 43% County \$7.50 fund, and 2% municipalities. |
| 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): |

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| 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 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) | |

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| HISTORY (see instructions): |
| See chart above |

BC2024-27

| | |
|---------------------------|--|
| Title | 2023 Cleveland Rape Crisis Center Contract 5th Amendment-Protection Order Registry. |
| Department or Agency Name | Department of Public Safety & Justice Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------------|--------------------------------------|---------------------------------|-------------------------|----------|--|--------------|
| O | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2019 | \$20,000 | 10/7/2019 | BC2019-10 |
| A | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2020 | \$0.00 | 11/12/2019 | ION |
| A | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2021 | \$0.00 | 8/18/2020 | ION |
| A | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2022 | \$0.00 | 9/1/2021 | ION |
| A | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2023 | \$0.00 | 10/17/2022 | BC2022-617 |
| A | 1389 | Cleveland Rape Crisis Center | 6/1/2019 – 9/30/2024 | \$0.00 | TBD | TBD |

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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Department of Public Safety & Justice Services requesting approval of a 4th contract amendment with the Cleveland Rape Crisis Center to extend time through 9/30/2024. No additional funds are required.</p> <p>The Cleveland Rape Crisis Center serves as a supporting training agency in a collaborative effort to train law enforcement and court personnel on protection orders, protection order enforcement, and use of the protection order registry. Cleveland Rape Crisis Center assists the lead training agency, Legal Aid Society in developing a multi-faceted training curriculum that can be adapted depending on the target audience. They will continue to assist with the delivery of 10-12 training sessions in concert with Witness Victim, Legal Aid, and the Domestic Violence and Child Advocacy Center.</p> |
| <p>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? N/A</p> |
| <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The primary goal of the project is for Cleveland Rape Crisis Center is to deliver training sessions to law enforcement and court personnel on protection orders, protection order enforcement, and use of the protection order registry.</p> |
| <p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |

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| <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): |
| Cleveland Rape Crisis Center (CRCC) 1228 Euclid Avenue #200 Cleveland, OH 44115 | The CEO & President is Sondra Miller |
| Vendor Council District: | Project Council District: |
| Council District 9 | All; County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

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| <p>COMPETITIVE PROCUREMENT</p> <p>RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:</p> | <p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. The project is not eligible for a competitive bid process. Funding is provided by the U.S. Dept. of Justice, Office on Violence Against Women’s Act Grant Award Improving Criminal Justice Responses and is conditional, insofar as the the Cleveland Rape Crisis Center was</p> |
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| | included in the initial grant fund application specifically as a project partner. *See Justification for additional information. |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase |
| | <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment CM 1389 |
| | <input type="checkbox"/> Other Procurement Method, please describe: |

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

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|---|--|
| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. The project is funded 100% by the U.S. Department of Justice, Office on Violence Against Women Grant Award; Improving Criminal Justice Reponses | |
| 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): Invoice | |

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| 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: PSJS could not begin extending this contract until the time extension was approved by the funder. The approval was received on 9/20/2023. The Board of Control approved the extension on 10/2/2023. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 9/29/2023 |
| Date documents were requested from vendor: | 10/5/2023 |
| Date of insurance approval from risk manager: | 11/19/2023 |
| Date Department of Law approved Contract: | 9/29/2023 |
| Date item was entered and released in Infor: | 12/8/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) - This is an amendment for time. The services have continued through despite the amendment being late. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

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| HISTORY (see instructions): |
| N/A – This is an amendment |

BC2024-28

| | |
|---------------------------|---|
| Title | 2023 Legal Aid Society of Cleveland Contract 5th Amendment-Protection Order Registry . |
| Department or Agency Name | Department of Public Safety & Justice Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------------|--------------------------------------|-----------------------------------|-----------------------|-------------|--|--------------|
| O | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2020 | \$30,000.00 | BC2019-399 | 5/28/2019 |
| A | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2020 | \$0.00 | ION | 10/7/2019 |
| A | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2021 | \$0.00 | ION | 8/18/2020 |
| A | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2022 | \$0.00 | ION | 9/13/2021 |
| A | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2023 | \$0.00 | BC2022-618 | 10/17/2022 |

| | | | | | | |
|---|------|--------------------------------|--------------------|--------|-----|-----|
| A | 1390 | Legal Aid Society of Cleveland | 6/1/19 – 9/30/2024 | \$0.00 | TBD | TBD |
|---|------|--------------------------------|--------------------|--------|-----|-----|

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

PSJS is requesting an amendment to extend this contract through September 30, 2024, as the Dept. of Justice grant that funded the project has been extended through September 30, 2024. There has been no change in scope of work or services. There are no additional funds required.

The Legal Aid Society of Cleveland (LASC) will serve as the lead training agency in a collaborative effort to train law enforcement and court personnel on protection orders, protection order enforcement, and use of the protection order registry.

