



**Cuyahoga County Board of Control Agenda  
Monday, March 4, 2024 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 2/26/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-165**

Department of Public Works, submitting an amendment to a grant agreement with Ohio Department of Natural Resources and the City of Cleveland in the amount of \$150,000.00 for the Beulah Park-Euclid Beach Connector Trail – Phase I Project in connection with NatureWorks Local Assistance Grant Program effective upon signatures of all parties through 12/31/2024 to extend the time period to 12/31/2025; no additional funds.

Funding Source: 75% Ohio Department of Natural Resources of Ohio Capital Funds and 25% (Cash Match) – General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

**BC2024-166**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$12,669.00 for the purchase of various engineering software program subscriptions for the Road and Bridge Division for the period 12/30/2023 – 12/29/2024.
- b) Recommending an award on Purchase Order No. 24000246 to Carahsoft Technology Corporation in the amount not-to-exceed \$12,669.00 for the purchase of various engineering software program subscriptions for the Road and Bridge Division for the period 12/30/2023 – 12/29/2024.

Funding Source: 61% General Funds; 17% Sanitary Sewer Funds and 22% Road & Bridge Funds

**BC2024-167**

Department of Public Works, submitting an amendment to Contract No. 2432 with Orkin LLC for integrated pest management services for various County buildings for the period 4/1/2022 – 3/31/2025 for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: General Funds

**BC2024-168**

Department of Public Works, submitting an amendment to Contract No. 2948 with Chemtron Corporation for collection, transportation, recycling and or disposal of hazardous/non-hazardous waste for the period 1/24/2023- 1/23/2024 to extend the time period to 7/31/2024 and for additional funds in the amount not-to-exceed \$32,500.00.

Funding Source: General Fund

**BC2024-169**

Department of Public Works, submitting an amendment to Contract No. 3299 with Perk Company, Inc. for resurfacing of Hilliard Road (CR-69) from Warren Road to Riverside Drive in the City of Lakewood in connection with the 2021-2024 Transportation Improvement Program for additional funds in the amount not-to-exceed \$218,215.87.

Funding Source: 80% Federal Funds; 10% \$5.00 Motor Vehicle License Tax Fund and 10% Municipality

**BC2024-170**

Department of Public Works, recommending an award and enter into Contract No. 3974 with CFM, Inc. dba Carefree Maintenance Co. (83-1) in the amount not-to-exceed \$22,000.00 for sprinkler system maintenance services at various County buildings, effective upon signatures of all parties for the period 1/1/2024 - 12/31/2025.

Funding Source: General Fund

**BC2024-171**

Agency of the Inspector General,

- a) Submitting an RFP Exemption, which will result in an award recommendation to WingSwept, LLC in the amount not-to-exceed \$81,330.31 for software support and maintenance on the Case Management Tracking System for the period 4/23/2024-4/22/2027.
- b) Recommending an award and enter into Contract No. 4208 with WingSwept, LLC in the amount not-to-exceed \$81,330.31 for software support and maintenance on the Case Management Tracking System for the period 4/23/2024-4/22/2027.

Funding Source: 65% General Fund and 35% IG Vendor Fees Fund

**BC2024-172**

Fiscal Office/Department of Consumer Affairs, recommending to change Consent Item CON2022-112 dated 12/19/2022 to BC2024-172 a New Item for Review:

Submitting a Memorandum of Understanding (via Agreement No. 2949) with the Cuyahoga County Solid Waste District to administer the Sustainable Stores Grant Program in the amount of \$200,000.00 and to define the roles and responsibilities of the parties, effective upon signature of all parties.

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

**BC2024-173**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amazon Web Services (AWS) in the amount not-to-exceed \$180,000.00 to provide Cloud Hosting Services, disaster recovery backup and secure application access for external employees to the Enterprise Resource Planning System for the period 3/1/2024-2/28/2025.
- b) Recommending an award on Purchase Order No. 24000636 to Amazon Web Services (AWS) in the amount not-to-exceed \$180,000.00 to provide Cloud Hosting Services, disaster recovery backup and secure application access for external employees to the Enterprise Resource Planning System for the period 3/1/2024-2/28/2025.

Funding Source: General Fund

**BC2024-174**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Crown Castle Fiber, LLC in the total amount not-to-exceed \$9,830.00 for a joint cooperative purchase of dedicated internet access subscription services for the period 3/1/2024 – 12/31/2024.
- b) Recommending an award on Purchase Order No. 24000664 to Crown Castle Fiber, LLC in the total amount not-to-exceed \$9,830.00 for a joint cooperative purchase of dedicated internet access subscription services for the period 3/1/2024 – 12/31/2024.

Funding Source: General Fund

**BC2024-175**

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 \$162,336.00 for a state contract purchase of (712) Cisco IP 8811 Phones.
  
- b) Recommending an award on Purchase Order No. 24000685 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$162,336.00 for a state contract purchase of (712) Cisco IP 8811 Phones.

Funding Source: General Fund

**BC2024-176**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$83,200.00 for a state contract purchase of (64) Meraki Wireless Access Points and (64) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.
  
- b) Recommending an award and enter into Purchase Order No. 24000686 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$83,200.00 for a state contract purchase of (64) Meraki Wireless Access Points and (64) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.

Funding Source: Health and Human Services Levy Fund

**BC2024-177**

Department of Information Technology on behalf of the Department of Health and Human Services, recommending an award on Purchase Order No. 24000956 to The Ohio State University dba OARnet in the amount not-to-exceed \$10,497.50 for the purchase of (170) VmWare Horizon 8 Enterprise software subscriptions and support for the period 2/13/2024 – 2/12/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-178**

County Executive's Office, submitting a Grant Agreement with HealthCorps, Inc. (via Contract No. 4181) in the amount not-to-exceed \$150,000.00 to provide health and wellness education to children at up to fifteen schools in Cuyahoga County effective upon contract signatures of all parties through 12/31/2024.

Funding Source: General Fund

**BC2024-179**

Court of Common Pleas/Juvenile Court Division,

- a) Requesting authority to apply for grant funds from the State of Ohio/Office of the Attorney General in the amount of \$103,105.00 for various FY2023-2024 VOCA/SVAA grant program activities for the period 10/1/2023 – 9/30/2024.
- b) Submitting a grant agreement with the State of Ohio/Office of the Attorney General in the amount of \$103,105.00 for various FY2023-2024 VOCA/SVAA grant program activities for the period 10/1/2023 – 9/30/2024, as follows:
  - 1. Victims of Crime Act, Residential Treatment services in the amount of \$82,484.00.
  - 2. Safe Harbor Liaison in the amount of \$20,621.00

Funding Source: 80% State of Ohio/Office of the Attorney General and 20% cash match. The cash match funds of \$20,621.00 will be paid from Health and Human Services Levy Fund

**BC2024-180**

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp. in the amount not-to-exceed \$5,250.00 for renewal of (1) digital video recorder (DVR) examiner license for use by Ohio Internet Crimes against Children (ICAC) Task Force unit for the period 4/27/2024 – 4/26/2025.
- b) Recommending an award on Purchase Order No. 24000479 to Carahsoft Technology Corp. in the amount not-to-exceed \$5,250.00 for the renewal of (1) digital video recorder (DVR) examiner license for use by Ohio Internet Crimes against Children (ICAC) Task Force unit for the period 4/27/2024 – 4/26/2025.

Funding Source: 2023 Ohio Internet Crimes Against Children Task Force Grant

**BC2024-181**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$16,551.00 for a state contract purchase of (20) cases of Critical Duty and (60) cases of training ammunition for Protective Service Officers.
- b) Recommending an award on Purchase Order No. 24000325 to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$16,551.00 for a state contract purchase of (20) cases of Critical Duty and (60) cases of training ammunition for Protective Service Officers.

Funding Source: General Fund

**BC2024-182**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$36,000.00 for the purchase of various laundry chemicals for use in the County Jail for the period 1/1/2024 – 12/31/2024.
- b) Recommending an award on Purchase Order No. 24000640 to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$36,000.00 for the purchase of various laundry chemicals for use in the County Jail for the period 1/1/2024 – 12/31/2024.

Funding Source: General Fund

**BC2024-183**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nova Biomedical Corporation in the amount not-to-exceed \$8,688.17 for the purchase of various standard drug chemicals for analytical and research development applications for the Toxicology Lab.
- b) Recommending an award on Purchase Order No. 24000715 to Nova Biomedical Corporation in the amount not-to-exceed \$8,688.17 for the purchase of various standard drug chemicals for analytical and research development applications for the Toxicology Lab.

Funding Source: General Fund

**BC2024-184**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending a payment on Purchase Order No. 24000804 to The Centers for Families and Children for the Propel Cuyahoga - Workforce Services Program in the amount of \$256,542.32 as final payment for services render under Contract No. 1122 during the contract term from 7/1/2019 – 12/31/2022.

Funding Source: Federal Temporary Assistance for Needy Families (TANF)

**BC2024-185**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an award on RQ11185 and enter into Contract No. 3224 with Applewood Centers, Inc. (13-3) in the amount not-to-exceed \$330,000.00 for a Service Coordination Crisis Bed and related crisis stabilization services for the period 3/1/2024-2/28/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-186**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, recommending an award and enter into Contract No. 4091 with Board of Park Commissioners of the Cleveland Metropolitan Park District in the amount not-to-exceed \$11,957.82 for rental of space, refreshments, audio/visual equipment and related services for the Invest in Children Annual Meeting, effective upon signature of all parties, through 6/30/2024.

Funding Source: Health and Human Services Levy Fund

**BC2024-187**

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 Enterprise Community Partners, Inc. in the amount not-to-exceed \$190,000.00 to provide permanent supporting housing and income and stability planning services in connection with the Continuum of Care program for the period 1/1/24 – 12/31/24.
- b) Recommending an award and enter into Contract No. 4191 with Enterprise Community Partners, Inc. in the amount not-to-exceed \$190,000.00 to provide permanent supporting housing and income and stability planning services in connection with the Continuum of Care program for the period 1/1/24 – 12/31/24.

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

**C. – Consent Agenda**

**BC2024-188**

Department of Public Works, submitting an amendment to Contract No. 11 with TRI MOR Corp. for the reconstruction of Apron “H” and Taxiway “B” at the Cuyahoga County Airport for a decrease in the amount of (\$104,016.25); 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: Federal Aviation Administration Grant

**BC2024-189**

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](mailto:Info@Ret3.org). for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

**BC2024-190**

Fiscal Department, presenting proposed travel/membership requests for the week of 3/4/2024:

Dept:	County Executive							
Event:	GLC Semiannual Meeting and Great Lakes Day 2024							
Source:	Great Lakes Commission							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	3/6/2024-3/7/2024	\$0.00	\$100.00**	\$461.54**	\$50.00**	\$653.20**	\$1,264.74	General Fund
David Razum	3/6/2024	\$0.00	\$50.00**	\$0	\$0	\$466.20**	\$516.20	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Attend and participate in the Great Lakes Commission Semiannual Meeting.

