



**Cuyahoga County Board of Control Agenda
Monday, May 6, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:
<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 4/29/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-330

Department of Public Works, recommending an award on RQ14227 and enter into Purchase Order No. 24001710 with Tim Lally Chevrolet, Inc. (11-1) in the amount not-to-exceed \$260,000.00 for the purchase of (10) new, never titled 2024 Chevy Equinoxes for use by the Sheriff's Department.

Funding Source: General Fund

BC2024-331

Department of Public Works,

- 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 \$12,983.75 for a state contract purchase of (13) Safariland Body Armor Ballistic Level IIIA Bulletproof Vests including external carrier and plates for use by the Cuyahoga County Animal Shelter's Dog Wardens.
- b) Recommending an award on Purchase Order No. 24001760 to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$12,983.75 for a state contract purchase of (13) Safariland Body Armor Ballistic Level IIIA Bulletproof Vests including external carrier and plates for use by the Cuyahoga County Animal Shelter's Dog Wardens.

Funding Source: General Fund

BC2024-332

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to DBT Transportation Services, LLC in the amount not-to-exceed \$24,267.00 for maintenance and data services on the Automated Weather Observation and Navaid Systems at the Cuyahoga County Airport effective upon contract signatures of all parties for a period of 3 years.
- b) Recommending an award and enter into Contract No. 4357 with DBT Transportation Services, LLC in the amount not-to-exceed \$24,267.00 for maintenance and data services on the Automated Weather Observation and Navaid Systems at the Cuyahoga County Airport effective upon contract signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-333

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Talal F. Hamed for limited beverage and food services at the Jane Edna Hunter Building for the period 1/1/2024 - 12/31/2024.
- b) Recommending an award and enter into Contract No. 4363 with Talal F. Hamed for limited beverage and food services at the Jane Edna Hunter Building for the period 1/1/2024 - 12/31/2024.

Funding Source: Not applicable

BC2024-334

Department of Workforce Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Kirtland Consulting and the New Growth Group, LLC in the amount not-to-exceed \$74,500.00 for strategic planning, market research, facilitation, and support services for organizational restructuring effective 3/11/2024 – 5/31/2025.
- b) Recommending an award and enter into Contract No. 4291 with Kirtland Consulting and the New Growth Group, LLC in the amount not-to-exceed \$74,500.00 for strategic planning, market research, facilitation, and support services for organizational restructuring effective 3/11/2024 – 5/31/2025.

Funding Source: Workforce Innovation and Opportunity Act

BC2024-335

Fiscal Office on behalf of the County Executive’s Office, submitting an amendment to Contract No. 3168 with McCaulley & Company LLC for federal lobbying, government relations services and grant supportive services for the period 3/8/2023- 3/7/2024 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: General Fund

BC2024-336

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in a payment to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$48,051.65 as final payment for armed guard and armored truck services for various County Departments for the period 1/1/2024 – 3/31/2024.
- b) Recommending an award on Purchase Order No. 24001829 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$48,051.65 as final payment for armed guard and armored truck services for various County Departments for the period 1/1/2024 – 3/31/2024.

Funding Source: 61% General Fund, 20% Other-Health & Safety and 19% Cuyahoga Support Enforcement

BC2024-337

Department of Information Technology, submitting an amendment to Contract No. 4373 (formerly Contract No. 434) with Environmental Systems Research Institute, Inc. for maintenance on ArcGIS software for the period 1/1/2016 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$64,198.29.

Funding Source: Real Estate Assessment Fund

BC2024-338

Department of Information Technology on behalf of the Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,112.00 for a state contract purchase of Bluebeam annual software license subscriptions, (68) Revu Core and (4) Revu Complete for the period 5/6/2024 – 5/5/2025.
- b) Recommending an award on Purchase Order No. 24000604 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,112.00 for a state contract purchase of Bluebeam annual software license subscriptions, (68) Revu Core and (4) Revu Complete for the period 5/6/2024 – 5/5/2025.

Funding Source: 77.57 Road & Bridge Fund, 10.58% Sanitary Sewer Fund and 11.85% General Fund

BC2024-339

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video

recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24001558 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

BC2024-340

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

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,000.00 for a state contract purchase of (10) Meraki Catalyst Tri Band Wireless Access Points and (10) 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. 24001602 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,000.00 for a state contract purchase of (10) Meraki Catalyst Tri Band Wireless Access Points and (10) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2024-341

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies in the amount not-to-exceed \$21,805.27 for the purchase of (8) Synergy Dual Rank Registered Smart Memory Kits and (1) HPE Gen 10 Server, various accessories, including a 1-year warranty on the hardware.
- b) Recommending an award on Purchase Order No. 24001740 to Advizex Technologies in the amount not-to-exceed \$21,805.27 for the purchase of (8) Synergy Dual Rank Registered Smart Memory Kits and (1) HPE Gen 10 Server, various accessories, including a 1-year warranty on the hardware.

Funding Source: General Fund

BC2024-342

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$7,141.93 for the purchase of maintenance and support services of the XIA Network Taps for the period 9/28/2023-1/27/2025.

- b) Recommending an award on Purchase Order No. 24001774 to SHI International Corp. in the amount not-to-exceed \$7,141.93 for the purchase of maintenance and support services of the XIA Network Taps for the period 9/28/2023-1/27/2025.

Funding Source: General Fund

BC2024-343

Department of Human Resources, submitting an amendment to Contract No. 3867 with Clemans Nelson & Associates, Inc. for human resources consulting services for the period 11/7/2023-11/6/2024 to change the terms by removing the reference to \$975.00 per month, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: General Fund

BC2024-344

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$12,000.00 for Community Diversion Program services for the period 1/1/2024-12/31/2024.

- a) Agreement No. 4374 with City of Bay Village in the amount not-to-exceed \$7,500.00.

- b) Agreement No. 4377 with City of Brecksville in the amount not-to-exceed \$2,700.00.

- c) Agreement No. 4378 with City of Broadview Heights in the amount not-to-exceed \$1,800.00.

Funding Source: Health and Human Services Levy Fund

BC2024-345

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cyacomb Inc. in the amount not-to-exceed \$8,400.00 for the purchase of (1) Licensed Dongle and (3) 1-year Cyacomb Examiner Plus licenses for use by the Internet Crimes Against Children Task Force.

- b) Recommending an award on Purchase Order No. 24001477 to Cyacomb Inc. in the amount not-to-exceed \$8,400.00 for the purchase of (1) Licensed Dongle and (3) 1-year Cyacomb Examiner Plus licenses for use by the Internet Crimes Against Children Task Force.

Funding Source: General Fund

BC2024-346

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 \$246,355.20 for a state contract purchase of (416) each Safariland M Series Concealable Body Armor Carriers and Prism Spike 3 Panel Sets for use by Correction's Office staff.
- b) Recommending an award on Purchase Order No. 24001752 to Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$246,355.20 for a state contract purchase of (416) each Safariland M Series Concealable Body Armor Carriers and Prism Spike 3 Panel Sets for use by Correction's Office staff.

Funding Source: General Fund

BC2024-347

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Evident Scientific, Inc. in the amount not-to-exceed \$14,325.84 for a joint cooperative purchase of (1) each Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera, various parts and accessories.
- b) Recommending an award on Purchase Order No. 24001723 to Evident Scientific, Inc. in the amount not-to-exceed \$14,325.84 for a joint cooperative purchase of (1) each Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera, various parts and accessories.

Funding Source: General Fund

BC2024-348

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, recommending an award and enter into Agreement No. 4095 with Cuyahoga County Board of Health in the amount not-to-exceed \$192,514.45 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 10/1/2023 – 9/30/2026.

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

BC2024-349

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4292 with Digital Stakeout, Inc. (264/10) in the amount not-to-exceed \$13,260.00 for a web-based social media aggregation and threat detection tool and (8) user licenses for use by the Northeast Ohio Regional Fusion Center for the period 5/15/2024 – 5/14/2025.

Funding Source: FY22 State Homeland Security Grant Program

BC2024-350

Department of Health and Human Services, submitting an amendment to a Grant Agreement (via Contract No. 2437) with Western Reserve Area Agency on Aging to support various mission activities, for the period 10/17/2022 – 12/31/2023 to extend the time period to 12/31/2024; no additional funds required.

- a) WRAAA Nails It! Program: A Workforce and Home Repair Initiative” to provide urgent and major home repairs for an estimated 10,000 low-income seniors and adults with disabilities.
- b) “WRAAA Going Places Program” to purchase (2) ADA-equipped vans, (1) cargo van and (1) passenger van and related transportation services for low-income seniors and adults with disabilities.
- c) “Cuyahoga County Great Grocery Giveaway Program” to provide food, hygiene and safety items for an estimated 4,000 eligible senior households.

Funding Source: General Fund

BC2024-351

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award and enter into Contract No. 4352 with Cleveland East Hotel, LLC (82-4) in the amount not-to-exceed \$27,368.95 for rental of space, audio visual, catering and related services for the 2024 Aging and Disability Summit to be held at Marriott Cleveland East, located at 26300 Harvard Road, Warrensville Heights on 9/27/2024, effective upon contract signatures of all parties through 10/31/2024.

Funding Source: Health and Human Services Levy Fund

BC2024-352

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3888 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for Eviction prevention services in connection with the alternative housing and related services and support for COVID Recovery – Continuum of Care program for the period 1/1/2024 – 12/31/2024 to change the terms of Exhibit “II” budget, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$34,053.00.

Funding Source: Health and Human Services Levy Fund

BC2024-353

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

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-354

Department of Health and Human Services/Division of Senior and Adult Services, recommending an alternative procurement process to a Master Contract, which will result in award recommendations to (3) new providers for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 in the total amount-not-to-exceed \$502,000.00:

New providers:

- a) City of Bedford Heights in the anticipated amount not-to-exceed \$105,000.00.
- b) Catholic Charities – Good Shepherd in the anticipated amount not-to-exceed \$117,000.00.
- c) The Mandel Jewish Community Center of Cleveland in the anticipated amount-not-to-exceed \$280,000.00.

Funding Source: 61% Health and Human Services Levy Fund and 39% Ohio Department of Aging - Healthy Aging Grant

BC2024-355

Department of Health and Human Services/Division of Senior and Adult Services, recommending an alternative procurement process to approve the determination of awards based on an informal solicitation process of various providers who serve older adults to address social determinants of health and enhancing the quality of life in connection with the Healthy Aging Grant Program for the period 5/1/2024 – 9/30/2024 which will result in award recommendations in the total amount not-to-exceed \$1,638,263.00.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

BC2024-356

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, recommending an alternative procurement process for approval of a solicitation of funding opportunities released via e-mail from various Housing and Urban Development approved providers in Cuyahoga County to provide permanent supportive housing services to chronically homeless single adults and high-barrier homeless persons for the period 7/1/2024 – 6/30/2026.

- a) Famicos Foundation
- b) Front Steps
- c) Humility of Mary Opportunity House
- d) FrontLine Service
- e) EDEN, Inc.
- f) YWCA of Greater Cleveland

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2024-357

Department of Public Works, submitting a Temporary Right of Entry Agreement with CSX Transportation, Inc. for a temporary right-of-way of CSX Transportation, Inc.’s property located at or near Cleveland, Cuyahoga County, Ohio, Great Lakes Division, Cleveland Short Line Subdivision, Milepost QDS-4.79, N412951 Latitude W813630 Longitude in connection with the deck repair work on Stokes Boulevard Bridge 00.31 in the City of Cleveland.

Funding Source: n/a

BC2024-358

Fiscal Department, presenting proposed travel/membership requests for the week of 5/6/2024.

Department	Organization	License and Training	Dates of Testing and Training	Funding Source
Department of Internal Audit,	National Association of State Boards of Accountancy	\$2,200.00	05/16/2019 – 2/10/2024	General Fund

Purpose of Approval Request:

The Department of Internal Audit (DIA) is requesting authority to reimburse Joseph Balbier in the amount of \$2,200.00 as permitted by DIA’s Certification Policy within the Department Audit Manual. The reimbursement is for his recently obtained Certified Public Accountant (CPA) license.

Dept:	Department of Public Safety and Justice Services							
Event:	Fundamentals of Grants Management (E0705) and Procurement Under Grants (E0708)							
Source:	Emergency Management Institute							
Location:	Emmitsburg, MD							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Eleanor Amadeus	6/23/2024 – 6/29/2024	\$0.00	\$411.24	\$0.00	\$516.92	\$0.00	\$928.16	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Traveling to the Emergency Management Institute to take the Fundamentals of Grants Management and Procurement Under Grants courses. The courses include discussion and activities to improve the ability of FEMA grantees to administer Federal grant funding.

BC2024-359

Department of Purchasing, presenting proposed purchases for the week of 5/6/2024:

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
24001588	(1) License user and support service for IBM SPSS Statistics Standard annual subscription	Medical Examiner's Office	Miracle Software Systems, Inc.	\$5,760.73	FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001667	Factory Authorized – Transmission repairs on Vehicle T-450*	Department of Public Works	Spitzer Motor City, Inc.	\$7,586.84	General Fund
24001713	Out-of-home emergency placement services for the period 4/14/2024**	Division of Children and Family Services	Secure Transportation Services	\$7,675.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

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

**Approval No. BC2024-77, dated 1/29/2024, which amended Approval No. BC2023-561, dated 9/5/2023, which amended various Board Approvals on various dates, which authorized an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Workforce Development, submitting a Data Sharing and Confidentiality Agreement with Ohio Department of Job and Family Services and Local Workforce Area 3 to assess participants served through the local area Workforce Development system to provide wage record information and Unemployment Insurance (UI) Claimant data for the period 10/1/2023 – 9/30/2026.

Funding Source: Not applicable

Item No. 2

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a grant agreement with Western Reserve Area Agency on Aging for the Medicare Improvements for Patients and Providers Act (MIPPA) Medicare Savings Programs, Low-income Subsidy and Prescription Drug Assistance through the Aging Network, State Health Insurance Program and Aging and Disability Resource Centers for the period 9/1/2023 – 8/31/2024 for additional funds in the amount not-to-exceed \$2,324.17.

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, April 29, 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 11:00 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
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.)
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 4/22/2024

Michael Chambers motioned to approve the minutes from the April 22, 2024, meeting; Trevor McAleer 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

BC2024-309

Department of Public Works, submitting an amendment to a Loan Agreement with Ohio Department of Transportation/State Infrastructure Bank for the Royalton Road Widening Project in the City of North Royalton to replace the terms of Section 1.2 Final Disbursement Date and Article III, Section 3.9 Completion Date; no additional funds required effective upon contract signature of all parties.

Funding Source: Northeast Ohio Areawide Coordinating Agency (NOACA) 100% of the Principal Amount and 80% of the interest and administrative fees and 20% Cuyahoga County.

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-309 was approved by unanimous vote.

BC2024-310

Department of Public Works, submitting an amendment to Contract No. 2762 with Schirmer Construction, LLC for replacement of Crestwood Lane Culvert No. C-00.24 over a creek to the West Branch of Rocky River and Eastwood Lane Culvert No. C-00.08 over a creek to the West Branch of Rocky River in Olmsted Township for additional funds in the amount not-to-exceed \$170,964.55.

Funding Source: County Motor Vehicle \$7.50 License Tax Funds

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-310 was approved by unanimous vote.

BC2024-311

Department of Public Works, submitting an amendment to Contract No. 3957 (formerly Contract No. 1226) with W. B. Mason Company, Inc. for furnishing and delivery of reprographic paper to various County departments and agencies for the period 5/1/2021 – 4/30/2024 to extend the time period to 8/31/2024 and for additional funds in the amount not-to-exceed \$46,000.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-311 was approved by unanimous vote.

BC2024-312

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Johnson Controls, Inc. in the amount not-to-exceed \$30,000.00 for a state contract purchase of fire suppression system parts and maintenance services for the period 4/29/2024 - 4/28/2026.

- b) Recommending an award and enter into Contract No. 4033 with Johnson Controls, Inc. in the amount not-to-exceed \$30,000.00 for a state contract purchase of fire suppression system parts and maintenance services for the period 4/29/2024 - 4/28/2026.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-312 was approved by unanimous vote.

BC2024-313

Department of Workforce Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to EHA Solutions in the amount not-to-exceed \$5,000.00 for human resources and operational supportive services for organizational restructuring effective upon contract signatures of all parties through 7/31/2024.
- b) Recommending an award and enter into Contract No. 4324 with EHA Solutions in the amount not-to-exceed \$5,000.00 for human resources and operational supportive services for organizational restructuring effective upon contract signatures of all parties through 7/31/2024.

Funding Source: Workforce Innovation and Opportunity Act

Deshaun Matthews, Department of Workforce Development, presented. Dale Miller asked what the current estimate for the transition to a non-profit to be completed is; asked 7/1/2024. Dale Miller motioned to approve the item; Trevor McAleer seconded. Item BC2024-313 was approved by unanimous vote.

BC2024-314

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$11,002.27 for a state contract purchase of (1) each Galaxy access control panel and Dual Reader Module, (4) card readers, and various equipment, installation, and programming services for upgrades to the Enterprise Network Security Systems at the Virgil E. Brown Building for the Department of Health and Human Services/Office of Child Support Services.
- b) Recommending an award on Purchase Order No. 24001568 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$11,002.27 for a state contract purchase of (1) each Galaxy access control panel and Dual Reader Module, (4) card readers, and various equipment, installation, and programming services for upgrades to the Enterprise Network Security Systems at the Virgil E. Brown Building for the Department of Health and Human Services/Office of Child Support Services.

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

David DeGrandis, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-314 was approved by unanimous vote.

BC2024-315

Department of Information Technology on behalf of the Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$62,457.29 for a state contract purchase of various equipment, installation, and programming services (1) video recording server, (16) surveillance

cameras, including licensing and support for upgrades to surveillance equipment located at 1642 Lakeside Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24001573 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$62,457.29 for a state contract purchase of various equipment, installation, and programming services (1) video recording server, (16) surveillance cameras, including licensing and support for upgrades to surveillance equipment located at 1642 Lakeside Avenue, Cleveland.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-315 was approved by unanimous vote.

BC2024-316

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$24,737.57 for a state contract purchase of (1) each Fortinet FortiGate firewall and Arista Switch, (4) Axis transceivers, related accessories, installation, and programming services, and (12) 1-Month A-Care Software replacement services for the Cuyahoga County Corrections Center.
- b) Recommending an award on Purchase Order No. 24001578 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$24,737.57 for a state contract purchase of (1) each Fortinet FortiGate firewall and Arista Switch, (4) Axis transceivers, related accessories, installation, and programming services, and (12) 1-Month A-Care Software replacement services for the Cuyahoga County Corrections Center.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-316 was approved by unanimous vote.

BC2024-317

Department of Information Technology on behalf of the Fiscal Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Spatialest, Inc. in the amount not-to-exceed \$238,500.00 for the purchase of annual support and maintenance on AppraisalEst GIS software toolset and ComperPro software hosting services, data updates, support, and maintenance for the period 9/28/2023 – 9/27/2026.
- b) Recommending an award and enter into Contract No. 4360 with Spatialest, Inc. in the amount not-to-exceed \$238,500.00 for the purchase of annual support and maintenance on AppraisalEst GIS software toolset and ComperPro software hosting services, data updates, support, and maintenance for the period 9/28/2023 – 9/27/2026.

Funding Source: Real Estate Assessment Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-317 was approved by unanimous vote.

BC2024-318

Department of Human Resources, recommending an award and enter into Purchase Order No. 24001696 with Cleveland State University in the amount not-to-exceed \$32,000.00 for Leadership Training for (10) employees for the period 5/3/2024 – 4/11/2025.

Funding Source: 90% General Fund and 10% Health and Human Services Levy Fund

Stephen Witt, Department of Human Resources, presented and Alida Moonen, Department of Talent Management Administration supplemented. Michael Chambers inquired about who the tenth person is. Dale Miller asked what skills are being emphasized and are being developed in this program. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-318 was approved by unanimous vote.

BC2024-319

Department of Law, submitting ~~an~~ amendments to Contract No. 1472 (formerly Contract No. CE1400416) with Matrix Pointe Software, LLC ~~for maintenance and support~~ on the Matrix Civil Electronic Document and Records Management System for the period 3/1/2014 - 2/28/2024 to extend the time period to 2/28/2025 and for additional funds in the **total** amount not-to-exceed ~~\$23,700.00~~ \$34,440.00 for:

- a) maintenance and support in the amount not-to-exceed \$23,700.00.**
- b) data hosting services in the amount not-to-exceed \$10,740.00.**

Funding Source: General Fund

Jerad Zibritosky, Department of Law presented and Cheryl Kinzig, Clerk supplemented. Dale Miller asked why these additional items appeared when the original description only had one item at \$23,700.00. Dale Miller commented so the very end of the revised presentation had a third item for \$10,740.00, what's the deal with that; asked is it correct that the first number you gave was the total amount; commented thank you that helps. Michael Chambers motioned to approve the item as amended; Dale Miller seconded. Item BC2024-319 was approved by unanimous vote as amended.

BC2024-320

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3226 (formerly Contract No. 265 and CE1700028) with UKG Kronos Systems, LLC (formerly known as Kronos Incorporated) for maintenance and software support services on the Comprehensive Human Resources Management System for the period 4/1/2017 – 3/31/2024, to extend the time period to 3/31/2025 and for additional funds in the amount not-to-exceed \$48,056.78.

Funding Source: General Fund

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. Dale Miller asked for confirmation that the Executive agencies are no longer using Kronos for time keeping. Paul Porter from the Department of Purchasing will provide a response upon receipt of the information. Before the adjournment of the meeting, Paul Porter stated that the Executive agencies are no longer using Kronos. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-320 was approved by unanimous vote.

BC2024-321

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 4376 with City of Bedford Heights in the amount not-to-exceed \$2,700.00 for Community Diversion Program services for the period 1/1/2024-12/31/2024.

Funding Source: Health and Human Services Levy Fund

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. Dale Miller remarked that this is routine and moved for approval. Trevor McAleer seconded. Item BC2024-321 was approved by unanimous vote.

BC2024-322

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Trinity Services Group, Inc. in the amount not-to-exceed \$12,711.83 for purchase of food and related services for 2024 National Correctional Officer's Week.
- b) Recommending an award on Purchase Order No. 24001075 to Trinity Services Group, Inc. in the amount not-to-exceed \$12,711.83 for purchase of food and related services for 2024 National Correctional Officer's Week.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented and Chief Dale Soltis, supplemented. Dale Miller asked for the status of rebidding the entire food services contract; asked how many vendors can bid on this; he commented with more vendors it will be more competitive than the previous one. Trevor McAleer asked how many years you will be going for. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-322 was approved by unanimous vote.

BC2024-323

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to BRM OH MGMT, LLC dba The Family Pet Clinic in the amount not-to-exceed \$15,000.00 for emergency and routine veterinary services for the Correction Officers' K-9 unit 4/29/2024 - 12/31/2024.
- b) Recommending an award on Purchase Order No. 24001695 to BRM OH MGMT, LLC dba The Family Pet Clinic in the amount not-to-exceed \$15,000.00 for emergency and routine veterinary services for the Correction Officers' K-9 unit 4/29/2024 - 12/31/2024.

Funding Source: ~~General~~Fund Commissary Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Levine Ross seconded. Item BC2024-323 was approved by unanimous vote as amended.

BC2024-324

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to SymbolArts LLC in the amount not-to-exceed \$5,731.70 for the purchase of (710) See Something Say Something coins for the Northeast Ohio Regional Fusion Center to promote suspicious activity reporting.
- b) Recommending an award on Purchase Order No. 24001364 to SymbolArts LLC in the amount not-to-exceed \$5,731.70 for the purchase of (710) See Something Say Something coins for the Northeast Ohio Regional Fusion Center to promote suspicious activity reporting.

Funding Source: State Homeland Security Program – Law Enforcement Grant FY21

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-324 was approved by unanimous vote.

BC2024-325

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to a Master Contract with various providers for the Teen Pregnancy Prevention Program for the period 1/1/2024-12/31/2025, to amend the terms of Exhibit II Budget, effective upon contract signatures of all parties and for additional funds in the total amount not-to-exceed \$164,000.00.

- a) Contract No. 4173 (formerly Contract No. 3942) with Planned Parenthood of Greater Ohio in the anticipated amount of \$110,000.00.
- b) Contract No. 3944 with Beech Brook in the anticipated amount of \$54,000.00.

Funding Source: Health and Human Services Levy Fund

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-325 was approved by unanimous vote.

C. – Exemptions

BC2024-326

Medical Examiner's Office, recommending to amend Board Approval No. BC2021-333, dated July 6, 2021, which authorized an alternative procurement process, which resulted in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 for outside toxicology testing

services for the period 6/1/2021 - 5/31/2024 to extend the time period to 5/31/2027 and to add (1) new provider, no additional funds required.

Current providers

- a) Axis Forensic Toxicology, Inc.
- b) Cleveland Clinic
- c) National Medical Services dba NMS Labs
- d) The MetroHealth System
- e) University Hospital

New provider, effective 4/29/2024

- a) Ambry Genetics Corporation

Funding Source: Medical Examiner’s Office Crime Lab Fund

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-326 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-327 through BC2024-329; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-327

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

Funding Source: Revenue Generating

BC2024-328

Fiscal Department, presenting proposed travel/membership requests for the week of 4/29/2024:

Dept:	Department of Regional Collaboration							
Event:	City Nation Place Americas 2024							
Source:	City Nation Place Ltd							
Location:	Houston, Tx							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Christopher Alvarado	5/14/2024-5/15/2024	\$699.00	\$100.00	\$375.00	\$80.00	\$400.00	\$1,654.00	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:

The City Nation Place Americas conference brings together place leaders from across the USA and Canada to join the dots between economic development, tourism, and quality of life for their communities, with an emphasis on learning from practical examples of collaborative approaches, building more successful place economies, and focusing on the challenges and opportunities that early adopters are exploring.

Dept:	County Executive’s Office							
Event:	Global Ambassadors 2023-2024 Cohort							
Source:	Cleveland Council on World Affairs							
Location:	Helsinki, Finland and Madrid, Spain							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Annie Pease	5/1/2024 – 5/15/2024	\$300.00	\$0	\$0	\$0	\$0	\$300.00	General Fund

*Paid to host

**Staff reimbursement

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

**** All expenses will be paid by the Cleveland Council on World Affairs except for the Registration.

- Registration-\$0.00
 - Meals-\$600.00
 - Lodging-\$2,700
 - Ground TRN/Mileage- \$900.00
 - Airfare -\$2,500.00
- Total: \$6,700.00

Purpose:

The Global Ambassadors program through the Cleveland Council on World Affairs is a leadership development and international study tour program. The program includes an 8-month leadership development program and a trip to Helsinki, Finland and Madrid, Spain. This opportunity allows Annie to network and share more about the County’s work towards a more connected, sustainable housing and transportation network – and to learn from professionals abroad.

BC2024-329

Department of Purchasing, presenting proposed purchases for the week of 4/29/2024:

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
24001651	(6) New all-in-one video bars and (1) all-in-one video controller kit	Department of Health and Human Services	MNJ Technologies Direct	\$33,340.00	American Rescue Plan Act (ARPA) Fund
24001678	1-year subscription renewal of (8) Redgate SQL Toolbelt Essentials licenses	Department of Information Technology	Brown Enterprise Solutions	\$9,627.04	General Fund
24001603	(4) Safety resistant TV enclosures for use by the Metzenbaum Project	Department of Public Works	Behavioral Safety Products, LLC	\$8,716.88	General Fund
24001607	Various automotive parts for use by Fleet Services	Department of Public Works	Ken Ganley Ford West	Not-to-exceed \$30,000.00	General Fund
24001626	ProQuest Annual Subscription Renewal for County Archives	Department of Public Works	ProQuest LLC	\$5,618.55	General Fund
24001663	Various replacement auto parts	Department of Public Works	NAPA Auto Parts	Not-to-exceed \$49,999.00	50% Sanitary Fund, 20% Road and Bridge Fund and 30% General Fund
24001677	On-site build-out of (1) Ford F-150 Lightning truck for the Sheriff's Department with light and siren package	Department of Public Works	Hall Public Safety Upfitters	\$16,915.55	Federal Equitable Sharing Account (FESA) Fund
24001687	On-site build-out of (10) Chevy Equinox vehicles for the Sheriff's Department with K9 cage packages	Department of Public Works	Hall Public Safety Upfitters	\$18,839.80	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001664	Factory Authorized – Various O-rings, pumps and miscellaneous parts*	Department of Public Works	The Craun-Liebing Company	\$7,821.40	Sanitary Fund
24001618	Out-of-home emergency placement services for the	Division of Children and Family Services	Blended Family Home, LLC	\$27,900.00	66% Health and Human Services Levy Fund and

	period 3/1/2024 – 3/31/2024**				34% Title IV-E Reimbursement Fund
24001708	Out-of-home emergency placement services for the period 1/1/2024 – 1/31/2024 and 2/1/2024 – 2/29/2024**	Division of Children and Family Services	Blended Family Home, LLC	\$35,100.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

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

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting an amendment to a grant agreement Ohio Department of Public Safety, Emergency Management Agency in the amount of \$2,400,000.00 for the Cuyahoga County Shoreline Erosion Mitigation Plan for the period 7/27/2022 – 7/27/2024, to extend the time period to 7/27/2025; no additional funds required.

Funding Source: The \$2.4 million grant award includes \$2,160,000 in federal funding from the U.S. Department of Homeland Security, Federal Emergency Management Agency, passed through the Ohio Department of Public Safety, Ohio Emergency Management Agency. A local cost share of \$240,000 is required per the grant agreement. The funding source of the cost share is General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services.

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with State of Ohio Emergency Management Agency for the FY2021 State Homeland Security Law Enforcement Grant Program for the period 9/1/2021 – 6/30/2024 to extend the time period to 12/31/2024; effective upon signature of all parties; no additional funds required.

Funding Source: State Homeland Security Program Law Enforcement Fund

Item No. 3

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the State of Ohio Emergency Management Agency for the FY2021 State Homeland Security Grant Program for the period 9/1/2021 – 6/30/2024 to extend the time period to 12/31/2024; effective upon signature of all parties; no additional funds required.

Funding Source: State Homeland Security Grant Program

Item No. 4

Cuyahoga County Law Library, submitting a grant agreement with Statewide Consortium of County Law Library Resources Boards in the amount not-to-exceed \$3,168.11 for the purchase of (5) Cisco 8851 VoIP Phones; (2) Full HD Webcams; (6) headphones; various software, (1) ONYX Postage and shipping Scale and (2) Professional Memberships in the American Association of Law Libraries effective upon signatures of all parties through 12/31/2024.

Funding Source: Statewide Consortium of County Law Library Resources Board

Item No. 5

Agreements related to public convenience and welfare projects – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2020-0100	Resurfacing of Rockside Road from East 141 st Street to Sector Drive in the City of Maple Heights – Council District 8	\$2,180,000.00	N/A	\$2,352,000.00 – Federal Fund \$294,000.00 – Road and Bridge Fund \$294,000.00 – City of North Olmsted	4/22/2024 (Executive)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:27 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-330

Title	Public Works – RQ 14227 - Tim Lally Chevrolet, Inc. – Ten (10) Chevy Equinox vehicles
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	24001710	Tim Lally Chevrolet, Inc.		\$260,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. This request is for ten (10) Chevy Equinox’s vehicles for the Sheriff’s Office.
For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): These are new vehicles for the Sheriff’s canine handlers that will ensure proper transportation for the dogs.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Tim Lally Chevrolet, Inc. 24999 Miles Rd. Warrensville Heights, OH 44128	Mike Lally / owner
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <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: \$260,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 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 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: Invoiced Monthly Quarterly One-time Other (please explain):

Provide status of project.

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

Reason:

Timeline:

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2024-331

Title	Department of Public Works-Animal Shelter-Bulletproof Vests for Dog Warden/Kennel-Vance Outdoors Inc.
Department or Agency Name	Department of Public Works-Animal Shelter
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)	24001760	Vance Outdoors, Inc. dba Vance's Law Enforcement	Upon Approval	\$12,983.75	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>Purchase of (13) thirteen bulletproof vests for the County Animal Shelter Dog Warden to replace current equipment that is at end of maximum 5-year life cycle. These will be procured via State Contract RSI012064 Exp. 01/31/2026.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This is the purchase of (13) thirteen bulletproof vests for the County Animal Shelter Dog Warden to replace current equipment that is at end of maximum 5-year life cycle.</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):
Vance Outdoors, Inc. dba Vance’s Law Enforcement 3723 Cleveland, Ave. Columbus, Ohio 43224	Doug Vance, President
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ # if applicable</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>This is being procured via State of Ohio contract which was previously bid and/or negotiated, allowing governmental entities to take advantage of.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation: \$36,530.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / NA	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date RSI012064 exp. 01/31/2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>NA</p>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Fund
Is funding for this included in the approved budget? <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):	3.6.24
Date documents were requested from vendor:	3.6.24
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA
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): n/a

BC2024-332

Title	Public Works – DBT Transportation Services - Preventative Maintenance & Services for the Weather System at the County Airport.
Department or Agency Name	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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Exemption

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name		Time Period	Amount	Date BOC Approved/ Council's Journal Date
O	4357	DBT Transportation Services LLC		effective upon contract signatures of all parties for a period of three years	24,267.00	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 This is a contract for preventative maintenance & services for the automated weather system located at the County Airport.

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 make available a certified/qualified vendor that will service and provide preventative maintenance to the existing AWOS system located at the County Airport. The weather system provides accurate, real-time weather reports to the County and ensures safety of all airport operations including air traffic.

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):
DBT Transportation Services, LLC 1500 City West Blvd Ste. 550 Houston, TX 77042	Nick Haines / Chief Executive Officer

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

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

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

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

Provide status of project.

New Service or purchase Recurring service or purchase

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

Reason:

Timeline:

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2024-333

Title	Public Works /Talal Hamed/ Contract / Café Services at Jane E. Hunter		
Department or Agency Name	Department of Public Works		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
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O	CM4363	Talal Hamed	1-1-2024 – 12-31-2024	\$0.00	Pending	Pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Public Works is requesting approval to enter into a contract for 1 year 1/1/2024 – 12/31/2024 with \$0 for limited Café Services at the Jane E. Hunter.

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 a contract for Café Services for the Jane E. Hunter Building. This will allow limited food and beverage options for visitors and employees.

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)

Talal Hamed 2155 Berkeley Dr. Westlake, OH 44145	Owner, executive director, other (specify): Talal Hamed / Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 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. Public Works is requesting authorization to enter into a 1 year contract no cost for Café Services at the Jane E. Hunter Building. *See Justification for additional information.
The total value of the solicitation: \$0.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: There was a complete disruption of services in this field due to the Covid-19 pandemic where suppliers ended and paused services. This vendor and the services they provide were impacted. Public Works intends to solicit vendors for a "Master Contract" for food services with multiple vendors for various locations within the County for the term of January 1, 2025 through December 31, 2027. This contract will allow a vendor to provide limited food and beverage options at the Jane Edna Hunter Building.	

Timeline:	
Project/Procurement Start Date (date your team started working on this item):	2024
Date documents were requested from vendor:	3/18/24
Date of insurance approval from risk manager:	4/9/24
Date Department of Law approved Contract:	3/18/2024
Date item was entered and released in Infor:	4/23/2024

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) See above

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

HISTORY (see instructions):

BC2024-334

Title	2024 – Workforce Development/Kirtland Consulting LLC – Contract # 4291 for Strategic Planning
Department or Agency Name	Workforce Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	CM# 4291	Kirtland Consulting LLC	3/11/2024 – 5/31/2025	74,500	Pending	Pending

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

Consulting services contract with Kirtland Consulting LLC regarding the Cleveland-Cuyahoga County Workforce Development Board's transition to a nonprofit model.

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):

- Gather and assess available data: e.g., financial, programming, strategy, research from ~10 peer comparison non-profit WDBs, competitive data, as well national and local workforce trends.
- Utilize existing research, labor market, and economic data to present a current snapshot and trends of important factors impacting the region. Data will be disaggregated to highlight equity and inclusion concerns.
- Continue stakeholder engagement as needed.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Kirtland Consuliting LLC 8679 Cardinal Dr Kirtland, OH 44094	Caroline Taich
Vendor Council District:	Project Council District:
Kirtland, OH	
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
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Reason: We are in the process of transitioning from a governmental entity into a non profit corporation. This unique circumstance has caused some difficulties in procuring the necessary services in a timely manner.

Timeline: Project/Procurement Start Date (date your team started working on this item):	3/01/24
Date documents were requested from vendor:	3/01/24
Date of insurance approval from risk manager:	3/18/24
Date Department of Law approved Contract:	3/18/24
Date item was entered and released in Infor:	3/15/24

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) The consultant needed to begin work immediately due to the time restraints of the impending transition into a non-profit from a government entity.

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

HISTORY (see instructions):

BC2024-335

Title	Fiscal Department; McCaulley & Company LLC; Contract Amendment; March 8, 2024-June 30,2024; Federal Lobbying Services
Department or Agency Name	Fiscal Department on behalf of the Executive Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	3168	McCaulley & Company LLC	03/08/2023 – 03/07/2024	\$120,000.00	BC2023-99	02/21/2023
A-1	3168	McCaulley & Company LLC	03/07/2024 – 06/30/2024	\$40,000.00	Pending	Pending

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

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):
McCaulley & Company LLC 19660 Roslyn Drive Rocky River, OH 44116	Justin R. McCaulley President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a amendment to the current Lobbying contract. This amendment will give us enough time to perform and RFP for these services. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) RFP Exemption
	<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 Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Executive office reached out to Fiscal for assistance with processing the contract.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	03/26/2024
Date documents were requested from vendor:	03/26/2024,
Date of insurance approval from risk manager:	04/16/2024
Date Department of Law approved Contract:	04/12/2024
Date item was entered and released in Infor:	04/19/2024
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) Vendor is still providing service while the amendment is being processed.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-336

Title	RFP Exemption / Brink's PO 24001829 EXMT
Department or Agency Name	Department of Purchasing
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	24001829 EXMT	Brink's U.S., a Division of Brink's, Incorporated		\$48,051.65	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Armed guard and armored truck services for January – March 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. Pickup from locations. 2. Deliver for deposit to bank/vault. 3. Delivery of cash to Treasurer.

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):
Brink's U.S. a Division of Brink's Incorporated 1422 Superior Ave. E., Cleveland, Ohio 44114	David Schultz Business Development Director
Vendor Council District:	Project Council District:
7	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Various County locations

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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. 61% General Fund 20% Other health & safety 19% Cuyahoga Support Enforcement
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input 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: Invoices submitted for services rendered January – March 2024. There have been delays in getting a new contract with this vendor for 2024 and a secondary contract with a new vendor. Rather than amend an expired contract, we would like to pay the current invoices on purchase order during on-going negotiations. We cannot forgo deposits into County accounts should the vendor choose to stop service until payments made. A second PO request for April and May will be submitted once a new contract is approved, expected for a June 1 st start date.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	November 2023
Date documents were requested from vendor:	12/5/2023
Date of insurance approval from risk manager:	3/27/2023
Date Department of Law approved Contract:	4/24/2024
Date item was entered and released in Infor:	4/25/2024
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) Director of Purchasing advised vendor via e-mail on 12/18/2023 to continue current services during contract negotiations.	
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	3267	Brink's	1/1/2023- 12/31/2023	\$250,000.00	4/10/2023	BC2023-203
A	3267	Brink's	12/31/2023	\$6,500.00	7/31/2023	BC2023-476

BC2024-337

Title	ArcGIS Software Services
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): 7 th Amendment

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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Original	434	ESRI, Inc.	01/01/2016 – 12/31/2016	\$41,776.00	11/09/2015	BC2015-837
1 st Amendment	434	ESRI, Inc.	12/31/2017	\$55,071.08	08/30/2016	BC2016-641
2 nd Amendment	434	ESRI, Inc.	12/31/2020	\$177,081.00	12/05/2017	BC2017-880
3 rd Amendment	434	ESRI, Inc.	12/31/2021	\$67,800.00	02/16/2021	BC2021-68
4 th Amendment	434	ESRI, Inc.	02/28/2022	\$61,008.00	10/04/2021	BC2021-540
5 th Amendment	434	ESRI, Inc.	12/31/2022	\$69,300.00	11/22/2021	BC2021-675
6 th Amendment	434	ESRI, Inc.	12/31/2023	\$69,175.62	11/07/2022	BC2022-664
7 th Amendment	4373 (copy of 434)	ESRI, Inc.	12/31/2024	\$64,198.29	PENDING	PENDING

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

The Department of Information Technology plans to amend Contract No. #4373 (CE1500322) with Environmental Systems Research Institute (ESRI) Inc., for continued maintenance, support, licensing of ArcGIS Software Services for period 01/01/2024 thru 12/31/2024 for the amount of \$64,198.29.

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):

Contract 7th Amendment with vendor to extend maintenance, support, licenses for ArcGIS software services for period 1/1/2024 thru 12/31/2024 for additional amount of \$64,198.29.

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):
ESRI, Inc. 167 South Taylor Avenue Louisville, CO 80027	Jack Dangermond 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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Initial contract award on RFP exemption #34419 BC2015-837; subsequent amendments 1 thru 6 approved for continued licenses, maintenance and support ArcGIS services. <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.
--

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The contract terms and conditions as well as the insurance requirements needed to be renegotiated.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	09/22/2023
Date documents were requested from vendor:	10/30/2023
Date of insurance approval from risk manager:	02/15/2024
Date Department of Law approved Contract:	04/02/2024
Date item was entered and released in Infor:	04/15/2024
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) Services have not been interrupted as both the vendor and County legal teams took several months to renegotiate terms and conditions as well as the limitations set for the certificate of insurance.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-338

Title	BlueBeam Revu Software
Department or Agency Name	Department of Information Technology on behalf of the 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.
	24000604 STAC	MNJ Technologies Direct, Inc.		\$21,112.00	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 Public Works plans to contract with MNJ Technologies Direct, Inc., for BlueBeam Revu Software in the amount of \$21,112.00.

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):

As the Facilities Design and Construction Section performs reviews of construction documents submitted by Design Consultants, it would be extremely beneficial to utilize the features of Bluebeam Revu, which is more powerful than Nitro Pro and loaded with features specific to the Construction Industry. Bluebeam provides tools for creating, editing, marking up, collaborating and sharing pdf documents. It is compatible with AutoCAD, which is the industry standard used by our Design Consultants. Additionally, the features allow for dimensioning and notation that are crucial in reviewing construction documents. The software allows construction industry personnel to finish projects faster, reduce risk and effectively manage documents. Upon request from the Department of Public Works, DoIT reviewed the current approved IT standard, Nitro Pro, to see if it would fully meet the needs of the Facilities Design and Construction team. It was determined BlueBeam would be best suited to meet their specialized business needs. MNJ Technologies Direct, Inc. is able to provide Cuyahoga County with the requested software subscription 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 #534354 expires on December 19, 2026.

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):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, Illinois 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	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. MNJ Technologies Direct, Inc. is able to provide Cuyahoga County with the requested software subscription 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 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date OH STS contract #534354 expires on December 19, 2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input 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. PW270165 Road & Bridge Fund \$3,744.00, 16.52% PW270100 Road & Bridge Fund \$13,824.00, 61.05% PW715200 Sanitary Sewer Fund \$2,398.00, 10.58% PW750100 General Fund \$2,686.00, 11.85%
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.

New Service or purchase Recurring service or purchase

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

Reason:

Timeline:

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2024-339

Title	Comprehensive Security System for the Board of Elections Early Voting Space Located at 1801 Superior Avenue
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.
	24001558 STAC	Integrated Precision Systems		\$124,307.31	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 Integrated Precision Systems, Inc., for the purchase of a Comprehensive Security System for the Board of Elections Early Voting Space Located at 1801

Superior Avenue in the amount of \$124,307.31. The enterprise class networked system includes intrusion detection, video surveillance, and access control.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): This request is for the procurement, programming, and installation of a comprehensive security system for the Board of Elections' Early Voting Space at 1801 Superior Avenue. The enterprise class networked system includes intrusion detection, video surveillance, and access control. The equipment quoted meets County standards for such equipment.
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):
Integrated Precision Systems, Inc. 8555 Sweet Valley drive, Suite B Valley View, Ohio 44125	Rob Jackson 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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *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 # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 IT600100 70000 COTEC0000701	
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 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 network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. This is an approved IT Standard which is used in various County locations on an as-needed basis.	
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):

BC2024-340

Title	PO24001602STAC-2024- Procurement of Wireless Access Points on behalf of Medical Examiner Facility
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)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	PO24001602 STAC	MNJ Technologies Direct	2024	\$13,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of: Meraki Wireless Access Points to assist with Smart Refrigeration Temperature Monitoring Devices for the Medical Examiner Facility as well as for general wireless network connectivity for PC's, Phones, and Laptops as this facility only has Wireless Connectivity, in the amount of \$13,000.00.</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):</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of: Meraki Wireless Access Points for the Medical Examiner Facility, in the amount of \$13,000.00. They are being installed with a primary purpose to assist with Smart Refrigeration Temperature Monitoring Devices but will also be used for general wireless network connectivity for PC's, Phones, and Laptops as this facility only has Wireless Connectivity.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

MNJ Technologies Direct Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 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. 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 534612 expires on 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 534612 expires on 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, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

Is Purchase/Services technology related <input 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. 100% American Rescue Plan Act Crime Lab Backlog Grant ME285145
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):	4.9.2024
Date documents were requested from vendor:	3.15.2024
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:	4.22.2024
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): not applicable
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BC2024-341

Title	HPE Server Blades and Memory
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.
	24001740 EXMT	Advizex Technologies		\$21,805.27	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 Advizex Technologies, for HPE Server Blades and Memory in the amount of \$21,805.27.

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 request is for a Server Blade to populate an existing server chassis with an additional blade. It currently has one slot open for future server expansion. Additional memory to an existing Server is also requested to allow for additional servers to be hosted upon the hardware.

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):
Advizex Technologies 6480 Rockside Woods Boulevard Independence, Ohio 44131	Keith McLeod 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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is for an exemption purchase. Advizex is able to provide Cuyahoga County with pricing that is better than what is offered on Ohio State Term Schedule contract #534612, which is considered lowest and best negotiated pricing for this purchase. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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 IT600100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

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

Provide status of project.

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

HISTORY (see instructions):
The last purchase was made for actual HPE servers. This current request is for a blade and memory.

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
For HPE Proliant Gen10+ servers	24000596 EXMT	Advizex Technologies		\$32,960.10	2/20/2024	BC2024-124

BC2024-342

Title	XIA Network Taps
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.
	24001774 EXMT	SHI International Corp.	09/28/2023 – 01/27/2025	\$7,141.93	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 SHI International Corp, for XIA Network Taps in the amount of \$7,141.93.

This is a support/maintenance subscription for the physical device (tap) that provides security operations and analysis for the detection of network intrusion. Subscription dates 09/28/2023 – 01/27/2025.

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):
This is one piece of the much larger multi-million-dollar Disaster Recovery Project. Overall, DoIT was hoping to not need/purchase maintenance until the systems were in production to save money, but the vendor requires us to backdate the support that was included with the device (1 year) similar to software update subscription. Support will now be aligned moving forward.

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):
SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873	Erica Flint
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. SHI International Corp. provides this subscription under joint cooperative Sourcewell contract #081419-SHI, however this purchase is using an exemption due to

	being submitted late. Subscription dates 09/28/2023 – 01/27/2025. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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 - 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason:
The physical devices were purchased and work without maintenance or support. Initially it was not believed this support subscription would need to be purchased. However, the vendor requires this maintenance/support to back dated. We did not have a production go-live until recently; this is associated with the Disaster Recovery Project.

Timeline: Project/Procurement Start Date (date your team started working on this item):	01/10/2024
Date documents were requested from vendor:	01/10/2024, 02/27/2024, 03/13/2024, 04/10/2024
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:	4/22/2024
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.
	22003543 EXMT	SHI International Corp.	09/28/2022 – 09/27/2023	\$39,217.74	09/06/2022	BC2022-530

N/A – this is a new purchase.

BC2024-343

Title	Human Resources; 2024 Amendment with Clemans Nelson & Associates, Inc. for Human Resources Consulting Services effective 5/6/2024 for additional funds not-to-exceed \$50,000.00.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	3867	Clemans Nelson & Associates, Inc.	11/7/2023-11/6/2024	\$20,000.00	11/6/2023	BC2023-697
A				\$50,000.00		PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Clemans Nelson & Associates provides human resources consulting services to the Department of Human Resources. These services supplement our in-house knowledge from a firm that focuses on human resources and can provide advice and best practices. Clemans Nelson also provides assistance with workplace investigations when necessary.

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):
 Assist the Department of Human Resources with responding to employee questions and concerns, assist with workplace investigations, provide industry expertise with regards to compliance, regulations, and changes in the law.

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):
Clemans Nelson & Associates 4100 Regent Street, Suite 4-N Columbus, OH 43219	Andrew Esposito Director of Operations / Shareholder
Vendor Council District: N/A	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is an amendment to an existing contract with Clemans Nelson which was established as a trial of these services. Human Resources has found the services to be extremely helpful and utilization is increasing, particularly in assisting with workplace investigations. This increased usage requires additional funds to continue usage while the RFP for a long-term solution is solicited. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement)
	<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 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. Services under the original agreement are provided on an as-needed basis. Services have not exceeded the original approval.	
<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):	3/22/2024
Date documents were requested from vendor:	4/3/2024
Date of insurance approval from risk manager:	4/26/2024
Date Department of Law approved Contract:	4/3/2024
Date item was entered and released in Infor:	4/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):
3/22/2024 – HR reached out to vendor inquiring about amending for additional funds. 3/22/2024 – Matrix matter created requesting draft amendment. 4/03/2024 – Draft amendment received from Law and sent to vendor for review. 4/12/2024 – Follow-up sent to vendor for update on review. 4/12/2024 – Signed amendment received back from vendor. 4/16/2024 – Updated COI requested from vendor. 4/18/2024 – COI received from vendor. 4/23/2024 – COI review requested. 4/26/2024 – COI approved. 4/26/2024 – Amendment released in Infor.

BC2024-344 a)

Title	CCJC CY24 Community Diversion Program contract with the City of Bay Village
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4374	City of Bay Village	1/1/24- 12/31/24	\$7500.00	Pending	pending

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

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of Bay Village	Owner, executive director, other (specify): Det. Jameison Pochatek (Programmatic Contact)
350 Dover Center Road Bay Village, Ohio 44140	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Bay Village

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

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

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/14/2023 (used date on spreadsheet)
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered in Infor:	3/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2088	City of Bay Village	01/01/2022-12/31/2023	\$11,600.00	BC2021-752	12/20/2021

BC2024-344 b)

Title	CCJC CY24 Community Diversion Program contract with the City of Brecksville					
Department or Agency Name	Juvenile Court					
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/Council's Journal Date	Approval No.
O	4377	City of Brecksville	1/1/24-12/31/24	\$2,700.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of Brecksville	Owner, executive director, other (specify): Mark Krzynowek - SRO (Programmatic Contact)
9069 Brecksville Road Brecksville, Ohio 44141	

Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Brecksville

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

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

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/14/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered in Infor:	03/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2152	City of Brecksville	01/01/2022-12/31/2023	\$5,600.00	BC2022-34	01/10/2022

BC2024-344 c)

Title	CCJC CY24 Community Diversion Program contract with the City of Broadview Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4378	City of Broadview Heights	1/1/24-12/31/24	\$1,800.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of Broadview Heights	Owner, executive director, other (specify): Cheryl Seidenwand (Programmatic Contact)
9543 Broadview Road Broadview Heights, Ohio 44147	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Broadview Heights

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

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

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/14/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered in Infor:	03/29/2024

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

If late, have services begun? No Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment

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

HISTORY (see instructions):

O	2230	City of Broadview Heights	01/01/2022-12/31/2023	\$2,400.00	BC2022-90	2/14/2022
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BC2024-345

Title	Request for Purchase Order with Cyacomb Forensics for (3) Cyacomb Examiner Licenses	
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	24001477	Cyacomb Inc.	12 months	\$8,400.00	pending	pending

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

Requesting the renewal of (2) one-year Cyacomb Examiners (including dongle), as well as a new third license for our Cuyahoga County Investigator working in Franklin County. The purchase of the Cyacomb Examiner is a field triage tool that will streamline the field triage process of electronic evidence in child exploitation investigations by focusing on known hash values of suspected child sexual abuse material and aids forensic examiners in finding this material faster on-scene, thus leading to more arrests.

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 license aids in prosecution of child sex abuse crimes. The software helps detect illegal content of indecent images of children on a suspect's computer. The tools works as a standalone program, as well as in concert with DataPilot10, which is a forensic hardware and software tool that aids the Ohio Internet Crimes Against Children Task Force in the investigation, detection and prosecution of offenders who use the Internet to entice and exploit minor children.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Cyacomb, 360 N Pacific Coast Hwy, El Segundo, CA 90245	Graham Little, Director of Sales, North America
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.	N/A

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. We have been using Cyan Examiner for the past couple of years and Cyacomb has created technologies that are unique to the IS environment in terms of their block data and contraband filters. The current price reflects a law enforcement discount. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: RFP Exemption

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: April 18, 2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% funded with County Prosecutor’s 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 checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. License will be acquired upon invoice paid in full	
<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):

BC2024-346

Title	2024 SPIKE VEST PURCHASE- VANCE’S LAW ENFORCEMENT STATE CONTRACT
Department or Agency Name	SHERIFF’S
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	24001752	VANCE'S LAW ENFORCEME NT	2024	249,550.08		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 416 Concealable Carriers and Prism Spike 3 Vest currently under state contract with Vance's Law Enforcement on State Contract# RSI012064 & #3611 FKA #2102.

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):
 Purchase 416 units for the Sheriff's Corrections Dept staff to be utilized during their assigned shifts as an additional level of security and safety.

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):
3723 Cleveland Ave Columbus, Ohio 43224	Scott Long, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #RSI012064 & #2102 <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.	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% 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 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):	4/1/24
Date documents were requested from vendor:	4/1/24
Date of insurance approval from risk manager:	2/27/24
Date Department of Law approved Contract:	2/27/24
Date item was entered and released in Infor:	4/2/24

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

HISTORY (see instructions):

BC2024-347

Title	Medical Examiner's Office request approval of PO#24001723-JCOP to Evident Scientific Inc. in the amount of \$14,325.84 for purchase of Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera & Trinocular Head.
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	24001723	Evident Scientific Inc.		\$14,325.84		

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera & Trinocular Head.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The microscopes deliver high sensitivity and speed required for cell experiments and deep tissue imaging. Used by examination experts and clinical laboratory technicians. They are used to look at the cells, blood and urine, to examine and diagnose diseases, etc.
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):
Evident Scientific Inc. 48 Woard Avenue Waltham, MA 02453	Wes Pringle, CEO

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Evident Scientific Inc. Omnia Partners Contract ID no. 2022003254 Jan.1,2023 thru Dec. 31, 2028
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% General Fund

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

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

Provide status of project.

New Service or purchase Recurring service or purchase

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

Reason:

Timeline:

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

BC2024-348

Title	PSJS; Cuyahoga County Board of Health; Government Purchases Contract for COSSUP Grant Award
Department or Agency Name	Public Safety & Justice Services on behalf of the Medical Examiner's Office
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	4095	Cuyahoga County Board of Health	10/1/23-9/30/26	\$192,514.45		

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

Requesting approval of a government contract as indicated in the chart above with the Cuyahoga County Board of Health, not to exceed the amount of \$192,514.45 for the period 10/1/23-9/30/26. The CCBH is a subrecipient on our COSSUP grant award. The grant award was approved on 10/17/23 CON2023-106.

The Cuyahoga County Medical Examiner's Office was awarded a U.S. Dept. of Justice, Bureau of Justice Assistance grant under the solicitation titled BJA FY 23 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP) for the project titled Cuyahoga County Overdose Fatality Review Counteractive Initiative whose purpose is to enhance Cuyahoga County's Overdose Fatality Review (OFR) to promote cross-system coordination within the criminal justice and behavioral health systems for the identification and implementation of preventable risk factors and missed opportunities for intervention in order to reduce overdose deaths in Cuyahoga County, particularly for those historically marginalized, underserved, and adversely affected by inequality in Cuyahoga County, Ohio (metropolitan Cleveland).

The Cuyahoga County Board of Health is a subrecipient of this grant and will perform tasks related to the Cuyahoga County Overdose Fatality Review Counteractive Initiative as referenced below under Project Goals, Outcomes, or Purpose.

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:

Goal 1: Enhancement of Cuyahoga County's Overdose Fatality Review (OFR) to promote cross-system coordination among public health and public safety agencies to support comprehensive, collaborative initiatives.

Goal 2: Identification of preventable risk factors and implementation of missed opportunities for interventions in behavioral health and criminal justice systems, to reduce overdose fatalities –especially for those historically marginalized, underserved, and adversely affected by inequality.

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: Cuyahoga County Board of Health	Owner, executive director, other (specify):
5550 Venture Drive Parma, OH 44130	Roderick Harris DrPH, Health Commissioner
Vendor Council District:	Project Council District:
District 11	All districts
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. Procurement Government Contract for COSSUP Grant Award. The provider was a named sub-recipient on the grant application. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe: Procurement RFP Exemption Contract

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% funded by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) grant under the solicitation titled BJA FY 23 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP).
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.

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: Funding was intended to begin 10/1/23 but did not receive notice of the award of the grant until 9/27/23. Thereafter, required approvals were obtained from BOC, Law to process Insurance, Agreement, and Fiscal Appropriations.

Timeline: Project/Procurement Start Date (date your team started working on this item):	Date we received Notice of Award: 9/27/23 Date Award was approved by BOC: 10/16/23 Date contract request was submitted in Matrix: 10/11/23 Date contract was sent to subrecipient: 12/19/23 Date the Appropriations Approved: 1/23/24
Date documents were requested from vendor:	12/19/23
Date of insurance approval from risk manager:	4/23/24
Date Department of Law approved Contract:	1/23/24
Date item was entered and released in Infor:	03/20/24

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)

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

HISTORY (see instructions):

There is no prior history as this is a new grant award.

BC2024-349

Title	PSJS; Digital Stakeout, Inc; Contract for Eight (8) Social Media Threat Intelligence Software Licenses for the Northeast Ohio Regional Fusion Center from May 15, 2024-May 14, 2025
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4292	Digital Stakeout, Inc.	5/15/24- 5/14/25	\$13,260.00	Pending	Pending

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

Requesting approval of a contract as indicated in the chart above with DigitalStakeout, Inc. in the amount of \$13,260.00 for the period 5/15/24-5/14/25.

The social media threat intelligence platform will help Fusion Center intelligence analysts identify terrorism threats, crime and monitor key intelligence topics across a broad range of social media, web, and darknet sources. The platform shall have automated collection and internal search algorithms to broaden the available information accessible by analysts. The platform shall expand the analysts' current knowledge and manual collections of knowns, by casting wider collection net and uncovering unknown sources/information.

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):

- Collect, process, analyze, and disseminate threat intelligence to analysts.
- Automate algorithms on broad topics that can be harvested for threat information.
- Scan open and dark web and leverage multiple social media and open-source outlets.

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):
Digital Stakeout, Inc. 234 Morrell Road, Suite 360 Knoxville, TN 37919	James Brown, CFO
Vendor Council District:	Project Council District:
N/A	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT X	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: 2/9/24	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$13,260.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 264/10	<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? The lowest bid was significantly lower than the other bids received.	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input 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: 4/4/24
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. State Homeland Security Program Grant – FY22 – 100%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

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

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

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3380	Digital Stakeout, Inc.	5/15/23-5/14/24	\$13,260.00	5/15/2023	BC2023-313

BC2024-350

Title	DEPARTMENT OF HEALTH AND HUMAN SERVICES - Western Reserve Area Agency on Aging for Transformational Development to support mission activities – GRANT AGREEMENT – AMENDMENT 2
Department or Agency Name	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2437	Western Reserve Area of Agency on Aging	10/17/22 – 04/30/2023	\$2,103,000.00	10/11/2022	R2022-0327
1	2437	Western Reserve Area of Agency on Aging	10/17/22 – 12/31/2023	\$0.00	03/13/2023	ION
2	2437	Western Reserve Area of Agency on Aging	10/17/22 – 12/31/2024	\$0.00	Pending Approval	Pending Approval

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

Department of Health and Human Services is requesting approval of an amendment to the grant agreement with the Western Reserve Area of Agency on Aging to extend the period of the agreement from 12/31/2023 to 12/31/2024.

WRAAA proposes working with Ohio Based Certified Minority Contractors, Ohio Based Manufacturing Companies, and Ohio Based Merchandising Companies to assist low-income seniors in repairing, maintaining and/or making changes to residences to meet their daily living needs. It is estimated there could be as many as 10,000 home visits a year for these services. To identify low-income seniors needing of this service WRAAA.

Volunteers will place groceries, safety products and hygiene bags in car trunks of preregistered families. Also, bags will be delivered directly to facilities that house seniors, i.e., senior high-rise buildings and campuses. Individuals and families will register for the program through WRAAA's 24-hour call-in line and website to preorder their grocery bags.

WRAAA "Going Places" is requesting the purchase of four vans: two ADA fully equipped vans, one Cargo Van, and One Passenger Van. Two drivers will be hired to drive the vans on a regularly scheduled basis and supplied by Senior Transportation 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):

1. NAILS IT! will partner with local nonprofits, faith-based organizations and governmental agencies in five Cuyahoga County communities: East Cleveland, Cleveland Ward 1/Lee-Harvard, Cleveland Ward 2/Union-Miles, Cleveland Ward 4/Mt. Pleasant-Buckeye, Cleveland Ward 12/Slavic Village.
2. Great Grocery Give Away - WRAAA staff is again ready to distribute bags of nutritious groceries, hygiene and cleaning products throughout Cuyahoga County at partnership sites (senior servicing organizations, government and social service agencies, schools, faith-based organizations, etc.).
3. WRAAA "Going Places" is requesting the purchase of four vans: two ADA fully equipped vans, one Cargo Van, and One Passenger Van. Two drivers will be hired to drive the vans on a regularly scheduled basis and supplied by Senior Transportation Services.

This amendment extends the time period of the ongoing grant agreement from the effective date of October 17, 2022, to December 31st, 2024. This amendment does NOT change the scope of services to the agreement and does NOT add any additional funding.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Western Reserve Area Agency on Aging 1700 East 13th Street, Suite 114 Cleveland, OH 44114	Myron Bennett

Vendor Council District:	Project Council District:
7	7
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. ARPA Grant *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Grant Agreement <input type="checkbox"/> Other Procurement Method, please describe:

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

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

The project is funded 100% by "General Fund – ARPA Revenue Replacement/Provision of Government Services."

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: Vendor asked for an extension on December 13, 2023, and was asked for program reports so it could be discussed with County Council. We did not get those reports until February 27, 2024. County Council staff approved the extension on February 28th.

Timeline:

Project/Procurement Start Date (date your team started working on this item):	03/05/2024
Date documents were requested from vendor:	03/14/2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	03/26/2024
Date item was entered and released in Infor:	03/28/2024

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) amendment to add time to an existing grant agreement

Have payments be made? No Yes (if yes, please explain) Grant already allocated.

HISTORY (see instructions): See above

BC2024-351

Title	Division Of Senior and Adult Services (DSAS); Cleveland East Hotel, LLC dba Cleveland Marriott East – 2024 Aging and Disability Summit; 9.27.2024.
Department or Agency Name	Division of Senior and Adult Services (DSAS)
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	4352	Cleveland East Hotel, LLC dba	effective upon contract	\$27,368.95	Pending	Pending

		Cleveland Marriott East	signatures of all parties through 10/31/2024			
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Division of Senior and Adult Services is requesting approval of a contract with Cleveland East Hotel LLC, dba Cleveland Marriott East the anticipated cost not-to-exceed \$27,368.95 to host the 2024 Aging and Disability Summit on September 27, 2024.

The provider will provide the facilities, accommodations and catering services for the 2024 Aging and Disability Summit.

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 identify, discuss and disseminate information on specific issues impacting older adults and adults with disabilities, caregivers and providers

To foster a greater understanding of the aging population and the resources available to support seniors and adults with disabilities

To increase and improve communication, collaboration and networking among professionals, volunteers, advocates and older persons/adults with disabilities

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 Hotel East dba Marriott Cleveland East 26300 Harvard Rd Warrensville Heights, Ohio 44122	Stacey George, Director of Catering
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

<input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 82 /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 type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Recommended Vendor provided the best price with the most desired accommodation as well as being the only vendor with the preferred date available.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Best price for desired accommodations to meet participation size and preferred date.	<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% Health and Human Services Levy.	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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): n/a

BC2024-352

Title	Office of Homeless Services; 2024 Mental Health Services for Homeless Persons, Inc dba Frontline; RQ8737; Amend 1 to Eviction Prevention Services
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	3888	Mental Health Services for Homeless Persons, Inc dba Frontline	1/1/24- 12/31/24	\$23,453.96	11/27/23	BC2023-767
A-1	3888	Mental Health Services for Homeless Persons, Inc dba Frontline	12/31/24	\$34,053.00	Pending	Pending

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

The Office of Homeless Services requesting approval of an amendment to a contract with Mental Health Services for Homeless Persons, Inc dba Frontline Contract Partners for the anticipated cost of \$34,053.00. No change in term or scope of service.

FrontLine Services operates the Cleveland Mediation Center (CMC), which provides landlord/tenant mediation and conflict coaching to those facing eviction. CMC also conducts community outreach to engage referral partners for pre-filing mediation (eviction services).

This amendment combines two contracts for the same service but different funding sources. When ARPA funds expire, this will be HHS Levy-funded only.

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

Project Goals, Outcomes or Purpose (list 3):

- To provide landlord-tenant mediation to persons facing eviction
- To provide conflict coaching to persons facing eviction
- To engage additional referral partners, expanding the network of Cuyahoga County agencies who refer clients to pre-filing mediation to 5 municipal housing courts and 7 Cuyahoga County agencies

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

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Government Purchase Amendment to a contract that was originally procured through a competitive process. *See Justification for additional information.
The total value of the solicitation: N/A	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A
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? N/A	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Amendment to a contract that was originally procured through a competitive process. <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% by Health and Human Services Levy funding	
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: OHS needed additional time to determine funding source. OHS typically contracts with CMC for services using Cuyahoga County Emergency Solutions Grant funding. The reporting requirements for these funds did not match the services provided and created an administrative burden for the provider. It took additional time to locate another funding source. There was also delay in receiving documents from provider.	

Timeline: Project/Procurement Start Date (date your team started working on this item):	1/8/24, 1/29/24, 2/13/24, 2/29/24, 3/1/24, 3/18/24, 3/29/24, 4/1/24, 4/19/24
Date documents were requested from vendor:	4/1/24
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	4/19/24
Date item was entered and released in Infor:	4/19/24
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) Provider is offering ARPA-funded services but	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-353

Title	Department of Health and Human Services, Office of Reentry; RQ#5806 2023 Oriana House Inc; Amendment 3 Neighborhood Reentry Resource Center and Adult Transition Model	
Department or Agency Name	Department of Health and Human Services, Office of Reentry	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	1983	Oriana House	7/1/2021- 12/31/2024	\$2,100,000.00	12/7/2021	R2021-0280
A-1	3054	Oriana House	12/19/2022- 12/31/2024	\$475,000.00	12/19/2022	BC2022- 798/51876452
A-2	3054	Oriana House	Upon signature- 12/31/2024	\$100,000.00	12/11/2023	BC2023-809
A-3	3054	Oriana House	Upon signature- 12/31/2024	\$200,000.00	Pending	Pending

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

Oriana House, Inc has operated North Star Neighborhood Reentry Resources Center since 2010. North Star's mission is to provide services in a safe, supportive environment for clients and their families to successfully navigate the barriers faced when returning to their Cuyahoga County communities.

Amendment to add \$200,000.00, with a change to the scope of work to increase the cap of new members by 450, with the total cap for members raised to 5,950 effective through 12/31/2024.

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

Project Goals, Outcomes or Purpose (list 3):

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

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Oriana House, Inc. 1834 E. 55 th St. Cleveland, OH 44103	James Lawrence, CEO and President
Vendor Council District:	Project Council District:
Council District 7	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

HISTORY (see instructions): see chart above

C.- Exemptions

BC2024-354

Title	Alternative Procurement to add new vendors to the Community Social Services Program (CSSP) Master Agreement
Department or Agency Name	Division of Senior and Adult 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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Alternative Procurement

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	Various	Various	01/01/2024 – 12/31/2025	\$6,063,762.00	11/28/2023	R2023-0336
	3716	Ashbury Senior Computer Center	01/01/2024 – 12/31/2025	\$202,500.00	11/28/2023	R2023-0336
	3717	Catholic Charities – Fatima	01/01/2024 – 12/31/2025	\$328,159.90	11/28/2023	R2023-0336
	3763	Catholic Charities – Hispanic	01/01/2024 – 12/31/2025	\$243,155.06	11/28/2023	R2023-0336
	3765	Catholic Charities – St. Martin	01/01/2024 – 12/31/2025	\$159,996.60	11/28/2023	R2023-0336
	3766	City of Bedford	01/01/2024 – 12/31/2025	\$123,991.10	11/28/2023	R2023-0336
	3757	City of Berea	01/01/2024 – 12/31/2025	\$159,918.68	11/28/2023	R2023-0336
	3758	City of Euclid	01/01/2024 – 12/31/2025	\$90,080.00	11/28/2023	R2023-0336
	3759	City of Lakewood	01/01/2024 – 12/31/2025	\$84,328.00	11/28/2023	R2023-0336
	3760	City of Maple Heights	01/01/2024 – 12/31/2025	\$81,800.00	11/28/2023	R2023-0336

	3761	City of Olmsted Falls	01/01/2024 – 12/31/2025	\$60,000.48	11/28/2023	R2023-0336
	3751	City of Parma Heights	01/01/2024 – 12/31/2025	\$494,794.64	11/28/2023	R2023-0336
	3743	City of Solon	01/01/2024 – 12/31/2025	\$158,297.68	11/28/2023	R2023-0336
	3744	City of Strongsville	01/01/2024 – 12/31/2025	\$193,201.00	11/28/2023	R2023-0336
	3745	Cleveland Clergy Alliance	01/01/2024 – 12/31/2025	\$216,000.00	11/28/2023	R2023-0336
	3746	Community Partnership on Aging	01/01/2024 – 12/31/2025	\$203,596.44	11/28/2023	R2023-0336
	3742	Donna Smallwood Activities Center – City of Parma	01/01/2024 – 12/31/2025	\$24,807.60	11/28/2023	R2023-0336
	3738	East End Neighborhood House Association	01/01/2024 – 12/31/2025	\$273,137.00	11/28/2023	R2023-0336
	3739	Famicos Foundation, Inc	01/01/2024 – 12/31/2025	\$199,080.00	11/28/2023	R2023-0336
	3740	Harvard Community Services Center	01/01/2024 – 12/31/2025	\$201,942.24	11/28/2023	R2023-0336
	3741	Jennings Center for Older Adults	01/01/2024 – 12/31/2025	\$75,679.36	11/28/2023	R2023-0336
	3752	Linking Employment, Abilities and Potential (LEAP)	01/01/2024 – 12/31/2025	\$60,000.24	11/28/2023	R2023-0336
	3896	Near West Side – May Dugan	01/01/2024 – 12/31/2025	\$45,792.00	11/28/2023	R2023-0336
	3754	Murtis Taylor Human Services System	01/01/2024 – 12/31/2025	\$366,880.00	11/28/2023	R2023-0336
	3755	Rose Centers for Aging Well	01/01/2024 – 12/31/2025	\$549,829.12	11/28/2023	R2023-0336
	3756	Senior Citizen Resources	01/01/2024 – 12/31/2025	\$309,363.90	11/28/2023	R2023-0336
	3721	Senior Transportation Connection	01/01/2024 – 12/31/2025	\$400,030.68	11/28/2023	R2023-0336
	3730	The Phillis Wheatley Association	01/01/2024 – 12/31/2025	\$100,006.76	11/28/2023	R2023-0336

	3726	The Salvation Army	01/01/2024 – 12/31/2025	\$118,221.20	11/28/2023	R2023-0336
	3727	University Settlement	01/01/2024 – 12/31/2025	\$209,999.88	11/28/2023	R2023-0336
	3728	West Side Community House	01/01/2024 – 12/31/2025	\$329,172.44	11/28/2023	R2023-0336
A1	N/A	Catholic Charities – Good Shepherd	01/01/2024 - 12/31/2025	\$117,000.00	Pending	Pending
A1	N/A	City of Bedford Heights	01/01/2024 - 12/31/2025	\$105,000.00	Pending	Pending
A1	N/A	The Mandel Jewish Community Center of Cleveland	01/01/2024 - 12/31/2025	\$280,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Alternative Procurement to add new vendors to the Community Social Services Program (CSSP) Master Agreement. The Division of Senior and Adult Services (DSAS) has received additional levy funding to add to the master agreement along with approval of the Older Americans Act Grant funding for the estimated amount of \$502,000.00.

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):
1. To reduce loneliness and isolation
2. To improve physical, social, and mental health
3. To reduce food insecurity
4. To provide access to safe and affordable transportation 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: N/A – Adding new vendors through Alt Procurement	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.	

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. HHS Levy – 61% Healthy Aging Grant – 39%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
Healthy Aging Grant Accept Approval – 2/5/2024 – CON2024-16

BC2024-355

Title	Alternative Procurement to contract with new vendors using recently awarded Healthy Aging Grant funding for Division of Senior and Adult Services
Department or Agency Name	Division of Senior and Adult 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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Alternative Procurement

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	N/A	N/A	5/1/2024 – 9/30/2024	\$1,638,263.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Healthy Aging Grant funds will be utilized to address social determinants of health, enhancing the quality of life for older Ohioans specifically in Cuyahoga county.

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The grants aim to address social determinants of health, <ol style="list-style-type: none"> 1. foster an improved quality of life for older Cuyahoga county citizens, 2. enabling them to remain in their homes and stay connected to their communities, 3. preserve their personal assets, and 4. promote a healthy, independent, active lifestyle.
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: N/A – Adding new vendors through Alt Procurement	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.	

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

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

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

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

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

HISTORY (see instructions): Healthy Aging Grant Accept Approval – 2/5/2024 – CON2024-16
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BC2024-356

Scope of Work Summary

Office of Homeless Services requesting approval of an alternative procurement process to award Health and Human Services Levy-funded contracts to HUD-approved Permanent Supportive Housing (PSH) providers serving Cuyahoga County. Approved providers include Famicos Foundation, Front Steps, Humility of Mary, FrontLine Service, EDEN, Inc., and YWCA of Greater Cleveland. PSH serves chronically homeless single adults and high-barrier homeless persons as part of the Housing First Initiative, which was established in 2004 with the goal of ending chronic homelessness in the county. These dollars were added to OHS' budget in 2021 specifically to address shortfalls in the PSH program operating and supportive services resulting from stagnant HUD funding.

The term of the contracts funded through the alternative procurement process will be July 1, 2024 through June 30, 2026, in the total amount of \$4,000,000.00.

We are seeking this alternative procurement because funds are only available to HUD-approved Housing First designated providers, so they cannot be procured via a regular RFP or RFQ. In addition, given the predetermined scope of services dictated by HUD, OHS wanted to focus on reviewing and scoring based on previous performance. OHS worked with Enterprise Community Partners to develop a comprehensive review tool for all HUD-approved Housing First providers. Enterprise is the coalition leader of the Housing First Initiative, providing recommendations for operations and service standards, quality assurance, and development of PSH in the Cuyahoga County Continuum of Care.

Providers will submit a compliance self-assessment, annual budget, staffing plan, program documents, and audit. Enterprise and OHS will use these submissions to evaluate eligible providers on current and historical annual client performance, agency oversight and management, budget and fiscal administration, and project operation and services. Providers will be awarded based on historical programmatic and fiscal performance, compliance, and demonstrated need.

The primary goals of the PSH program are to:

Work with those who are experiencing the highest barriers to stabilization including chronically homeless single adults and homeless persons with high barrier to housing.

Provide rent-subsidized permanent housing, medical care, mental health, recovery and employment services to help individuals integrate back into their communities.

Procurement

If the alternative procurement request is approved, OHS will work with Enterprise to determine funding for eligible Housing First PSH providers and enter into a 2-year contract with the selected providers.

Contractor and Project Information

The address(es) of all eligible vendors and/or contractors are:

Famicos Foundation

1325 Ansel Road Cleveland, OH 44107

Front Steps

1545 W 25th St, Cleveland, OH 44113

FrontLine Service
1744 Payne Avenue Cleveland, OH 44114

EDEN, Inc.
7812 Madison Avenue Cleveland, OH 44102

Humility of Mary Opportunity House
2251 Front Street, Suite 210 Cuyahoga Falls, OH 44221

YWCA
4019 Prospect Avenue Cleveland, Ohio 44103

Project Status and Planning
The project operates 365 days/year.

Funding
The project is funded 100% by the Cuyahoga County Health and Human Services Levy.

The schedule of payments is monthly.

D. - Consent Agenda

BC2024-357

Department of Public Works, CSX Transportation, Inc., Temporary Right of Entry Agreement for the Deck Repair Work on Stokes Boulevard Bridge 00.31 in the City of Cleveland

Scope of Work Summary

Public Works Department requesting the approval of the Temporary Right of Entry Agreement with CSX Transportation, Inc for the deck repair work on Stokes Boulevard Bridge 00.31 in the City of Cleveland. The deck repair work is to be performed in the Summer of 2024, completed by Fall of 2024.

The primary goal of this agreement is to grant the Temporary Right of Entry onto CSX Transportation's railroad property allowing Public Works and its contractor to perform the deck repair work.

Contractor Information

CSX Transportation
500 Water Street, 12th Floor
Jacksonville, FL 32202

The vendor contact is Mr. Drew Hannon, Real Estate Specialist & Industrial Development – Non Environmental Right of Entry

The bridge is located on Stokes Boulevard, approximately 375 ft Southeast of Petrarca Road in the City of Cleveland.

Council District 7.
Project Status
This project is new to the County.

Funding – N/A.

Notes:

This agreement has been approved in form by Heather Holt – Law Department; PWD-3588

BC2024-358

(See related items for proposed travel/memberships for the week of 5/6/2024 in Section D above).

BC2024-359

(See related items for proposed purchases for the week of 5/6/2024 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Scope of Work Summary

Department of Workforce Development is requesting approval of a Data Sharing & Confidentiality Agreement between Ohio Department of Job & Family Services and Local Area Workforce Development Area 3 for the period 10/1/2023-9/30/2026, for the anticipated cost of \$0.00.

The purpose of this Agreement is to provide Local Area 3 with Wage Record information and Unemployment Insurance (UI) Claimant data that Area 3 will be authorized to use exclusively for the purposes stated below:

Wage Records may be used to measure local area performance against local performance accountability standards.

UI End of Benefits reports may be used to conduct outreach to UI Claimants who have nearly exhausted their claims.

UCRS/RESEA Early Intervention Reports may be used to determine dislocated worker eligibility and to conduct outreach.

Contractor and Project Information

Ohio of Workforce Development
4020 East 5th Avenue
Columbus, OH 43216-1618
Council District ALL

The Director is Matt Damschroder

Item No. 2

Title	Division of Senior and Adult Services – 2023-2024 – Western Reserve Area Agency on Aging – Medicare Improvements for Patients and Providers Act (MIPPA) Grant Award Contract Modification
Department or Agency Name	Division of Senior and Adult 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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Grant Award

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	N/A	DSAS	9/1/2023 – 8/31/2024	\$22,947.63	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 DSAS will assist seniors with applying for Medicare savings plans and low-income subsidies to reduce their out-of-pocket expenses. This request is to approve a contract modification to increase the total funding of the 2023-2024 MIPPA Grant Award from \$20,623.46 to \$22,947.63.

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goal of the project is to lower out-of-pocket Medicare expenses for seniors and adults with disabilities.

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

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

Vendor Name and address: N/A – DSAS Grant Award	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.	

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

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

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% MIPPA Grant Award	
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 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 was a recent adjustment to the funding amount in the MIPPA award in 04/2024. The funding increased from \$20,623.46 to \$22,947.63.	

Timeline: Project/Procurement Start Date (date your team started working on this item):	4/5/2024
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:	
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	N/A	Western Reserve Area Agency on Aging	9/1/2023 – 8/31/2024	\$20,623.46	CON2024- 04	1/2/2024

VI – PUBLIC COMMENT

VII – ADJOURNMENT