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

Project Goals, Outcomes or Purpose (list 3):

1. Continue development, implementation, and maintenance of a protection order registry that is comprehensive, centered around victim’s rights and expectations of privacy and confidentiality, and accessible to all professionals who may need access, including police, jail staff, prosecutors, advocates, shelter workers, judges, probation officers, and others.
2. Enhance the enforcement of the multiple types of protection orders in Cuyahoga County so that protected individuals and families see a reduction in incidents of domestic violence, sexual assault and stalking, and offenders or respondents are held fully accountable for violations of said orders.
3. Cuyahoga County will develop a comprehensive training curriculum as well as a design for a protection order registry. Both will be marketable to other counties within Ohio, and adaptable for other states depending on their protection order laws.

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 Legal Aid Society of Cleveland 1223 West Sixth Street Cleveland, Ohio 44113 | The Executive Director Colleen Cotter |
| Vendor Council District: | Project Council District: |
| Council District 9 | All; 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 | Provide a short summary for not using competitive bid process. |

| | |
|---|--|
| <input type="checkbox"/> Formal Closing Date: | The project is not eligible for a competitive bid process. Funding is provided by the U.S. Dept. of Justice, Office on Violence Against Women's Act Grant Award Improving Criminal Justice Responses and is conditional, insofar as the Legal Aid Society of Cleveland was included in the initial grant fund application specifically as a project partner. *See Justification for additional information. |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment CM 1390 <input type="checkbox"/> Other Procurement Method, please describe: |

| | |
|--|--|
| Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below: | |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions. | |
| Are services covered under the original ERP Budget or Project? <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. U.S. Department of Justice on Violence Against Women's Act Grant | |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): | |
| Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Invoice | |

| | |
|---|---|
| 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: PSJS could not begin extending this contract until the time extension was approved by the funder. The approval was received on 9/20/2023. The Board of Control approved the extension on 10/2/2023. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 9/29/2023 |
| Date documents were requested from vendor: | 10/5/2023 |
| Date of insurance approval from risk manager: | 11/19/2023 |
| Date Department of Law approved Contract: | 9/29/2023 |
| Date item was entered and released in Infor: | 12/8/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This is an amendment for time. The services have continued through despite the amendment being late. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

| |
|-----------------------------|
| HISTORY (see instructions): |
| N/A – This is an amendment |

BC2024-29

| | |
|---------------------------|---|
| Title | 2023; Amendment 1; Journey Center for Safety and Healing d/b/a Domestic Violence Child Advocacy Center ; Office on Violence Against Women-Improving Criminal Justice Responses. |
| Department or Agency Name | Public Safety and Justice Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|---|----------------------|--------|---|--------------|
| A | 1453 | Journey Center for Safety and Healing d/b/a Domestic Violence | 7/8/2021 – 9/30/2025 | N/A | TBD | TBD |

| | | | | | | |
|---|------|--|----------------------|--------------|--------|------------|
| | | Child Advocacy Center | | | | |
| O | 1453 | Journey Center for Safety and Healing d/b/a Domestic Violence Child Advocacy Center | 7/8/2021 – 9/30/2023 | \$175,475.77 | 7/6/21 | BC2021-323 |
| | | | | | | |
| | | | | | | |

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

With this action, Public Safety and Justice Services is requesting an amendment of contract 1453 with subrecipient Journey Center for Safety and Healing to extend time through 9/30/2025 at no additional cost.

Journey Center for Safety and Healing is responsible for coordinating efforts to train suburban police departments on the use of DA-LE (Danger Assessment for Law Enforcement), and assisting departments in amending policies, procedures, and forms to incorporate risk assessment strategies.

Public Safety and Justice Services received a time extension to it's OVWFY 2020 Improving Criminal Justice Response to Domestic Violence, Dating Violence, Sexual Assault and Stalking Grant.

For purchases of furniture, computers, vehicles: Additional Replacement

Age of items being replaced: N/A How will replaced items be disposed of? N/A

Project Goals, Outcomes or Purpose (list 3):

1. Coordinating efforts to train suburban police departments.
2. Assist law enforcement agencies with the development of new policies and procedures.
3. Assist law enforcement agencies with creating new assessment strategies on the use of DA-LE (Danger Assessment for Law Enforcement).