Dept:	County Council							
Event:	Jail Tour							
Source:	N/A							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dale Miller	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Meredith Turner	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund



Michael Byrne	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Patrick Kelly	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Pernel Jones	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jail in Davidson County and learn about practices in jail design and operations.

Dept:	County Executive's Office							
Event:	Jail Tour							
Source:	N/A							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brendan Doyle	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Christopher Ronayne	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$50.00	\$220.00	\$320.00	General Fund
Debbie Berry	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund

Erik Janas	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
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\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jail in Davidson County and learn about practices in jail design and operations.

Dept:	Department of Public Works							
Event:	Jail Tour							
Source:	N/A							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Dever	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Nichole English	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jail in Davidson County and learn about practices in jail design and operations.

Dept:	Sheriff's Department							
Event:	Jail Tour							
Source:	N/A							
Location:	Nashville, TN							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dale Soltis	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Harold Pretel	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund
Russell Jaenke	3/13/2024-3/13/2024	\$0.00	\$50.00	\$0.00	\$73.00	\$220.00	\$343.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jail in Davidson County and learn about practices in jail design and operations.

Dept:	Sheriff's Department							
Event:	Axon CEO Technology Summit							
Source:	Axon							
Location:	Scottsdale, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Reese	3/4/2024-3/7/2024	\$0.00	\$60.00	\$700.00	\$150.00	\$400.00	\$1,310.00	Law Enforcement Trust Fund
Christopher McNamara	3/4/2024-3/7/2024	\$0.00	\$60.00	\$700.00	\$150.00	\$400.00	\$1,310.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The summit will be attended by Law enforcement and agency IT leaders from across the US along with product teams to learn and share best practices about how best to deploy technologies. The summit is organized around current key topical areas which include officer safety, crime fighting, transparency, and accountability.

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**Item No. 1**

Court of Common Pleas/Corrections Planning Board, submitting a pass-through grant agreement with Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$220,500.00 for alcohol and other drug assessment, case management and intensive outpatient treatment services in connection with the SFY2024 Treatment Alternatives to Street Crime (TASC) Drug Court Grant Program for the period 7/1/2023 – 6/30/2024.

Funding Source: Funds originate from the Ohio Department of Mental Health and Addiction Services and pass through the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County to the Corrections Planning Board and TASC.

**Item No. 2**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to a grant award from Mt. Sinai Foundation for the Universal Pre-Kindergarten Special Needs Services for the period 6/13/2016 – 6/12/2020 to extend the time period to 12/31/2024.

Funding Source: Mt. Sinai Foundation

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, February 26, 2024 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

**I – CALL TO ORDER**

The meeting was called to order at 11.01 a.m.

Attending:

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

**II. – REVIEW MINUTES – 2/20/2024**

Leigh Tucker motioned to approve the minutes from the February 20, 2024, meeting; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-146**

Department of Public Works, submitting an amendment to Contract No. 3285 with Tri Mor Corporation for rehabilitation of Aprons D1, D2 and D3 at Cuyahoga County Airport located at 26340 Curtiss Wright Parkway, Richmond Heights, for additional funds in the amount not-to-exceed \$37,800.00.

Funding Source: General Fund

Nichole English, Department of Public Works presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-146 was approved by unanimous vote.

**BC2024-147**

Department of Public Works, submitting an amendment to Contract No. 4052 with KS Associates, Inc. for survey services for the Central Services Campus Project on a task order basis for the period 1/3/2024 through project completion for additional funds in the amount not-to-exceed \$115,000.00 .

Funding Source: General Fund

Nichole English, Department of Public Works presented. Dale Miller asked are they working on just the area where the jail is being built or the entire property; asked if the project is it still in the due diligence phase; asked will we close on time. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-147 was approved by unanimous vote.

**BC2024-148**

Department of Public Works, submitting an amendment to Contract No. 4180 (fka Contract No. 600 and CE1300329) with Burgess & Niple, Inc. for engineering services for the replacement of various Rockside Road Bridges in the City of Independence to change the terms of Article 1 Section 2-Administrative Procedures and Article 3. Schedule of Completion/Project Work Schedule, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$300,000.00.

Funding Source: Road and Bridge Fund

Nichole English, Department of Public Works presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-148 was approved by unanimous vote.

**BC2024-149**

Department of Public Works, submitting an amendment to Contract No. 4201 (fka Contract No. 285 and 20001710) with Hill International, Inc. for construction management/support, inspection and material testing services for facilities for the period 6/9/2020 – 12/31/2024 for additional funds in the amount not-to-exceed \$129,500.00.

Funding Source: General fund

Nichole English, Department of Public Works presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-149 was approved by unanimous vote.

**BC2024-150**

Department of Development, recommending an Economic Development Loan to 30055 Cedar Rd. LLC and D&F Gery, Inc. dba Trouve Medspa in the amount not-to-exceed \$455,000.00 for real estate acquisition and development of a medical spa to be located on 1.13 acres near the intersection of Cedar and Lander Roads in Mayfield Heights.

Funding Source: Economic Development Loan Fund

Anthony Stella, Department of Development, presented. Dale Miller asked what the interest rate on the bank loan is; commented essential 9% so we're helping them quite a bit; commented I think the deal is mutual beneficially, we can't get 5.5% on our regular investments but for a business seeking a loan is very attractive. Trevor McAleer asked how soon the 14 jobs will be added to the workforce. Dale Miller motioned to approve the item; Leigh Tucker seconded. Item BC2024-150 was approved by unanimous vote.

#### **BC2024-151**

Department of Housing and Community Development, recommending a payment on Purchase Order No. 24000739 to City of Euclid in the amount of \$40,434.01 as final payment for the month of April 2023 as reimbursement of FY2019 - 2020 U.S. Department of Housing and Urban Development Home Investment Partnership Program funds for HOME Qualified Activities provided under Contract No. 1417 during the term of the contract from 5/1/2021 – 4/30/2023.

Funding Source: HOME Investment Partnership Program Funds

Prentis Jackson, Department of Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2024-151 was approved by unanimous vote.

#### **BC2024-152**

Department of Information Technology, submitting an amendment to a Memorandum of Understanding (via Agreement No. 2899) with Ohio Department of Administrative Services for software licenses, network connectivity data storage and backup on an IBM LPAR Mainframe for the period 9/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$420,000.00.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-152 was approved by unanimous vote.

#### **BC2024-153**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2951 (formerly Contract No. 606 and CE1700165) with OhioGuidestone for high-fidelity wrap around case management services for the period 9/1/2017 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms of insurance, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$28,750.00.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-153 was approved by unanimous vote.

**BC2024-154**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for Trauma Informed Treatment services for Court-referred youth for the period 10/1/2018 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms effective 7/1/2023, to remove a vendor and replace the insurance requirements and for additional funds in the total amount not-to-exceed \$40,000.00:

a) Contract No. 2969 (fka Contract No. 1042) with Applewood Centers, Inc. in the anticipated amount not-to-exceed \$28,940.00.

b) Contract No. 2971 with P.A.L.S. for Healing. in the anticipated amount not-to-exceed \$11,060.00.

Remove a vendor effective 7/1/2023:

c) Contract No. 2970 with Ohio Mentor, Inc

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-154 was approved by unanimous vote.

**BC2024-155**

Court of Common Pleas/Juvenile Court Division, recommending an award on RQ12469 and enter into Contract No. 4129 with OhioGuidestone (50-2) in the amount not-to-exceed \$30,000.00 for sex offender assessment and treatment services for Court referred youth project for the period 7/1/2023 – 6/30/2025.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-155 was approved by unanimous vote.

**BC2024-156**

Sheriff’s Department, recommending an award and enter into Purchase Order No. 24000425 with Millennium Access Control Technology, Inc. in the amount not-to-exceed \$16,135.00 for a sole source purchase of (5) MPACS 200 frame and tray assemblies and (5) Paracentric Keys to be installed by the Department of Public Works for use in the County Jail.

Funding Source: General Fund

Chris Costin, Sheriff’s Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2024-156 was approved by unanimous vote.



**BC2024-157**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Lenco Industries, Inc. DBA Lenco Armored Vehicles in the amount not-to-exceed \$10,756.94 for the purchase and installation of replacement ballistic glass windows for the Sheriff's Department Armored SWAT vehicle.
- b) Recommending an award on Purchase Order No. 24000834 to Lenco Industries, Inc. DBA Lenco Armored Vehicles in the amount not-to-exceed \$10,756.94 for the purchase and installation of replacement ballistic glass windows for the Sheriff's Department Armored SWAT vehicle.

Funding Source: Federal Equitable Sharing Account

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2024-157 was approved by unanimous vote.

**BC2024-158**

Sheriff's Department,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Intellitech Corporation in the amount not-to-exceed \$150,000.00 for maintenance and support on the Incarceration Management and Cost System (IMACS) for the period 4/1/2024 – 3/31/2026.
- b) Recommending an award and enter into Contract No. 4215 with Intellitech Corporation in the amount not-to-exceed \$150,000.00 for maintenance and support on the Incarceration Management and Cost System (IMACS) for the period 4/1/2024 – 3/31/2026.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented with Chief Dale Soltis, supplementing. Dale Miller asked in relation to the response to the advanced questions, you noted you gone out to bid for a new jail management system; asked will this be in addition to this system or a replacement of the current system; asked when you expect to have a decision on a vendor; asked how long do you expect the installation to take; asked will you send legislation to Council to approve; asked how long will it take for buildout of the system to go live; asked for information to be provided in relation to the functionality we currently have and what we do not have. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-158 was approved by unanimous vote.

**BC2024-159**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$5,818.71 for a joint cooperative purchase of various supplies for the DNA Lab.

- b) Recommending an award on Purchase Order No. 24000778 to Fisher Scientific Company LLC in the amount not-to-exceed \$5,818.71 for a joint cooperative purchase of general lab supplies for the DNA Lab.

Funding Source: General Fund

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-159 was approved by unanimous vote.

**C. – Exemptions**

**BC2024-160**

Department of Public Works, recommending an alternative procurement process, which will result in award recommendations to various municipalities in the total amount not-to-exceed \$3,723,920.34 for the 2024 Preventative Maintenance Program for the period ~~3/1/2024 — 9/30/2025~~ **1/31/2024 - 9/30/2025**.

- a) City of Bay Village in the amount not-to-exceed \$70,050.00.
- b) City of Beachwood in the amount not-to-exceed \$37,500.00.
- c) City of Bedford in the amount not-to-exceed \$119,224.00.
- d) City of Bedford Heights in the amount not-to-exceed \$87,232.50.
- e) Village of Bentleyville in the amount not-to-exceed \$55,187.00.
- f) City of Berea in the amount not-to-exceed \$66,600.00.
- g) Village of Bratenahl in the amount not-to-exceed \$20,212.50.
- h) City of Brecksville in the amount not-to-exceed \$30,420.21.
- i) City of Broadview Heights in the amount not-to-exceed \$30,154.00.
- j) City of Brook Park in the amount not-to-exceed \$71,000.00.
- k) City of Brooklyn in the amount not-to-exceed \$100,000.00.
- l) Village of Brooklyn Heights in the amount not-to-exceed \$51,000.00.
- m) Village of Chagrin Falls in the amount not-to-exceed \$22,500.00.
- n) City of Cleveland in the amount not-to-exceed \$36,521.89.
- o) City of Cleveland Heights in the amount not-to-exceed \$11,742.03.
- p) Village of Cuyahoga Heights in the amount not-to-exceed \$35,000.00.
- q) City of East Cleveland in the amount not-to-exceed \$111,000.00.
- r) City of Euclid in the amount not-to-exceed \$1,725.00.
- s) City of Fairview Park in the amount not-to-exceed \$56,750.00.
- t) City of Garfield Heights in the amount not-to-exceed \$155,000.00.
- u) Village of Gates Mills in the amount not-to-exceed \$64,750.00.
- v) Village of Glenwillow in the amount not-to-exceed \$52,200.00.
- w) City of Highland Heights in the amount not-to-exceed \$67,758.73.
- x) Village of Highland Hills in the amount not-to-exceed \$148,370.00.
- y) Village of Hunting Valley in the amount not-to-exceed \$21,780.00.
- z) City of Independence in the amount not-to-exceed \$18,000.00.
- aa) City of Lakewood in the amount not-to-exceed \$130,858.00.

- bb) Village of Linndale in the amount not-to-exceed \$3,500.00.
- cc) City of Lyndhurst in the amount not-to-exceed \$38,856.00.
- dd) City of Maple Heights in the amount not-to-exceed \$141,600.00.
- ee) City of Mayfield Heights in the amount not-to-exceed \$12,500.00.
- ff) Mayfield Village in the amount not-to-exceed \$60,700.00.
- gg) City of Middleburg Heights in the amount not-to-exceed \$121,000.00.
- hh) Village of Moreland Hills in the amount not-to-exceed \$60,358.00.
- ii) Village of Newburgh Heights in the amount not-to-exceed \$80,000.00.
- jj) City of North Olmsted in the amount not-to-exceed \$44,903.00.
- kk) Village of North Randall in the amount not-to-exceed \$102,775.00.
- ll) City of North Royalton in the amount not-to-exceed \$12,143.04.
- mm) Village of Oakwood in the amount not-to-exceed \$47,700.00.
- nn) City of Olmsted Falls in the amount not-to-exceed \$41,600.00.
- oo) Orange Village in the amount not-to-exceed \$63,325.00.
- pp) City of Parma in the amount not-to-exceed \$154,281.00.
- qq) City of Parma Heights in the amount not-to-exceed \$41,400.00.
- rr) City of Pepper Pike in the amount not-to-exceed \$115,800.00.
- ss) City of Richmond Heights in the amount not-to-exceed \$114,500.00.
- tt) City of Rocky River in the amount not-to-exceed \$117,300.95.
- uu) City of Seven Hills in the amount not-to-exceed \$68,943.19.
- vv) City of Shaker Heights in the amount not-to-exceed \$37,494.28.
- ww) City of South Euclid in the amount not-to-exceed \$73,039.12.
- xx) City of Strongsville in the amount not-to-exceed \$161,470.00.
- yy) City of University Heights in the amount not-to-exceed \$46,285.00.
- zz) Village of Valley View in the amount not-to-exceed \$48,000.00.
- aaa) Village of Walton Hills in the amount not-to-exceed \$88,000.00.
- bbb) City of Warrensville Heights in the amount not-to-exceed \$9,280.00.
- ccc) City of Westlake in the amount not-to-exceed \$83,430.90.
- ddd) Village of Woodmere in the amount not-to-exceed \$61,200.00.

Funding Source: Road and Bridge Fund

Nichole English, Department of Public Works, presented. Dale Miller asked in follow-up to questions and answers how much funding Cleveland applied for and why they weren't funded; presenter will follow-up with this information and will include the funding requests of the other municipalities that did not receive funding. Councilman Miller commented this is a cost-efficient program and noted for the record that Council was involved in getting this program started and it's a good program. Leigh Tucker motioned to approve the item as amended; Dale Miller seconded. Item BC2024-160 was approved by unanimous vote as amended.

#### **D. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-161 through BC2024-164; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

#### **BC2024-161**

Department of Public Works, submitting an amendment to Contract No. 3087 with Perk Company, Inc. for pre-phase work in connection with the replacement of Pleasant Valley Road Bridges 09.03, 09.35, 09.68 over Cuyahoga River, including widening of Canal Road/Hillside Road intersection and installation of a temporary traffic signal in the Village of Valley View and the City of Independence for a decrease in the amount of (\$16,079.69); 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: Road and Bridge

**BC2024-162**

Fiscal Office, on behalf of the County Treasurer’s Office, submitting an amendment Master Services Agreement No. 4198 (fka 2696, 2289, 41 and 20000769) with Key Bank National Association for banking and treasury services for the period 4/1/2020 – 3/31/2024 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: General Fund

**BC2024-163**

Fiscal Department, presenting proposed travel/membership requests for the week of 2/26/2024:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Development	Fund for Our Economic Future	\$33,000.00	10/01/2023 – 09/30/2024	General Fund

Purpose of Membership:

The Fund for Our Economic Future is a creative space for philanthropic funders and civic leaders to explore what matters and implement what works to achieve equitable economic growth, emphasizing systemic, long-term change. The Fund for Our Economic Future combines the philanthropic leverage of a funding collaborative, the curiosity and insight of a think tank, the innovation of an incubator and the convening power of an association. For the past two decades the Fund for Our Economic Future has developed, shaped, and funded enduring strategies and shifted the way our region thinks about true prosperity.

Dept:	Department of Information Technology
Event:	PINK 24: 27 <sup>th</sup> Annual International IT Service Management Conference & Exhibition
Source:	Pink Elephant
Location:	Las Vegas, NV

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Krishawn Durham	3/2/2024 – 3/6/2024	\$2,595.00	\$237.00	\$952.00	\$40.00	\$426.50	\$4,250.50	General Fund
Trace Alan Kilgore	3/2/2024 – 3/6/2024	\$2,595.00	\$237.00	\$317.88	\$6.00	\$450.00	\$3,605.88	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Pink’s annual conference has the reputation for having the most content-rich IT service management program in the industry. It will provide numerous opportunities to learn from more than 100 sessions that will be delivered by experienced practitioners and pink experts. There will also be multiple inspiring keynotes and half day workshops that provide practical knowledge and industry solutions by world renowned vendors relating to IT operations.

Dept:	Department of Public Safety and Justice Services							
Event:	National Fusion Center Association Annual Training Event							
Source:	National Fusion Center Association							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Herb	3/24/2024 – 3/28/2024	\$595.00	\$300.00	\$1,196.6	\$110.00	\$420.00	\$2,621.60	Urban Area Security Initiative 2022 Grant

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The National Fusion Center Association Annual Training Event brings together Fusion Center Directors, analysts, and other professionals in Homeland Security, Law Enforcement, Fire and Emergency Management. They include officials in federal agencies and other Fusion Centers from all over the United States to learn about emerging trends in homeland security and best practices in Fusion Center operations. Included in the conference is a day geared exclusively to the Fusion Center Directors to discuss pressing issues related to national trends and Federal partnerships. The other three days include numerous training sessions about work that is currently being done by professionals in Homeland Security.

Dept:	County Council							
Event:	Jail Tour							
Source:	N/A							
Location:	Indianapolis, IN and Columbus, Ohio							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Meredith Turner	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund
Pernel Jones	2/28/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$644.11	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jails in Marion County and Franklin County. It will also provide insight into the best practices with jail design and operations.

Dept:	County Executive's Office							
Event:	Jail Tour							
Source:	N/A							
Location:	Indianapolis, IN and Columbus, Ohio							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brendan Doyle	2/27/2024-2/28/2024	\$0.00	\$100.00	\$120.00	\$424.11	\$0.00	\$644.11	General Fund
Christopher Ronayne	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund
Debbie Berry	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jails in Marion County and Franklin County. It will also provide insight into the best practices with jail design and operations.

Dept:	Department of Public Works							
Event:	Jail Tour							
Source:	N/A							
Location:	Indianapolis, IN and Columbus, Ohio							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Dever	2/27/2024-2/28/2024	\$0.00	\$100.00	\$120.00	\$424.11	\$0.00	\$644.11	General Fund
Nichole English	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jails in Marion County and Franklin County. It will also provide insight into the best practices with jail design and operations.

Dept:	Sheriff's Department							
Event:	Jail Tour							
Source:	N/A							
Location:	Indianapolis, IN and Columbus, Ohio							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dale Soltis	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund
Harold Pretel	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund
Philip Christopher	2/27/2024-2/29/2024	\$0.00	\$150.00	\$240.00	\$424.78	\$0.00	\$814.78	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will allow the County to see the recently constructed jails in Marion County and Franklin County. It will also provide insight into the best practices with jail design and operations.

Dept:	Department of Health and Human Services/Cuyahoga Job and Family Services							
Event:	9 <sup>th</sup> Annual Ohio/Kentucky/Indiana Border Training Workshop							
Source:	The Indiana Prosecuting Attorneys Council							
Location:	Madison, Indiana							



Staff	Travel Dates	Registration*	Meals**	Lodging**	Ground TRN/ Mileage **	Air***	Total	Funding Source
Maggie Jarus	2/27/2024-2/28/2024	\$0.00	\$69.00	\$119.84	\$0.00	\$0.00	\$188.84	66% Title IV-D 34% Health and Human Services Levy
Alison Donze	2/27/2024-2/28/2024	\$0.00	\$69.00	\$119.84	\$419.31	\$0.00	\$608.15	66% Title IV-D 34% Health and Human Services Levy

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The Ohio/Kentucky/Indiana Border Training Workshop highlights how the three IV-D programs operate and address the challenges with intergovernmental processes. It is a great opportunity for the three states to network work through various questions. Also, attorneys will be approved for 3.5 hours of general CLE credits.

**BC2024-164**

Department of Purchasing, presenting proposed purchases for the week of 2/26/2024:

**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
24000760	Electric F-150 Build-Out	Department of Public Works	Hall Public Safety Upfitters	\$22,021.20	Sanitary Fund
24000762	Various fencing materials	Department of Public Works	Great Northern Fence, Inc.	\$5,493.00	Road and Bridge Fund

24000806	Various promotional items for Animal Shelter	Department of Public Works	Universal North Inc.	Not-to-exceed \$15,000.00	Animal Shelter Operating Fund
24000840	Single axle commercial power washer trailer package	Department of Public Works	Crown Cleaning Systems	\$15,100.00	General Fund
24000812	Clean screen columns for use by the Toxicology Department	Medical Examiner's Office	UCT, LLC	\$5,678.30	General Fund

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24000421	Disposal of clean fill*	Department of Public Works	P&P Valley View Holdings dba Boyas Excavating	\$49,999.00	70% Sanitary Fund and 30% Road and Bridge Fund
24000705	Concrete for various county projects**	Department of Public Works	Rockport Ready Mix, Inc.	Not-to-exceed \$49,500.00	General Fund
24000809	Factory Authorized – (1) Submersible grinder pump***	Department of Public Works	Excel Fluid Group, LLC	\$8,213.00	Sanitary Fund
24000836	Factory Authorized – Oil and coolant system repair***	Department of Public Works	Rush Truck Centers, Cleveland International	\$6,465.90	Road and Bridge Fund

\*Approval No. BC2024-92, dated 2/5/2024, recommending an alternative procurement process, which will result in various award recommendations to P&P Valley View Holdings dba Boyas Excavating in the total amount not-to-exceed \$200,000.00 for disposal of clean fill for the period 2/5/2024 – 2/4/2026.

\*\*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. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00.

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**Item No. 1**

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, requesting authority to apply for grant funds from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount not-to-exceed \$85,980.40 for the FY2023 Paul Coverdell Forensic Science Improvement Formula Grant Program for the period 1/1/2024 – 12/31/2024.

Funding Source: FY2023 Paul Coverdell Forensic Science Improvement Grant Program. The schedule of payments received by the County is through quarterly reimbursements submitted to the Ohio Department of Public Safety, Office of Criminal Justice Services.

**Item No. 2**

**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 6453	Amend Contract No. 1646	Tri Mor Corporation	Reconstruction and widening of Sprague Road from West 130 <sup>th</sup> Street to York Road in the Cities of Parma and North Royalton	\$-0-	Department of Public Works	N/A	(Original) General Fund	2/15/2024 (Executive) 2/16/2024 (Law Dept.)
RQ 10548	Amend Contract No. 2779	Perk Company, Inc.	Resurfacing of South Green Road from Cedar Road to Mayfield Road in the City of South Euclid in connection with the FY2021 – 2024 Transportation Improvement Program	\$-0-	Department of Public Works	N/A	(Original) General Fund	2/15/2024 (Executive) 2/16/2024 (Law Dept.)
RQ 45955	Amend Contract Master No. 4204 (fka Contract No. 1872)	Terrace Construction Company, Inc.	On-call heavy construction services for road and bridge repairs and maintenance	\$-0-	Department of Public Works	9/16/2020 – 3/31/2024 <b>to extend the time period to 12/31/2024</b>	(Original) Road and Bridge Fund	2/15/2024 (Executive) 2/15/2024 (Law Dept.)

RQ 45955	Amend Contract Master No. 1873	Schirmer Construction, LLC	On-call heavy construction services for road and bridge repairs and maintenance	\$-0-	Department of Public Works	9/16/2020 – 3/31/2024 <b>to extend the time period to 12/31/2024</b>	(Original) Road and Bridge Fund	2/15/2024 (Executive) 2/15/2024 (Law Dept.)
RQ 45955	Amend Contract Master No. 4205 (fka Contract No. 1874)	Catts Construction, Inc.	On-call heavy construction services for road and bridge repairs and maintenance	\$-0-	Department of Public Works	9/16/2020 – 3/31/2024 <b>to extend the time period to 12/31/2024</b>	(Original) Road and Bridge Fund	2/15/2024 (Executive) 2/15/2024 (Law Dept.)
No RQ	Amend Contract No. 4157 (fka Contract No. 2985)	Justice Innovation Inc. dba The Center for Court Innovation	Provide project planning services for the development, implementation and evaluation of the Parenting After Violence (PAVE) Curriculum Development Program	\$-0-	Court of Common Pleas/Domestic Relations Court Division	12/1/2022 – 8/31/2024	(Original) 50% State Justice Institute Project Grant and 50% Ohio State Bar Foundation Grant	2/15/2024 (Executive) 2/15/2024 (Law Dept.)

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Leigh Tucker motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:24 a.m.

## Item Details as Submitted by Requesting Departments

### IV. Contracts and Awards

#### A. – Tabled Items

#### B. – New Items for Review

##### **BC2024-165**

##### Scope of Work Summary

The Department of Public Works requests submitting an amendment to the grant agreement with the Ohio Department of Natural Resources in the amount of \$150,000 for the Beulah Park-Euclid Beach Connector Trail in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland. The performance period has been extended to December 31, 2025.

Grant funds will be used for constructions costs to provide continuous shoreline protection (integrated armor stone revetment and nature-based shoreline) and public access along 2/3-of-a-mile of an eroding shoreline from Euclid Beach Park west to Shore Acres Drive.C. Contractor Information

The grantor is:

Ohio Department of Natural Resources  
Office of Real Estate & Land Management  
2045 Morse Road, E-2  
Columbus, OH 43229

The ODNR Office of Real Estate & Land Management is under the direction of Program Manager Dee Burlison

The project site is a 2/3 of-a-mile stretch of lakeshore stretching from Euclid Beach Park, part of the Cleveland Metroparks' Lakefront Reservation, west to Shore Acres Drive.

The project is located in Council District 10.

##### Project Status

The grant will be awarded to Cuyahoga County upon the signed agreement.

The grant document requires either a wet or a digital signature.

##### Funding

The \$150,000 grant award from the Ohio Department of Natural Resources is made available from Ohio's fiscal allocations under the provisions of Amended Substitute House Bill No. 310 of the 133<sup>rd</sup> General Assembly.

The grant will be paid by the state on a reimbursable basis.

The performance period is until December 31, 2025.

**BC2024-166**

Title	Public Works /Carahsoft Technology Corp / Purchase Order / RQ #none /Mircostation Select and Mircostation Virtuoso Subscriptions for Road & Bridge and Sanitary Divisions of Public Works
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24000246	Carahsoft Technology Corp		\$12,669.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Public Works is requesting approval of a purchase order, per the chart above, to secure Microstation Select and Microstation Virtuoso Software Subscription. This is an annual purchase.

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

Project Goals, Outcomes or Purpose (list 3):  
 To secure aforementioned subscriptions for the Road & Bridge and Sanitary Divisions of Public Works.

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: Carahsoft Technology Corporation 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Owner, executive director, other (specify): Craig Abod, 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. Renewal of a software license subscription for MicroStation software to be used by the County Road & Bridge Division and Sanitary Division.  *See Justification for additional information.
The total value of the solicitation: \$12,669.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input 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.	

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 Funds 61% of the cost @ \$7695 – FS305100 / 54300  
 Sanitary Sewer Funds 17% of the cost @ \$2267 - PW715200 70000  
 Road & Bridge Funds 22% of the cost @ \$2707 – PW270100 52600

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: Item went before TAC and was approved; Signed justification; received questions from Law and their approval to move forward with PO; Funding source issues; Accounting codes in question	
Timeline: Project/Procurement Start Date (date your team started working on this item):	12.19.2023
Date documents were requested from vendor:	n/a documents on file still valid
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	1.17.2024; 1.23.2024; 1.30.24
Date item was entered and released in Infor:	2.14.24
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) Vendor continues to support the County.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	23000971	Carahsoft Technology Corp		\$11,840.00	3.13.23	BC2023-159

**BC2024-167**

Title	Public Works-Facilities Division-Integrated Pest Management Services
Department or Agency Name	Public Works-Facilities Division
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.
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(O)	2432	Orkin LLC	05/18/20220 3/31/2025	\$117,120.00	5/16/2022	BC2022-297
(A)	CM2432	Rollins, Inc. dba Orkin, LLC	Upon signature- 03/31/2025	Not-to-Exceed \$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
This contract is for PM and as-needed pest control services at various County buildings. The amendment will add an additional not-to-exceed amount of \$50,000.00 to ensure a continuation of pest control services.

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

Project Goals, Outcomes or Purpose (list 3):  
This contract amendment will add an additional not-to-exceed amount of \$50,000.00 to ensure a continuation of pest control services for various County owned buildings.

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):
Rollins, inc. dba Orkin, LLC 6940 W. Snowville Rd. Brecksville, Ohio 44141	Dylan Campbell, Commercial Operations Manager
Vendor Council District:	Project Council District:
Multiple	Multiple
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.  AMENDMENT  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  NA	NA
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:  NA	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  NA	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% Facilities General Funds	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input 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):	12.18.23
Date documents were requested from vendor:	12.21.23
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	12.18.23
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

**BC2024-168**

Title	Public Works/ Chemtron Corporation/Contract Amendment/RQ-none/ Collection, Transportation, Recycling and /or Disposal of Hazardous/Non-hazardous Waste for multiple County Buildings.
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM2948	Chemtron Corporation	1-24-2023 – 1-23-2024	\$49,500.00	BC2023-02	1.9.2023
A	CM2948	Chemtron Corporation	1-24-2024 – 7.31.2024	\$32,500.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Public Works is requesting approval of a contract amendment, per the chart above, to secure the continuation of Collection, Transportation, Recycling and /or Disposal of Hazardous/Non-hazardous Waste for multiple County Buildings.

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 goal is to secure the contract amendment with Chemtron Corporation to secure the continuation of Collection, Transportation, Recycling and /or Disposal of Hazardous/Non-hazardous Waste for multiple County Buildings.

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: Chemtron Corporation 35850 Schneider Court Avon, Ohio 44011	Owner, executive director, other (specify): Ron Guenther, 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.  Chemtron Corporation is the current vendor for the purpose of Collection, Transportation, Recycling and /or Disposal of Hazardous/Non-hazardous Waste for multiple County Buildings, This amendment will allow the continuation of services to give Public Works time to procure the next contract.
	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Funds (PW750100)
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: There were delays in getting required documents and Inspector General registration completed in a timely manner.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	1.9.24 assigned
Date documents were requested from vendor:	1.11.2024
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	1.10.24, amendment rec'd 1.17.24
Date item was entered and released in Infor:	1.13.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Inspector General's registration was delayed, received notification of their registration 2.12.2024	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Vendor will allow the use of the program and will wait for this purchase order	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**BC2024-169**

Title	Hilliard Rd. Resurfacing 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	Date BOC Approved/ Council's Journal Date	Approval No.
O	3299	Perk Company, Inc.	N/A	\$ 2,560,100.42	May 23 <sup>rd</sup> , 2023	R2023-0137

A-1	3299	Perk Company, Inc.		\$0	12/4/2023	Item No. 1
A-2	3299	Perk Company, Inc.		\$218,215.87	PENDING	

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
The anticipated start-completion dates are The project involves the rehabilitation of 1.44 miles of Hilliard Road (CR-69) a two-lane roadway, from Riverside Drive to Warren Road in the City of Lakewood. It includes addition of bike facilities, full depth pavement repair, partial depth pavement repair, resurfacing with asphalt concrete, new drainage structures, and new signing and pavement markings. Anticipated dates are 5/22/2023-11/22/2023

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):
Perk Company, Inc. 3740 Carnegie Ave. Bldg. A STE 301 Cleveland, OH 44115	Joseph Cifani
Vendor Council District: 7	Project Council District: 2
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: \$2,420,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 3 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): ( 8% ) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: This was the only accepted BID, 5.78% over Engineers Estimate	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This was the only bid accepted.	<input checked="" type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. The project is funded (80% by Federal Funds 10% County \$5.00 funds. And 10% Municipality
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):
See chart above

See below:

Over \$270,000 of the \$304,841.64 of increases of existing items were associated with eight items. The increases in these eight items were mainly a result of the following:

- ODOT directed us to replace ADA Curb Ramps which did not meet the specifications. Approximately \$65,000 for the various items associated with this.
- \$98,000 was associated with concrete base repairs. The plans only contained repair quantities for the areas impacted by the sewer repairs. There was no quantity provided for needed repairs to the deteriorated concrete base. The area of repairs only represented around 2% of the project pavement area.
- \$52,000 for miscellaneous metal. The plans did not contain the required amount of this item which is used for the castings installed on catch basins/manholes which are adjusted/reconstructed to grade.
- \$17,000 for needed repairs to drive aprons impacted by curb repairs within the drive area.
- \$11,000 to adjust valve boxes located within the pavement area. Plan quantity was insufficient.
- \$25,000 for catch basins adjusted to grade (this increase was offset by a decrease in the catch basin reconstructed to grade decrease)
- The remaining \$35,000 of increases was due to minor increases in around 12 items

Nearly \$112,000 of the increases were offset by decreases of existing items.

The one new item for around \$25,000 was associated with costs associated with an underground conflict with AT&T ducts.

**BC2024-170**

Title	Public Works – Sprinkler System Maintenance – CFM, Inc.– CM3974
Department or Agency Name	Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):



Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3974	CFM, Inc.	1/1/2024 – 12/31/2025	\$22,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Sprinkler System start up, winterize, replace nozzles and pop-up heads at various County locations.

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 contract will ensure sprinkler systems are running efficiently at various County buildings.  
 Additionally, this contract will include replacing broken or non-working equipment as needed and turning sprinklers on in the spring and winterization prior to the winter season.

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):
CFM, Inc. 4292 W.217 St. Fairview Parm, OH 44126	Fred Schroyering
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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 11/13/2023	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$22,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 83 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <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 – 100%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input 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: Vendor has been out of town since before the holidays and just got back on 1/25/2024	
Timeline: Project/Procurement Start Date (date your team started working on this item):	10/6/2023
Date documents were requested from vendor:	12/21/2023
Date of insurance approval from risk manager:	11/19/2023
Date Department of Law approved Contract:	12/13/2023
Date item was entered and released in Infor:	1/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2492	CFM, Inc. dba Carefree Maintenance Co.	5/18/2022 – 10/31/2022	\$9,000.00	7/11/2022	BC2022-423
(A-1)	2492	CFM, Inc. dba Carefree Maintenance Co.	Ext. 10/31/2023	\$20,000.00	11/21/2022	BC2022-704

**BC2024-171**

Title	AIG - WINGSWEPT - CASE MANAGEMENT SYSTEM
Department or Agency Name	Agency of Inspector General
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	4208	Wingswept, LLC	4/23/2024- 4/22/2027	81,330.31	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The AIG has contracted with Wingswept, LLC for over a decade in connection with its case management system, CMTS. For previous contracts with Wingswept, LLC, the AIG used both a formal RFP and informal RFPs. Each time, Wingswept, LLC has offered drastically lower prices than other vendors, coupled with a product that most appropriately suits the AIG's needs.</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>To obtain case management services, support and cloud hosting.</li> </ul>
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<ul style="list-style-type: none"> <li>• The above services will provide the AIG with the ability to perform its duties as set out in the County ethics code.</li> <li>• The case management system will be utilized by the AIG in connection with the tracking and processing of complaints, investigations, public records requests, secondary employment disclosures, ethics inquiries, debarments, and contractor and lobbyist registrations and information.</li> </ul>
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Wingswept, LLC 800 Benson Rd, Garner, NC 27529	J.C. Strickland, Jr. Founder/CEO
Vendor Council District:	Project Council District:
N/A	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.  Wingswept, LLC is able to provide GSA pricing for CMTS under GS-35-F-0218X, which expires on 2/10/2026. The amount of the quote received by the AIG from Wingswept, LLC is for an amount less than their current competitively bid GSA rate.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 65% General Fund (IG100100) 35% IG Vendor Fees Fund (IG285100)
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): Yearly

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	9/19/23
Date documents were requested from vendor:	11/17/23
Date of insurance approval from risk manager:	1/24/24
Date Department of Law approved Contract:	1/24/24
Date item was entered and released in Infor:	2/12/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	2267	Wingswept, LLC	4/23/2022 – 4/22/2024	\$48,121.94	April 4, 2022	BC2022-200
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**BC2024-172**

Title	Department of Sustainability; 2022; Cuyahoga County Solid Waste District (CCSWD); Memorandum of Understanding; Sustainable Stores Grant					
Department or Agency Name	Department of Sustainability					
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): Correction to approval					

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	2949	Cuyahoga County Solid Waste District (CCSWD)		\$200,000	12/19/2022	CON2022-112

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 CCSWD will administer the Sustainable Stores Grant Program (“Grant”). This project will help retail stores in Cuyahoga County reduce reliance on using plastic check out bags and comply with Cuyahoga County Code Section 1304, the Disposable Bag Ban. CCSWD will issue grants directly to selected applicants and, when necessary, create promotional materials to help stores educate customers about the importance of bringing their own bags when they shop. The MOU authorizes CCSWD to award the grants to stores whose applications are selected by the Plastic Bag Advisory Group.

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. Support retailers’ efforts to eliminate plastic checkout bags from their operations;
2. Educate consumers and retailers about the County’s Disposable Bag Ordinance; and
3. Establish a consumer culture in Cuyahoga County that uses reusable woven bags for all shopping trips.

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):
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Cuyahoga County Solid Waste District 4750 East 131 Street Garfield Heights, OH 44105	Elizabeth Biggins-Ramer, Executive Director
Vendor Council District:	Project Council District:
N/A	N/A
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></p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal          Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>CCSWD has been working in close partnership with the Departments of Consumer Affairs and Sustainability to carry out the goals of the Bag Ban since the legislation was passed in 2019. CCSWD is a participant in the Plastic Bag Advisory Group, along with Consumer Affairs and Sustainability.</p> <p>CCSWD is the leading resource in Cuyahoga County for information, expertise and programs that support sustainable materials management and reduce the environmental impact of waste. CCSWD offers competitive grant programs to assist communities, schools, and nonprofits with developing and promoting recycling, composting and waste reduction programs.</p> <p>CCSWD is uniquely suited to administer the Grant because of both its grant-making experience as well as its subject-matter expertise. CCSWD is not assessing fees to administer the grant, which will allow more stores to receive financial support.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

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

**HISTORY (see instructions):**

Item of Note #5 (CON2022-112) on the Board of Control agenda for 12/19/2022 was a Memorandum of Understanding (MOU) between Cuyahoga County and the Cuyahoga County Solid Waste District to administer the Sustainable Stores Grant Program in the amount of \$200,000.00 and to define the roles and responsibilities of the parties. After investigation, it was determined by the Law Department that the MOU was erroneously considered by the Board of Control as an item of note as opposed to being formally voted upon. This request is to amend CON2022-112 and obtain formal approval and signature for the MOU.

**BC2024-173**

Title	Cloud Hosting
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.
	24000636 EXMT	Amazon Web Services (AWS)	03/01/2024 – 02/28/2025	\$180,000.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with Amazon Web Services, for Cloud Hosting for 12 Months, March 1, 2024 – February 28, 2025, in the amount of \$180,000.00. This is a hosted service which will be used for the following:

- Disaster Recovery backup on on-prem systems
- Secure Application access for external parties to ERP Financial Systems

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

Project Goals, Outcomes or Purpose (list 3):

This is hosted service also allows agencies and departments whose main system does not allow direct access to the ERP for processing transactions. Amazon Web Services is the current provider of the County's cloud hosting

services. In addition, the County piggybacked on the State Department of Administrative Services' contract with Amazon Web Services.

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):
Amazon Web Services (AWS) 410 Terry Avenue North Seattle, Washington 98109	Gina Brown AWS Point of Contact
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. Amazon Web Services is the current provider of the County's cloud hosting services. In addition, the County piggybacked on the State Department of Administrative Services' contract with Amazon Web Services. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Fund IT100135
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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: PO was submitted on 02/14/2024 however DOP review was not completed until 02/21/2024. The PO was submitted into OnBase for BOC scheduling on 02/21/2024 under doc handle #55921095 but was not scheduled for 02/26/2024 BOC agenda. Processed for 03/04/2024 agenda meeting.	
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:	2/14/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23001007 EXMT	Amazon Web Services (AWS)	03/01/2023 – 02/29/2024	\$140,000.00	03/13/2023	BC2023-162

**BC2024-174**

Title	Dedicated Internet Access 1Gbps S129430
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.
	24000664 JCOP	Crown Castle Fiber, LLC	March 1, 2024 – December 31, 2024	\$9,830.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with Crown Castle Fiber, LLC, for Dedicated Internet Access 1Gbps S129430 in the amount of \$9,830.00.

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):

Crown Castle is the current and historical provider of this subscription for internet access for the Public Wireless internet offering. For the County to remain diverse in its internet offerings for Disaster Recovery related scenario, the County IT Department prefers to use different vendors who offer an internet service.

Within the past 12 months, the monthly reoccurring rate for this service was reduced by 45% and is the County’s lowest monthly cost internet service currently in-place today.

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):
Crown Castle Fiber, LLC 350 North Orleans Street, Suite 620 Chicago, Illinois 60654	Julia Goralka Sales Representative
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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. Crown Castle is the vendor who currently provides internet access for the County's Public Wireless Internet Offering. Additionally, Crown Castle is providing the County with GSA pricing which saves the County an additional \$517.00 each month. GSA GS-35F-465DA expires on August 17, 2036. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date. GSA GS-35F-465DA expires on August 17, 2036.
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: CTO Approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.  
 100% General Fund IT100165

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: PO was approved by DOP and submitted into OnBase for BOC scheduling on 02/15/2024 under doc handle #55899964 but was not scheduled for 02/26/2024 BOC agenda. Processed for 03/04/2024 agenda meeting.

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: 2/14/2024

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

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

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

HISTORY (see instructions):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(O)	23000880	Crown Castle Fiber, LLC	3/6/2023 – 3/5/2024	\$11,796.00	PENDING	PENDING

**BC2024-175**

Title	PO24000685 712 Cisco Phones
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	HP STS 534612	MNJ Technologies	2.2.2024	\$162,336.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the purchase of 712 CISCO IP Phone 8811 Series in the amount of \$162,336.00.

This request is for the procurement of 712 CISCO IP Phone 8811 Series in the amount of \$162,336.00.

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

Project Goals, Outcomes or Purpose (list 3):  
The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the purchase of 712 CISCO IP Phone 8811 Series in the amount of \$162,336.00.

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: MNJ Technologies Direct Inc.	Owner, Executive director, other (specify): Jimmy Lochner, Account Manager
	1025 Busch Parkway Buffalo Grove, IL 60089
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. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract # STS 534612 expires on 6/30/2025.

	<p>All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 033, Contract# 534612 effective through 6/30/2025.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 033, Contract# 534612 effective through 6/30/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <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.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development ( <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 As Needed by Department Request/Project	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):

**BC2024-176**

Title	PO24000686 Meraki Access Points for HHS
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.
	HP STS 534612	MNJ Technologies	2.2.2024	\$83,200.00	PENDING	PENDING

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

The Department of Information Technology, on behalf of the Department of Health and Human Services plans to contract with MNJ Technologies Direct, Inc., for the purchase of 64 Meraki Wireless access points and 64 Enterprise Cloud Controller Licenses in the amount of \$83,200.00.

This request is for the procurement of 64 Meraki Wireless access points and 64 Enterprise Cloud Controller Licenses.

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input checked="" type="checkbox"/> Replacement	
Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the purchase of 64 Meraki Wireless access points and 64 Enterprise Cloud Controller Licenses in the amount of \$83,200.00.	
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: MNJ Technologies Direct Inc.	Owner, Executive director, other (specify): Jimmy Lochner, Account Manager
	1025 Busch Parkway Buffalo Grove, IL 60089
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. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract # STS 534612 expires on 6/30/2025. All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 033, Contract# 534612 effective through 6/30/2025.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 033, Contract# 534612 effective through 6/30/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <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.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% Health and Human Services Levy 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 As Needed by Department Request/Project	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):

**BC2024-177**

Title	Renewal of Production Support Subscriptions for VMWare for HHS
Department or Agency Name	Department of Information Technology on Behalf of Health & Human Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	24000956 GOVP	The Ohio State University dba OARnet	02/13/2024 – 02/12/2025	\$10,497.50	PENDING	PENDING

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

The Department of Information Technology on behalf of Health & Human Services plans to contract with The Ohio State University (OARnet), for February 13, 2024 – February 12, 2025 for the Renewal of Production Support Subscriptions for VMWare in the amount of \$10,497.50.

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

Project Goals, Outcomes or Purpose (list 3):

The Department of Information Technology on behalf of Health & Human Services requesting to renew production support subscriptions for VMWare using The Ohio State University's VMWare Virtualization Program, OARnet. By means of a partnership between the Ohio Department of Higher Education and the State of Ohio Department of Administrative Services, members of the Department of Administrative Services Cooperative Purchasing Program may purchase VMWare software licenses and support, at significantly reduced rates, under the Ohio State University and VMWare Enterprise License Agreement, administered by OARnet. The State of Ohio is utilizing an existing Ohio Revised Code as their purchase authority for VMware: ORC127.16 (D)(23). End users may reference OARnet contract #343496475.

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 Ohio State University dba OARnet 1224 Kinnear Road Columbus, Ohio 43212	Kim Ferguson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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. These subscriptions were originally purchased and maintained using this agreement. Anyone renewing software maintenance for subscriptions purchased under the Ohio State University VMware contract can only be purchased through OARnet. Over 350 Servers running critical Business functions currently run using VMware, making the support of these subscriptions vital. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> ) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% Health & Human Services Levy Fund – HS260110
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 VMWare	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 County began engaging the vendor for the renewal process in November of 2023. OARnet advised they were unable to provide a quote to the County until after 02/04/2024 due to their fiscal year end as well as VMware being bought by a new company. The quote was received on 02/16/2024 and then reviewed and approved for purchase by DoIT HHS on 02/21/2024.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	11/27/2023
Date documents were requested from vendor:	11/27/2023
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:	02/21/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Subscription term began 02/12/2024. OARnet did not disrupt services while they were waiting to provide the County with pricing.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
	PO230003 14GOVP	Ohio State University dba OARNet	2/13/2023- 2/12/2024	\$12,187.50	1/30/2023	BC2023-57

**BC2024-178**

Title	Fiscal Department; Healthcorps, Inc.; Contract; 02/26/2024 – 12/31/2024	
Department or Agency Name	Fiscal	
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.
0	4181	HealthCorps, Inc.	02/26/2024 – 12/31/2024	\$150,000.00	Pending	Pending

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

HealthCorp, Inc. is a nonprofit organization that focuses on bringing health and wellness education to children in under resourced communities. They have helped 87% of students change one targeted behavior by either drinking more water, a healthier diet or greater mindfulness. This grant is to expand the program to 10 additional schools on top of the 7 they are currently serving.

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):  
 Drinking More Water  
 Healthier Diet  
 Greater Mindfulness

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):
HealthCorps, Inc. 401 Park Avenue South, 10 <sup>th</sup> Floor New York, NY 10016	Amy Braun, President & CEO
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?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source.  100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/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 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 checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
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):
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**BC2024-179**

Juvenile Court VOCA an SVAA Grant Award and Acceptance Form

Scope of Work Summary

Juvenile Court requesting approval of a VOCA and SVAA grant application and award from the Ohio Attorney General for the of \$82,484.00

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number.

The grant period runs from 10/1/2023 – 9/30/2024.

The primary goals of the project are:

Cuyahoga County Juvenile Court's Safe Harbor Docket is a program that identifies survivors of human trafficking or youth at-risk of being trafficked and provides them with wraparound support services to promote healing and empowerment. The Safe Harbor Docket Liaison will identify the youth’s needs based on their assessments. If an emergency safe space is needed or intense trauma-informed treatment, VOCA funds will be used to contract with outside agencies to provide trauma-informed individual behavioral health treatment and emergency safe space housing treatment services.

**Procurement**

The procurement method for this project was a grant application. The total value of the grant award is \$82,484.00.

The grant agreement was closed on 12/7/2023.

**Contractor and Project Information**

Ohio Attorney General  
 30 E. Broad St. Fl 26  
 Columbus, OH 43215

**Contact:**

David Yost, Ohio Attorney General

The address or location of the project is:

Ohio Attorney General’s Office  
 30 E. Broad St. Fl 26  
 Columbus, OH 43215

**Project Status and Planning**

The project is an annual grant application from the Court.

**Funding**

The project is funded 80% Victims of Crime Act (VOCA) grant award and 20% cash match. The cash match funds of \$20,621.00 will be paid from Health and Human Services Levy Fund (payroll for that position).

The schedule of payments is by invoice. The court submits a monthly financial report to the Ohio Attorney General’s office for reimbursement of expenditures until the grant funds have been exhausted.

**BC2024-180**

Title	Request for Purchase Order #24000479 EXMT for DVR Examiner software 1 year renewal		
Department or Agency Name	County Prosecutor’s Office		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
0	24000479	Carahsoft Technology	4-27-2024 to 4-26-2025	\$5,250.00	pending	pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>This item is a renewal of computer forensic software that is currently in use by the Cuyahoga County Prosecutor's Office, Ohio Internet Crimes Against Children Task Force. The purchase of the DVR Examiner will be used by the task force to recover and extract video evidence from DVR / surveillance camera systems extract the data into a readable / viewable format for law enforcement officers / investigators.</p>
<p>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):  The primary goals of the project are to 1.) obtain the license renewal of an industry standard forensic program that allows for the extraction and analysis of DVR / surveillance system recorders and 2.) to allow members of the Ohio ICAC Task Force to utilize this program for the above stated goal of locating video evidence associated with various Ohio criminal investigations and prosecutions.</p>
<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):
Carahsoft Technology Corp. 11493 Sunset Hills Rd., Suite 100, Reston, VA 20190	Nikki Paxson, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<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.  This is a renewal of software that was purchased through the competitive bidding process last year.  *See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <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, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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. Yes, page 31	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. Funded 100% by a 2023 Ohio Internet Crimes Against Children Task Force 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 checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
This item was approved by BOC at the April 24, 2023 meeting under item BC2023-263						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	23001604	Carahsoft Technology		\$5,250.00	4/24/2023	BC2023-263

**BC2024-181**

Title	2024 Purchase of Ammunition for Protective Service Officers
Department or Agency Name	Sheriff's Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amend ment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	STAC	Vance Outdoors Inc.		\$16,551.00		

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Sheriff's Department is requesting an approval of a Purchase Order to Vance Outdoors, Inc. in the amount of \$16551.00 for duty and training ammunition using State Contract pricing #RS900319.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Sheriff's Department Protective Service Officers need ammunition for training and critical Duty ammunition in order to service the community.
If a County Council item, are you requesting passage of the item without 3 readings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Vance Outdoors, Inc. 3723 Cleveland Ave	Owner, executive director, other (specify):  Doug Vance, President

Columbus, OH 43224	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality (ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #RS900319 exp. 3/31/2024 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

Provide status of project.

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

Reason:

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

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

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

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

HISTORY (see instructions):

**BC2024-182**

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

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24000640 -EXMT	State Industrial Products Corp.		\$36,000.00		

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>State Industrial Products Corp., dba State Cleaning Solutions provides the equipment used in the Laundry Department, therefore we use their laundry chemicals in order for State Industrial Products Corp to honor the existing maintenance agreement. This will result in a not-to-exceed in the amount of \$36,000.00.</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):  -Provide the chemicals needed in order for the CCCC Laundry Department can continue washing inmate clothing.</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):
State Industrial Products Corp. 5915 Landerbrook Drive, Ste. 300 Mayfield Heights, OH 44124	Seth Uhrman, CEO
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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



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 ( <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 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):

**BC2024-183**

Title	Medical Examiner's Office request approval of PO No. 24000715-EXMT for \$8,688.17 to Nova Biomedical Corporation for order of various standard drug chemicals for ME's Toxicology Labs.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	PO	Nova Biomedical Corporation		\$8,688.17		

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Standard drug chemicals for use in the ME's Toxicology Labs.
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): Research & development, analytical use.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Nova Biomedical Corporation 200 Prospect St Waltham, MA 02454	Francis Manganaro, CEO
Vendor 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. Requesting an exemption to ensure the labs are stocked with certified reference standard supplies and materials for day-to-day operations. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> ) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

HISTORY (see instructions):

**BC2024-184**

Title	Final Payment for Centers for Families and Children – Propel Cuyahoga -Workforce Services
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Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Grant Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Loan Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): Alternative Procurement
Department of Purchasing use only	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Approval Date	Approval No.
O	24000804	The Centers Family and Children	7/1/2021- 12/31/2022	\$256,542.32	Pending	Pending

Service/Item Description (include quantity if applicable): Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of a purchase order for the 180-day balloon payment for a previous contract with The Centers of Families and Children (CM1122).
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"> <li>Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions.</li> <li>Ensure meaningful client participation in required work and work-related activities.</li> </ul>

- Leverage the resources of the workforce development system in Cuyahoga County
- Utilize professional assessment and planning to determine client and family needs and connect.

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

Vendor Name and address:	Owner, executive director, other (specify):
The Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44103	Eric Morse, CEO
Vendor Council District:	Project Council District:
07	Serving Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: The total value of the RFP was \$3,750,000.00.	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received): Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.	<input type="checkbox"/> State Contract, list STS number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by department of Purchasing. # of additional responses received from posting ( )
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <i>If not, please explain: N/A</i>	<input type="checkbox"/> Government Purchase
How did pricing compare among bids received? N/A	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA)
	<input type="checkbox"/> Contract Amendment
	Other Procurement Method, please describe: Purchase Order

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

FUNDING SOURCE(S): (No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source.  
 100% Federal Temporary Assistance for Needy Families (TANF)

Is this approved in the biennial budget? Yes  
 Payment Schedule:  Monthly  Quarterly  One-time  Other (please explain): final payment

PROJECT STATUS: Provide status of project and if late, include timeline for lateness.  
 New Service or purchase  Recurring service or purchase

HISTORY: Provide prior approval numbers and date of approval, unless submitting a contract amendment and the details were provided on page 1.  
 O – R2022-0440 – 12/6/2022  
 A-1 – BC2023-417- 7/5/2023  
 A-2 – R2023-0328 – 12/5/2023

**BC2024-185**

Title	RQ#11185 Crisis Bed 2024 Family and Children First Council /Applewood/Contract/ 3/1/2024 to 4/1/2025/ RQ#11185 requisition #)/Service Coordination Crisis Bed Contract
Department or Agency Name	Family and Children First Council
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
Original	CM3224/ RQ11185	Applewood Centers	03/01/2024-02/28/2025	\$330,000.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 The stabilization bed is a level of care in lieu of hospitalization. It is designed to provide intensive behavioral health support in a clinical setting, to provide behavioral health assessments inclusive of service identification and/or medication recommendations. We are requesting this service to be dedicated as part of the diversion continuum. This bed would serve multi-system involved children, who are experiencing a crisis but are also at-risk of custody relinquishment and in need of planning. The stabilizations can range from 24-30 days. The provider will have weekly meetings with FCFC and the appropriate staff from the public systems. The FCFC Service Coordinators will facilitate the meetings. If the youth is not stabilizing in the designated 30-day period,

FCFC will work with the providers and the public systems to identify alternative services. The chosen provider should have the ability to serve children who are involved with the Division of Children and Family Services, ADAMHS Board and its provider agencies, Juvenile Court, and Board of Developmental Disabilities

Requesting approval of a contract with Applewood Centers in the amount of \$330,000.00 for the period 03/01/2024-03/01/2025.

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):

- Reduce “at risk” behaviors
- To provide 24/7 supervision offering intensive, individualized, and short-term therapeutic services
- Improvement in functioning

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):
Jennifer Blumhagen Yarham, LISW-S 10427 Detroit Avenue Cleveland, OH 44102	Executive Director
Vendor Council District: 3	Project Council District: Serving Cuyahoga County
3	Serving Cuyahoga County
If applicable provide the full address or list the municipality(ies) impacted by the project.	Serving Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable RQ#11185 <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" 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:  Formal: \$250,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 13 /3	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA) , list number and expiration date
Participation/Goals (%): 0 ( ) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Pricing was relatively the same for each bidder.	<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 Humans 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 type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project and if late, include timeline for lateness:	
<input 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: Funding was not available in the FCFC budget for 2023 for the additional funding for the non-Medicaid youths. Funding was restored with the new budget in 2024-2025. The RFQ was released on 11/1/22. Applewood was the vendor chosen from the RFQ. There were multiple emails sent between the vendor and the FCFC office between 2/27/23 and 1/30/24. The vendor had numerous revisions to the contract from 2/27/2023 until 4/11/23. When negotiations began again in 10/27/23, additional revisions to the contract were requested from the vendor with the signed contract being submitted to FCFC on 1/30/24.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	3/7/23 contract created in Infor
Date documents were requested from vendor:	3/9/23 and 1/23/24
Date of insurance approval from risk manager:	1/30/24
Date Department of Law approved Contract:	1/30/24
Date item was entered and released in Infor:	3/7/23/23 and 2/16/24
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?  No  Yes (if yes, please explain)

**HISTORY (see instructions):**  
 A prior contract for these services was with Bellefaire JCB on RQ#3095 for the period 8/1/2021-7/31/2022 in the amount of \$245,000.0 BC2021-493 (9/7/2021)

**BC2024-186**

Title	2024 IIC Annual Meeting with THE BOARD OF PARK COMMISSIONERS OF THE CLEVELAND METROPOLITAN PARK DISTRICT at Stillwater Place
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	4091	CLEVELAND METROPOLITAN PARK DISTRICT	5/16/2024 – 6/1/2024	\$11,957.82	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Cleveland Metroparks shall provide accommodations, equipment, and catering services for the Annual Meeting being held on May 16, 2024.

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. Access to the facility for up to 8-hours to accommodate set-up and tear-down
2. Lobby with two green rooms, private restrooms, and one self-service coat room.
3. Large Ballroom access with the ability to seat up to 300 people, access to multiple 8’ tables for registration, 72” round banquet tables, chairs, table linens, 1 lectern, state of the art AV system, airwall to section off the main ballroom and tram service.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Metropolitan Park District	Michalene Busch
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	3900 Wildlife Way, Cleveland, OH 44109

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$11,957.82	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 6 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain.</i> <i>No participation goals for informal rfp.</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> Vendor was not the lowest bidder, however the venue is best suited for the volume of people expected to attend.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Lowest bid was \$3,320.00, highest bid was \$11,957.82.	<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 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% HHS Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input 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 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): This is a new contract with the county, intended for 1 meeting on May 16 <sup>th</sup> , 2024.
-------------------------------------------------------------------------------------------------------------------------------

**BC2024-187**

Title	OHS; Enterprise Community Partners; 2024 Contract for Continuum of Care Income and Stability Planning
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	4191	Enterprise Community Partners	1/1/24 – 12/31/24	\$190,000.00	pending	pending

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

OHS receives an annual planning grant from the US Department of Housing and Urban Development through the Homeless Continuum of Care competition. This grant is designed to improve service coordination across the CoC. OHS is issuing subgrants to providers that focus on specific homeless populations/issues identified as priorities in its strategic plan.

Enterprise will assist OHS in enhancing connections between homeless services and workforce providers. The plan includes delivering professional development sessions, providing briefings to collaborations, launching a workforce/homeless services integration pilot, and supporting the Income & Stability Committee. The initiatives aim to improve collaboration, share learnings, and enhance the effectiveness of services for individuals experiencing homelessness in Cuyahoga County.

Enterprise will work with OHS to increase the effectiveness and efficiency of PSH initiative, including supporting the implementation of new annual PSH request processes, assisting in hosting monthly PSH workgroup meetings, advising on updates to monitoring and performance management processes, supporting the review and revision of standards, updating PSH Project Manual, and providing technical review for new PSH concept and project proposals.

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):

- Strengthen connections between the homeless and workforce system
- Provide quarterly professional development for the Continuum of Care and briefings for OHS
- Further develop and implement annual permanent supportive housing project review, monitoring, evaluation, and improvement processes

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: Enterprise Community Partners	Owner, executive director, other (specify): Ayonna Blue Donald, Ohio president
-----------------------------------------------------------	-----------------------------------------------------------------------------------

1360 E 9th St Cleveland, OH 44114	
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  This is a subgrant RFP exemption.  *See Justification for additional information.
N/A – RFP EXEMPTION	
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A – RFP 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 (%): ( ) 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 ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :  N/A	<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: N/A	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

- 100% US Department of Housing and Urban Development planning grant

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

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

Provide status of project.

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: HUD issued grant agreement late, then the provider requested legal changed to contract which led to delays in receiving signed contract

Timeline: Project/Procurement Start Date (date your team started working on this item):	12/18/23
Date documents were requested from vendor:	12/18/23, 12/20/23, 1/4/24, 1/14/24, 1/26/24
Date of insurance approval from risk manager:	2/5/24
Date Department of Law approved Contract:	2/5/24
Date item was entered and released in Infor:	2/5/24

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) Provider has begun offering services but understands that payment is dependent on final council approval of contract

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O		Enterprise Community Partners, Inc.	1/1/22 – 12/31/22	\$243,303.00	4/18/22	BC2022-242
A-1		Enterprise Community Partners, Inc.	1/1/22 – 12/31/22	\$15,000.00	12/19/22	BC2022-794
A-2		Enterprise Community Partners, Inc.	Ext. 12/31/2023	\$258,303.00	8/7/23	BC2023-495

**C. - Consent Agenda**

**BC2024-188**

Title	Airport Apron & Taxiway 'B' Reconstruction AMD #4 (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	11	TRI MOR Corp.	N/A	\$ 4,723,245.00	January 26 <sup>th</sup> , 2021	R2021-0020
A-1	11	TRI MOR Corp.		\$ 29,478.15	August 23 <sup>rd</sup> , 2021	BC2021-457
A-2	11	TRI MOR Corp.		\$ 14,586.28	October 18 <sup>th</sup> , 2021	BC2021-579
A-3	11	TRI MOR Corp.		\$ 31,471.19	May 16 <sup>th</sup> , 2022	BC2022-295
A-4	11	TRI MOR Corp.		-\$ 104,016.25	PENDING	

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.          pavement removal, clearing and grubbing, excavation and grading, pavement installation, storm drainage installation, NAVAID installation and electrical improvements.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): See above</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
TRI MOR Corp. 8530 Boyle Pkwy. Twinsburg, OH 44087	Neille Vitale

Vendor Council District: N/A Summit County	Project Council District: 11
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: \$4,723,245.00.	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 9	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 8% ) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain:</i> Only Bid Submitted that was acceptable.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Only Bid Submitted that was acceptable.	<input checked="" type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

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

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



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

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

HISTORY (see instructions):
See chart above

**BC2024-189**

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](mailto:Info@Ret3.org). for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

[Info@Ret3.org](mailto:Info@Ret3.org)

1814 E. 40th Street

Cleveland, Ohio 44103

Kenny Kovach-Director

R.E.T.3 Marked for Disposal - 2/15/2024

<u>Asset Tag</u>	<u>Serial Number</u>	<u>Manufacturer</u>	<u>Model/Device</u>
From IT Workroom:			
89898	R52K117DYFV	Samsung	model sm-t397u tablet
89895	R52K117DSNW	Samsung	model sm-t397u tablet
89307	R52K117DRTD	Samsung	model sm-t397u tablet
89928	R52K11DERLE	Samsung	model sm-t397u tablet
89295	R52K11CE80A	Samsung	model sm-t397u tablet
89314	R52K11DEYNN	Samsung	model sm-t397u tablet
89313	R52K11CE83Y	Samsung	model sm-t397u tablet
89285	R52K11CE8TM	Samsung	model sm-t397u tablet
89289	R52K117DWQR	Samsung	model sm-t397u tablet
89296	R52K11CE92L	Samsung	model sm-t397u tablet
89309	R52K11CE9QV	Samsung	model sm-t397u tablet
89305	R52K117DRVH	Samsung	model sm-t397u tablet
89322	R52K117DRGV	Samsung	model sm-t397u tablet
89316	R52K117DTLA	Samsung	model sm-t397u tablet
No Tag	R52K117DTAK	Samsung	model sm-t397u tablet
89315	R52K11CE9KP	Samsung	model sm-t397u tablet
89299	R52K117DRMN	Samsung	model sm-t397u tablet
89319	R52K11DETJT	Samsung	model sm-t397u tablet
89910	R52K117DXHN	Samsung	model sm-t397u tablet
89905	R52K117DXVL	Samsung	model sm-t397u tablet
89328	R52K117DSVJ	Samsung	model sm-t397u tablet
89902	R52K117DY2M	Samsung	model sm-t397u tablet
89921	R52K117DWJJ	Samsung	model sm-t397u tablet
89931	R52K11DERTJ	Samsung	model sm-t397u tablet
86302	R52KC0QFFKB	Samsung	model sm-t397u tablet
86299	R52KC0QFF3X	Samsung	model sm-t397u tablet
86310	R52KC0QF97M	Samsung	model sm-t397u tablet
86297	R52KC0QFFTD	Samsung	model sm-t397u tablet
89904	R52K117DWDZ	Samsung	model sm-t397u tablet
86313	R52KC0QF8BP	Samsung	model sm-t397u tablet
89922	R52K117DXTR	Samsung	model sm-t397u tablet
89916	R52K117DVZK	Samsung	model sm-t397u tablet
89924	R52K117DW1D	Samsung	model sm-t397u tablet
89918	R52K117DXSP	Samsung	model sm-t397u tablet
89929	R52K11DETCK	Samsung	model sm-t397u tablet
89925	R52K11DERSX	Samsung	model sm-t397u tablet
89926	3.53562E+14	Samsung	model sm-t397u tablet

86314	R52KC0QF8FN	Samsung	model sm-t397u tablet
86301	R52KC0QFHBT	Samsung	model sm-t397u tablet
86308	R52KC0QF94X	Samsung	model sm-t397u tablet
86315	R52KC0QF88L	Samsung	model sm-t397u tablet
89923	R52K117DVYM	Samsung	model sm-t397u tablet
89892	R52K117DS5N	Samsung	model sm-t397u tablet
89890	R52K117DS8X	Samsung	model sm-t397u tablet
89933	R52K11DER4N	Samsung	model sm-t397u tablet
89917	R52K117DW2H	Samsung	model sm-t397u tablet
86300	R52KC0QFDFR	Samsung	model sm-t397u tablet
89899	R52K117DY4X	Samsung	model sm-t397u tablet
86305	R52KC0QFG3B	Samsung	model sm-t397u tablet
86306	R52KC0QFHMV	Samsung	model sm-t397u tablet
86311	R52KC0QF92W	Samsung	model sm-t397u tablet
89288	R52K11CE86Z	Samsung	model sm-t397u tablet
89934	R52K11DERVB	Samsung	model sm-t397u tablet
86309	R52KC0QF8AE	Samsung	model sm-t397u tablet
86312	R52KC0QF8WE	Samsung	model sm-t397u tablet
89915	R52K117DWLD	Samsung	model sm-t397u tablet
86307	R52KC0QF8EH	Samsung	model sm-t397u tablet
89920	R52K117DW0B	Samsung	model sm-t397u tablet
89897	R52K117DXNB	Samsung	model sm-t397u tablet
89932	R52K11DERBH	Samsung	model sm-t397u tablet
89891	R52K117DSLX	Samsung	model sm-t397u tablet
89893	R52K117DSDT	Samsung	model sm-t397u tablet
89329	R52K117DSRM	Samsung	model sm-t397u tablet
86298	R52KC0QFGSY	Samsung	model sm-t397u tablet
89927	R52K11DERQM	Samsung	model sm-t397u tablet
89900	R52K117DXZY	Samsung	model sm-t397u tablet
86316	R52KC0QF8TL	Samsung	model sm-t397u tablet
89906	R52K117DXXF	Samsung	model sm-t397u tablet
89896	R52K117DSXD	Samsung	model sm-t397u tablet
89327	R52K117DSAB	Samsung	model sm-t397u tablet
89894	R52K117DSPZ	Samsung	model sm-t397u tablet
89903	R52K117DY1N	Samsung	model sm-t397u tablet
89919	R52K117DW3T	Samsung	model sm-t397u tablet
87298	5CG604Z2X9	HP	UltraSlim Docking Station
83632	06JU9F	Plantronics	Headset Stand - model CO52
No Tag	727908213430	Sonim	Cell Phone
72260	B535GP1	Dell	Laptop
96156	5CG85096GR	HP	EliteBook 850 G5 Laptop
88452	2UA5471L1W	HP	z230 SFF Workstation
78988	5CB3200NH6	HP	EliteBook 8570p Laptop

84756	CNK5340CQY	HP	ProDisplay P222va Monitor
77319	BAR-BF-395767	Barracuda	Load Balancer
77320	BAR-BF-395773	Barracuda	Load Balancer
No Tag	CN-ON0WV7-74261-17F-1U4L	Dell	Monitor
No Tag	CN-0YMYH1-74261-467-0VYS	Dell	Monitor
77327	2UA3031R72	HP	z420 Workstation
No Tag	BQ03Z12	Dell	OptiPlex 9020 Desktop
76554	2MD2110NKD	HP	Pavilion HPE Desktop
76556	2MD2110NKC	HP	Pavilion HPE Desktop
76557	2MD2110NKK	HP	Pavilion HPE Desktop
79172	3CQ4281P4H	HP	ProDisplay P221 Monitor
On Receiving Dock:			
77721	2UA2501H39	HP	z220 SFF Workstation
78183	2UA30207GS	HP	z220 SFF Workstation
80303	2UA4381F87	HP	z230 SFF Workstation
80292	2UA4381F89	HP	z230 SFF Workstation
x1388	2UA3440N3D	HP	z220 SFF Workstation
71549	2UA0380GHS	HP	Compaq 6005 Pro Microtower
80240	2UA4520WGG	HP	z230 SFF Workstation
84474	2UA3440N3F	HP	z220 SFF Workstation
80286	2UA4381F7T	HP	z230 SFF Workstation
80095	2UA5351C5C	HP	z230 SFF Workstation
83590	5CG5161T2Y	HP	ProBook 650 G1 Laptop
80394	5CG54651H6	HP	ProBook 650 G1 Laptop
88778	5CG7292T4X	HP	EliteBook 850 G3 Laptop
78409	5CB3200NDQ	HP	EliteBook 8570p Laptop
80489	3CQ4281N1X	HP	ProDisplay P221 Monitor
No Tag	CN-0W4XCG-74445-19A-BC5L	Dell	Monitor
77326	2UA3031R70	HP	z420 Workstation
93049	5CG04874SP	HP	EliteBook 850 G6 Laptop
79617	2UA4351MF9	HP	z230 SFF Workstation
78077	3CQ2371JMY	HP	Compaq LE2202x Monitor

**BC2024-190**

(See related items for proposed travel/memberships for the week of 3/4/2024 in in Section C above).

**V – OTHER BUSINESS**

**Item of Note (non-voted)**

**Item No. 1**

Title	OHIOMHAS Pass-Through State Fiscal Year 2024 Contract
Department or Agency Name	Corrections Planning Board / TASC
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): Drug Court Grant

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 – TASC Grant		ADAMHS Board	July 1, 2023 – June 30, 2024	\$810,006	10/23/2023	CON2023-109
O- TASC Drug Court Grant		ADAMHS Board	July 1, 2023 – June 30, 2024	\$220,500		

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

This item is a Grant Agreement between the ADAMHS Board and the Cuyahoga County Corrections Planning Board supporting the Cuyahoga County Common Pleas Court’s Drug Court Program and related Treatment Alternatives to Street Crime (TASC) program. Specifically, funds from this agreement will allow staff from the Court’s Treatment Alternatives to Street Crime (TASC) program to provide Substance use Disorder Outpatient treatment and case management services to referrals from the adult criminal justice system within Cuyahoga County.

The OHIOMHAS Pass-Through funds will provide:

- (1) \$220,500.00 to the Drug Court Program to support TASC case managers who will obtain for clients referrals for treatment, vocational training, education, housing assistance, and job placement services. Will also include TASC’s participation in court appearances. This portion of the agreement needs the approval of the Board of Control with this submission.
- (2) \$810,000.00 to support TASC staff who provide clients treatment services in the form of assessments, group counseling, individual counseling, case management, crisis intervention and urinalysis. This portion of the agreement has already been approved by the BOC on 10/23/2023.

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): \_\_\_\_\_

Support staff from the Court's Treatment Alternatives to Street Crime (TASC) program to provide Substance use Disorder Outpatient treatment and case management services to referrals from the adult criminal justice system within Cuyahoga County.

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: ADAMHS Board	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.	The entire County is impacted.

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 (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.  Pass Through Grant Funds from the Ohio Department of Mental Health and Addiction 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 type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): Quarterly disbursement of funds from OMHAS to ADAMHS Board and monthly invoicing of actual expenses by TASC which are reimbursed by the ADAMHS Board.

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: This is not a contract but s grant agreement.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	Item entered into OnBase on 2.15.2024
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 checked="" 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): CON2022-85 and BC2022-763; CONS2021-78, BC2019-733 (Doc Handle 45185757), BC2020 517
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**Item No. 2**

Title	Health and Human Services- Office of Early Childhood and Invest in Children	
Department or Agency Name	Invest in Children	
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 : Grant Extension	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
		Mt. Sinai Health Foundation	1/1/2024-12/31/2024	125,000.00		

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase Grant to Cuyahoga County and Invest in Children for Universal Prekindergarten Special Needs Services.

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 positively impact preschool students with Special Needs  
 To support the parents and caregivers of these Special Needs students and the preschool teachers and staff to provide meaningful improvement.

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):
Mt. Sanai Health Foundation 10501 Euclid Avenue Cleveland, Ohio 44106	Mitchell Balk, President
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
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RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase  <input 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 ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source.  Grant from Mt. Sinai Health Foundation
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. The project reoccurs annually.
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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:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	February 6, 2024
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**