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: | If applicable provide the full address or list the municipality(ies) impacted by the project. |
| Journey Center for Safety and Healing 601 Lakeside Avenue East Cleveland, Ohio 44114 | All; County Wide |
| Vendor Council District: | Owner, executive director, other (specify): |
| Council District 10 | The Chief Executive Officer is Melissa Graves |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|--|---|
| RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. The application was submitted to the Department of Justice Office on Violence Against Women required the inclusion of collaborative partners as part of the submission process. Journey Center for Safety and Healing, in collaboration with Witness Victim Service Center, was names as one of the partners who will provide services to victims of domestic violence. As the only domestic violence shelter in the Cleveland area, Journey Center for Safety and Healing is the only provider which can provide the services and data required to fulfill the terms of the 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, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (list original procurement) Original Contract was an Exemption <input type="checkbox"/> Other Procurement Method, please describe: |

Is Purchase/Services technology related Yes 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 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. N/A | |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A | |

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|--|
| 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% by grant funding awarded through the Department of Justice Office on Violence Against Women, CFDA 16.590. |
| 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: Corrections needed in Infor due to DBA, Needed required Independent Contractor form vendor, vendor needed to re-register with the inspector general | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 9/8/2023 |
| Date documents were requested from vendor: | 9/12/2023, received 9/13/2023 |
| Date of insurance approval from risk manager: | Submitted 9/14/2023, question from law received 9/16/2023, question forwarded to vendor 9/18/2023, vendor responded 9/20/2023, approved by law 9/20/2023 |
| Date Department of Law approved Contract: | 9/8/2023 |
| Date item was entered and released in Infor: | 10/27/2023 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Unreleased 10/31/2023, Corrections made and re-released on 11/2/2023, unreleased on 11/6/2023, made corrections and releases 11/29/2023, un released on 12/5/2023, Vendor needed to resubmit Independent contractor form, received verification of registration on 12/14/2023 – released 12/15/2023 | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This is an amendment for time. Services continued per our previous agreement. | |
| Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A | |

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| HISTORY (see instructions): N/A – This is an amendment to Contract CM1453 |
|--|

BC2024-30

(See related items for proposed travel/memberships for the week of 1/2/2024 in Section C. above).

BC2024-31

(See related items for proposed purchases for the week of 1/2/2024 in Section C. above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

| | |
|---------------------------|--|
| Title | Domestic Relations Court Families First Program CY2024 ADAMHS Board Funding |
| Department or Agency Name | Domestic Relations Court |
| Requested Action | <input 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 checked="" type="checkbox"/> Other (please specify): Accept Funding Award |

| 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 | N/A | Cuyahoga County ADAMHS Board | 1/1/2024-12/31/2024 | \$90,000 | pending | pending |
| | | | | | | |

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

Requesting approval/acceptance of Cuyahoga County ADAMHS Board funding in the amount of \$90,000 for the Families First Program for the period 01/01/2024-12/31/2024.

Funds will be used to serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.

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

Project Goals, Outcomes or Purpose (list 3):
 To serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.

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: N/A | Owner, executive director, other (specify): |
| | |
| Vendor Council District: | Project Council District: |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | County Wide Program |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|--|
| RQ # <i>if applicable</i> N/A <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: N/A | 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 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. Cuyahoga County ADAMHS Board CY2023 Funding |
| 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 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: N/A | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 12/11/2023 |
| Date documents were requested from vendor: | N/A |
| 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: | N/A |
| 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) | N/A |
| Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | N/A |

| |
|--|
| HISTORY (see instructions): |
| CY2024 ADAMHS Board Resolution Number 23-11-07 |
| CY2023 ADAMHS Board Resolution Number 22-11-08 |
| CY2022 ADAMHS Board Resolution Number 21-11-07 |

Item No. 2

Scope of Work Summary

The Department of Public Safety & Justice Services – Witness Victim Service Center/Family Justice Center requesting authority to accept a grant extension award from Alliance for Hope International, Camp HOPE America for the period 1/1/2024-12/31/2024 and submitting a Memorandum of Understanding with Alliance for Hope International to outline the collaborative roles and responsibilities for Camp HOPE America in 2024. Previous approval number CON2023-09, dated 1/17/2023, was for the period 1/1/2023-12/31/2023. The MOU requires a signature for execution. The MOU includes the Affiliation Fee between Camp HOPE America, a program of Alliance for Hope International. The amount of \$3,500 will be paid from the remaining grant funds.

Remaining funds will be used during 2024 to partner with Alliance for Hope International as a Camp HOPE Affiliate, specialized technical assistance, and training, required attendance at the National Family Justice Center Conference, and Cuyahoga County Camp HOPE America in August 2024.

Procurement - Grant Award

Contractor and Project Information -
Camp HOPE America
Alliance for Hope International

101 West Broadway, Suite 1770
San Diego, CA 92101

Project Status and Planning

This is a continuation of grant funding that Cuyahoga County Witness Victim Service Center/Family Justice Center has been awarded to implement Camp HOPE America in Cuyahoga County.

Funding

No additional funds are being awarded for calendar year 2024

Item No. 3

Scope of Work Summary

The Department of Public Safety & Justice Services – Witness Victim Service Center/Family Justice Center requesting authority to apply and accept a grant award from the Cleveland Browns for the 2023 Healthy Relationships Microgrant – Browns Give Back program. This award in the amount of \$7,500 is for the period 12/1/2023 – 12/31/2024 and will be used to support the Camp HOPE program “Pathways” programming.

Camp HOPE is an evidence-based camping and mentoring initiative that supports children exposed to domestic violence. The Camp HOPE program includes a week of overnight summer camp that infuses the traditional camp experience with messages of hope and healing. Children are connected with a peer group comprised of other children who have experienced similar trauma.

The camp week is complemented by year-round group enrichment activities. These year-round activities are branded as “Pathways” programming. Pathways programming plays a vital role withing the Camp HOPE America program, allowing children to continue their relationships with counselors and

their peers. Pathways programming offers a lifeline and diverts children from a potential path of violence, substance abuse, incarceration, and other forms of dysfunction. Through mentorship, and enrichment programming, children are empowered with the necessary tools to overcome the adverse effects of domestic violence and child abuse trauma where they have an opportunity to build a brighter future.

Funding from the Cleveland Browns would both sustain current Pathways activities and enhance the ability to provide meaningful activities in the coming year. These activities will include educational programs, skill-building sessions, recreational outings, and any other specific needs identified to support the child’s healing journey.

Procurement - Grant Award

Contractor and Project Information
 Cleveland Browns
 76 Lou Groza Boulevard
 Berea, Ohio 44017

Project Status and Planning

This is a new award from the Cleveland Browns in the amount of \$7,500.00.

Item No. 4

| | | |
|---------------------------|---|--|
| Title | Health and Human Services-2023-2024- Western Reserve Area Agency on Aging-Medicare Improvements for Patients and Providers Act (MIPPA) Grant Award | |
| Department or Agency Name | Department of Senior and Adult | |
| Requested Action | <input 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 checked="" type="checkbox"/> Other : Grant Award | |

| 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 | | Western Reserve Area Agency | 09/01/2023-08/31/2024 | \$20,623.46 | Pending | Pending |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase DSAS will assist seniors with applying for Medicare savings plans and low-income subsidies to reduce their out-of-pocket expenses. The anticipated start-completion dates 09/01/2023-08/31/2024.

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

| |
|---|
| <p>Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to lower out-of-pocket Medicare expenses for seniors and adults with disabilities. Also, to assist Seniors with applying for Medicare savings plans</p> |
| <p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" 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): |
| <p>The address of the grantor is: Western Reserve Area Agency on Aging 1700 East 13th Street Suite 114 Cleveland, OH 44106</p> | E. Douglas Beach, Ph. D. |
| 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 |
|--|--|
| <p>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:</p> | <p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p> |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <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: Grant Award |
|--|--|

| | |
|--|--|
| 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. Grant funded by WRAAA through the federal Medicare Improvements for Patients and Providers Act (MIPPA) |
| 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. The project reoccurs annually. | |
| <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 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): |
| Western Reserve Area Agency 9/1/2022 – 8/31/2023 \$18,161.40 03/13/2023 CON2023-31 |

Item No. 5

| | | |
|---------------------------|--|--|
| Title | 2023-2024 Ryan White HIV/Aids Treatment- Addendum 1-Department of Senior and Adult | |
| Department or Agency Name | Department of Senior and Adult | |
| Requested Action | <input 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 (Addendum 1 to Grant Accept): | |

| 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 | | Cuyahoga County District Board of Health | 03/01/2023-02/29/2024 | \$56,082.00 | 05/25/2023 | CON2023-53 |
| A-1 | | Cuyahoga County District Board of Health | Through 02/29/2024 | \$10,000.00 | pending | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Services to be provided include Home and Community-Based Health Services and Home Health Care in connection with FY2019 Ryan White HIV/AIDS Treatment Extension Act Part A program and minority aids initiative.

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

Project Goals, Outcomes or Purpose (list 3):
 To provide home and community-based services to individuals with HIV/AIDS
 To provide home health services to individuals with HIV/AIDS

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 address of the grantor is: Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130 | Roderick Harris, PHD |

| | |
|---|---------------------------------------|
| Vendor Council District: 4 | 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. Board of Health is Granting the monies for this funding for Department of Senior and Adult *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 type="checkbox"/> Other Procurement Method, please describe: |

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

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

| |
|---|
| This is being paid by the Cuyahoga County Board of Health |
| 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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: Division of Senior and Adult applied for this Grant back in 2019 and has been the recipient of this Grant for home and community-based services to individuals with HIV/Aids. | |
| 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): |
| CON2022-26, CON2021-129, CON2021-57, BC2019-902, CON2017-285, CON2017-60, CON2018-54, CON 2018,-74, CON2018-110, CON2019-37, CON2022-26, CON2023-53 |

Item No. 6

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 1/4/2023 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT