



**Cuyahoga County Board of Control Agenda
Monday, June 10, 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 – 6/3/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-434

Department of Public Works, recommending an award on RQ13883 and enter into Purchase Order No. 24002178 with The McLean Company (11-4) in the amount not-to-exceed \$55,000.00 for the purchase of (1) Hot Box Trailer for the Road and Bridge Division.

Funding Source: Road and Bridge Fund

BC2024-435

Department of Public Works, recommending an award and enter into Contract No. 4381 with Kofile Technologies, Inc. (218-1) in the amount not-to-exceed \$25,987.60 for digitalization of records, annual licensing, hosting services, support and maintenance for the County Archives, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2024-436

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Johnson Controls Fire Protection LP in the amount not-to-exceed \$57,337.12 for a joint cooperative purchase of labor

and materials for upgrades to the Fire Alarm System at the Metzenbaum Center effective upon contract signatures of all parties for a period of 6 months.

- b) Recommending an award and enter into Contract No. 4463 with Johnson Controls Fire Protection LP in the amount not-to-exceed \$57,337.12 for a joint cooperative purchase of labor and materials for upgrades to the Fire Alarm System at the Metzenbaum Center effective upon contract signatures of all parties for a period of 6 months.

Funding Source: General Fund

BC2024-437

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Info Tech, Inc. in the amount not-to-exceed \$85,500.00 for the renewal of (15) Appia Standard Software Licenses for Construction Administration and Inspection Services for the period 6/16/2024 - 6/15/2027.
- b) Recommending an award and enter into Contract No. 4547 with Info Tech, Inc. in the amount not-to-exceed \$85,500.00 for the renewal of (15) Appia Standard Software Licenses for Construction Administration and Inspection Services for the period 6/16/2024 - 6/15/2027.

Funding Source: 87% Road & Bridge Fund and 13% Sanitary Sewer Fund

BC2024-438

Department of Development, recommending a United States Environmental Protection Agency Brownfield Revolving Fund Loan to Global Ambassadors Language Academy (GALA) in the amount not-to-exceed \$498,884.00 for the environmental remediation of asbestos and lead-based paint associated with the former McKinley School, 3349 West 125th Street, Cleveland for the renovation and utilization as a charter school for the neighborhood.

Funding Source: United States Environmental Protection Agency Brownfield Revolving Loan Fund

BC2024-439

Department of Housing and Community Development, recommending an award on RQ13620 and enter into Contract No. 4460 with Housing Research and Advocacy Center (14-1) in the amount not-to-exceed \$250,000.00 for fair housing services effective upon contract signatures of all parties through 4/30/2026.

Funding Source: Community Development Block Grant funds

BC2024-440

Department of Information Technology, recommending to amend Board of Control Approval No. BC2020-142, dated 2/24/2020 which approved an amendment to Contract No. CE1400329 with Time Warner Cable Enterprises, LLC to assign the interest from Time Warner Cable Enterprises, LLC to Charter Communications Operating, LLC dba Spectrum for dark fiber maintenance services for the period

10/1/2014 – 9/30/2024, to expand the scope of services for additional fiber maintenance at various locations, effective 1/12/2020, to modify the payment and contract terms, effective 2/24/2020, and for additional funds in the amount not-to-exceed \$405,431.40 by changing the time period from 10/1/2014 – 9/30/2024 to 10/1/2014 – 1/12/2025.

Funding Source: Wide Area Network Fund

BC2024-441

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$14,161.17 for the purchase of Panorama central management software for 25 devices and Nexum enabled premium support for each device effective Board of Control Approval for a period of 3 years.
- b) Recommending an award on Purchase Order No. 24002124 to Nexum, Inc. in the amount not-to-exceed \$14,161.17 for the purchase of Panorama central management software for 25 devices and Nexum enabled premium support for each device effective Board of Control Approval for a period of 3 years.

Funding Source: General Fund

BC2024-442

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council and Division of Senior and Adult Services, submitting an amendment to Contract No. 2521 (formerly Contract No. 12, 187 and CE1400246) with PeerPlace Networks, LLC for maintenance of a cloud-based comprehensive case management system for the period 8/4/2014 – 7/31/2024 to extend the time period to 7/31/2025 to expand the scope of services effective 8/1/2024 and for additional funds in the amount not-to-exceed \$202,620.00.

Funding Source: 50% Health & Human Services Levy & 50% Federal/State Funding

BC2024-443

Department of Law,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Calfee, Halter & Griswold LLP in the amount not-to-exceed \$80,000.00 for various legal services in connection with the evaluation of proposals and negotiating the terms and drafting of the contract to acquire a Jail Management System for the period 3/20/2024 through project completion.
- b) Recommending an award and enter into Contract No. 4362 with Calfee, Halter & Griswold LLP in the amount not-to-exceed \$80,000.00 for various legal services in connection with the evaluation of proposals and negotiating the terms and drafting of the contract to acquire a Jail Management System for the period 3/20/2024 through project completion.

Funding Source: General Fund

BC2024-444

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4526 (formerly Contract No. 2225) with Dr. Douglas E. Waltman, Ph.D (formerly Waltman Psychological Services) for psychological evaluation services for the Diagnostic Clinic for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$45,000.00.

Funding Source: Health and Human Service Levy Funds

BC2024-445

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,760.00 for a state contract purchase of (20) replacement HP Elite Mini Desktop Computers.
- b) Recommending an award on Purchase Order No. 24002162 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,760.00 for a state contract purchase of (20) replacement HP Elite Mini Desktop Computers.

Funding Source: General Fund

BC2024-446

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$42,624.00 for a state contract purchase of (32) HP ZBook Firefly mobile workstations.
- b) Recommending an award on Purchase Order No. 24002163 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$42,624.00 for a state contract purchase of (32) HP ZBook Firefly mobile workstations.

Funding Source: General Fund

BC2024-447

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,262.00 for a state contract purchase of various HPE equipment, parts and accessories for a new forensic server and workstation for the Cuyahoga County Prosecutor's Office Forensic Examiner.

- b) Recommending an award on Purchase Order No. 24002164 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,262.00 for a state contract purchase of various HPE equipment, parts and accessories for a new forensic server and workstation for the Cuyahoga County Prosecutor's Office Forensic Examiner.

Funding Source: General Fund

BC2024-448

- a) Submitting an RFP exemption, which will result in an award recommendation to ANSI National Accreditation Board, LLC in the amount not-to-exceed \$50,740.00 for a 3-day on-site inspection and DNA QAS audits to maintain accreditation, licensing fees for use of ABFT Laboratory accreditation standard and 2024 annual accreditation fees.
- b) Recommending an award on Purchase Order No. 24002190 to ANSI National Accreditation Board, LLC in the amount not-to-exceed \$50,740.00 for a 3-day on-site inspection and DNA QAS audits to maintain accreditation, licensing fees for use of ABFT Laboratory accreditation standard and 2024 annual accreditation fees.

Funding Source: 85% General Fund and 15% FY2023 Paul Coverdell Forensic Science Improvement Grants Program Formula

BC2024-449

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Foray LLC. d.b.a Foray Technologies in the amount not-to-exceed \$7,155.00 for a joint cooperative purchase of (5) additional Foray ADAMS Standard Concurrent User Licenses.
- b) Recommending an award on Purchase Order No. 24002255 to Foray LLC. d.b.a Foray Technologies in the amount not-to-exceed \$7,155.00 for a joint cooperative purchase of (5) additional Foray ADAMS Standard Concurrent User Licenses.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2024-450

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$9,345.20 for a joint cooperative purchase of various caps, vials, and bulbs, for use by the Drug Chemistry Lab.
- b) Recommending an award on Purchase Order No. 24002308 to Fisher Scientific Company LLC in the amount not-to-exceed \$9,345.20 for a joint cooperative purchase of various caps, vials, and bulbs, for use by the Drug Chemistry Lab.

Funding Source: General Fund

BC2024-451

Department of Public Safety and Justice Services, recommending awards and enter into Agreements and Contracts with various providers for various services in connection with the FY2023 STOP Violence Against Women's Act Block Grant for the period 1/1/2024 – 12/31/2024:

- a) Agreement No. 4488 with City of Bedford in the amount not-to-exceed \$32,366.57 for Domestic Violence Victim's Program.
- b) Agreement No. 4489 with City of Cleveland in the amount not-to-exceed \$114,901.34 for Cleveland Domestic Violence Project, Cleveland Police.
- c) Agreement No. 4490 with City of Cleveland in the amount not-to-exceed \$161,832.88 for Cleveland Domestic Violence Project, Office of Prosecution.
- d) Agreement No. 4491 with City of Cleveland in the amount not-to-exceed \$46,931.54 for Cleveland Sexual Assault Advocate Project.
- e) Contract No. 4492 with Cleveland Rape Crisis Center in the amount not-to-exceed \$128,171.63 for Strengthening Direct Services for Survivors Project.
- f) Contract No. 4493 with Jewish Family Service Association of Cleveland, Ohio in the amount not-to-exceed \$55,346.85 for Domestic Violence Services Continuation Project .
- g) Contract No. 4494 with Journey Center for Safety and Healing in the amount not-to-exceed \$107,780.69 for Latina Domestic Violence Project services.

Funding Source: FY2023 STOP Violence Against Women Act Block Grant

BC2024-452

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, recommending to amend Board of Control Approval No. BC2024-353, dated 5/6/2024 which approved 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 to change the amount-not-to-exceed to \$200,000.00.

Funding Source: Health and Human Services Levy Fund

BC2024-453

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into Contract No. 4578 with Playhouse Square Hotel, LLC dba Crowne Plaza Cleveland at Playhouse Square (13/4) in the amount not-to-exceed \$17,012.80 for a room rental, catering and audio/visual services in connection with the Annual Fatherhood Conference to be held on 6/14/2024.

Funding Source: 73%-Grant funds/Donation Grant Award – St. Luke’s Foundation \$7,000; Dollar Bank \$5,000; Meijer Fairfax Store \$500 and 27%-Health and Human Services Levy funds \$4,512.80

C. – Consent Agenda

BC2024-454

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 total amount not-to-exceed \$1.00 for the month of May 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-455

Fiscal Department, presenting proposed travel/membership requests for the week of 6/10/2024:

Dept:	Department of Information Technology							
Event:	Global Summit 2024							
Source:	Project Management Institute							
Location:	Los Angeles, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kimberly Dickson-McCall	9/17/2024 – 9/21/2024	\$1,625.00	\$176.00	\$2,087.91	\$0.00	\$299.09	\$4,188.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Summit offers sessions on the latest trends, tools, and best practices in project management. My participation in workshops and seminars led by industry experts will enhance my skills and Knowledge, particularly in advanced project management methodologies and strategies. The event also provides a

unique opportunity to connect with fellow project management professionals; engaging with peers from different industries will facilitate the exchange of ideas and experiences, potentially leading to innovative solutions for our projects.

BC2024-456

Department of Purchasing, presenting proposed purchases for the week of 6/10/2024:

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
24002272	(1) Landscape trailer	Department of Public Works	JTI, Inc.	\$16,636.00	General Fund
24002289	(1) Detention grade shower door for the County Jail	Department of Public Works	American Corrections Maintenance, Inc.	\$40,116.73	General Fund
24002241	Production and mailing of 2024 Proposed Value Notice (PVN)	Fiscal Office	Weekley’s Mailing Service	\$31,122.00	Real Estate Assessment Fund
24002224	(1) of each: interactive display monitor, mobile stand, electric L-shaped standing desk, vertical filing cabinet, laser multifunction printer, display wall controller; (8) of each: Monitor desk, standing mat, USB-C cable, headphones, webcams, electric standing desk, computer speakers, wireless mouse and keyboards; (4) of each: wall mount units and 70” monitors; (30) Black video cable and (32) 27” monitors for new office set up of Northeast Ohio Crime Gun Intelligence Center (CGIC) Unit	Prosecutor’s Office	MNJ Technologies Direct, Inc.	\$33,005.92	FY2021 Local Law Enforcement Crime Gun Intelligence Center

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002234	Factory Authorized – Hydromatic submersible pump*	Department of Public Works	Pump Systems LLC	\$6,575.00	Sanitary Fund

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

V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2024-457

Department of Public Works, recommending an award on Purchase Order No. 24002247 to ADB Safegate Americas LLC in the amount not-to-exceed \$7,620.68 for (1) replacement 19” Touch Screen Arista ESG monitor and (2) capacitors, installation and software configuration for the County Airport’s lighting systems.

Funding Source: General Fund

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a grant agreement and funding application with State of Ohio, Department of Youth Services for various programs in connection with the SFY2024 RECLAIM Ohio Grant for the period 7/1/2023 – 6/30/2025 to extend the time period to 6/30/2025.

Funding Source: Ohio Department of Youth Services

Item No. 2

Contracts \$0.00 – \$4,999.99 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	N/A	The Prism Health Group, LLC	Exhibit 2 – Analysis and evaluation of the pharmacy benefits described in the Request for Proposal process for County	\$-0-	Department of Human Resources	N/A	N/A	5/29/2024

			medical and prescription benefits, effective upon agreement signature of all parties					
RQ11071	Amend Revenue Generating Agreement No. 3889	21C LLC dba Compass Energy Platform	Energy consulting and management services in connection with the Cuyahoga County Utility Microgrid Design project, to change the scope of services and terms, effective upon contract signature of the County Executive	\$-0-	Department of Public Works/Division of Public Utilities	12/18/2023 – 12/17/2033	(Original) Revenue Generating	5/29/2024 (Executive) 6/4/2024 (Law)
No RQ	Contract No. 4383	Wingspan Care Group	Evidence-based, trauma-informed treatment services for child victims and witnesses of violence	\$4,500.00	Department of Public Safety and Justice Services	Effective upon contract signature of all parties through 12/31/2024	Health and Human Services Levy Fund	6/3/2024 (Executive) 5/31/2024 (Law)

LPA Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0067	Resurfacing of Warrensville Center Road from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid – Council Districts 10 and 11	\$7,500,000.00	N/A	\$6,000,000.00 – Federal Fund \$750,000.00 – Road and Bridge Fund \$460,000.00 – City of South Euclid \$290,000.00 – City of University Heights	6/3/2024 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, June 3, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

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

II. – REVIEW MINUTES – 5/28/2024

Leigh Tucker motioned to approve the minutes from the May 28, 2024, meeting; Dale Miller seconded.
The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-415

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to EVUnited, LLC in the amount not-to-exceed \$26,616.00 for a joint cooperative purchase of (2) Dual Port, Pedestal Mount Chargepoint CPF50 Chargers to be installed at the Harvard Garage, includes activation, and configuration services, (1) ChargepointGateway for connectivity and (4) 5 year prepaid Cloud Power-5 and Assure-5 Plans.
- b) Recommending an award on Purchase Order No. 24001349 to EVUnited, LLC in the amount not-to-exceed \$26,616.00 for a joint cooperative purchase of (2) Dual Port, Pedestal Mount Chargepoint

CPF50 Chargers to be installed at the Harvard Garage, includes activation, and configuration services, (1) ChargepointGateway for connectivity and (4) 5 year prepaid Cloud Power-5 and Assure-5 Plans.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Trevor McAleer jokingly commented couldn't Mike Foley find a grant to use instead of general fund; surprised he couldn't find something out there. Dale Miller asked when we anticipate having these installed and operational; asked how many electric vehicles we have at the Harvard Garage. Dale Miller motioned to approve the item; Trevor McAleer seconded. Item BC2024-415 was approved by unanimous vote.

BC2024-416

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to APG Office Furnishings in the amount not-to-exceed \$18, 351.09 for a joint cooperative purchase of various office furniture to be delivered and installed at the Harvard Garage.
- b) Recommending an award on Purchase Order No. 24001725 to APG Office Furnishings in the amount not-to-exceed \$18, 351.09 for a joint cooperative purchase of various office furniture to be delivered and installed at the Harvard Garage.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-416 was approved by unanimous vote.

BC2024-417

Department of Public Works, submitting an amendment to Contract No. 2447 (fka 706; CE1600134) with CHMWarnick, LLC for asset management services for the Hilton Cleveland Downtown Hotel for the period 6/28/2016 – 6/30/2024 to extend the time period to 6/30/2025 and for additional funds in the amount not-to-exceed \$324,000.00.

Funding Source: General Fund

Mellany Seay, Department of Public Works, presented. Trevor McAleer asked the presenter to discuss the hotel refresh; asked if it was based on the current conditions of furniture and other items or is it a complete refresh no matter what. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-417 was approved by unanimous vote.

BC2024-418

Department of Public Works, submitting an amendment to Contract No. 2538 with CBRE, Inc. for real estate strategic management services for the period 7/18/2022 – 12/31/2024 for additional funds in the amount not-to-exceed \$275,000.00.

Funding Source: General Fund

John Myers, Department of Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2024-418 was approved by unanimous vote.

BC2024-419

Department of Public Works, recommending an award on RQ13877 and enter into Contract No. 4453 with Buckeye Power Sales Company, Inc. (10-1) in the amount not-to-exceed \$250,000.00 for preventative maintenance and repair services of emergency generators at various County locations effective upon contract signatures of all parties for a period 3 years.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2024-419 was approved by unanimous vote.

BC2024-420

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP Exemption, which will result in an award recommendation to JCS Consulting Group Inc. in the amount not-to-exceed \$50,000.00 for assistance with strategic and tactical planning services in connection with the Euclid and Brooklyn microgrid design projects effective upon signatures of all parties through 2/28/2026.
- b) Recommending an award and enter into Contract No. 4502 with JCS Consulting Group Inc. in the amount not-to-exceed \$50,000.00 for assistance with strategic and tactical planning services in connection with the Euclid and Brooklyn microgrid design projects effective upon signatures of all parties through 2/28/2026.

Funding Source: U.S. Department of Energy Grant

Matthew Hrubey, Department of Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-420 was approved by unanimous vote.

BC2024-421

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 \$14,610.84 as final payment for armed guard and armored truck services for various County Departments for the period 4/1/2024 – 4/30/2024.

- b) Recommending an award on Purchase Order No. 24002189 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$14,610.84 as final payment for armed guard and armored truck services for various County Departments for the period 4/1/2024 – 4/30/2024.

Funding Source: 64% General Fund, 14% Other Health & Safety and 22% Cuyahoga Support Enforcement

Paul Porter, Department of Purchasing, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-421 was approved by unanimous vote.

BC2024-422

Department of Information Technology, recommending to amend Board Approval No. BC2024-376, dated 5/20/2024, which approved an amendment on Contract No. 1431 with Brown Enterprise Solutions, Inc. for the renewal of various Tableau licenses for the period 5/26/2021 – 5/25/2024 to extend the time period 5/25/2025, to update insurance language, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$95,500.25 to change the quantities from:

- a) (20) to (23) Tableau Creator licenses
- b) (8) to (1) Tableau Server Core licenses
- c) (87) to (100) Tableau Viewer licenses.

Funding Source: 23.53% General Fund and 76.47% Health and Human Services Levy Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-422 was approved by unanimous vote.

BC2024-423

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Logicalis, Inc. in the amount not-to-exceed \$97,080.00 for a joint cooperative purchase for the renewal of NetApp support licenses and maintenance services for the period 8/1/2024 – 7/31/2025.
- b) Recommending an award on Purchase Order No. 24001712 to Logicalis, Inc. in the amount not-to-exceed \$97,080.00 for a joint cooperative purchase for the renewal of NetApp support licenses and maintenance services for the period 8/1/2024 – 7/31/2025.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2024-423 was approved by unanimous vote.

BC2024-424

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2710 with Just Detention International for consultation, training and technical assistance for the implementation of the PREA Targeted Implementation Planning and Support (TIPS) Program for the period 6/1/2022 – 6/30/2023 to extend the time period to 7/31/2024, to expand the scope of services, to change the terms and to replace the insurance requirements, effective 9/6/2022 and for additional funds in the amount not-to-exceed \$44,581.00.

Funding Source: PREA TIPS grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2024-424 was approved by unanimous vote.

BC2024-425

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award of a Master Contract with various providers in the total amount not-to-exceed \$82,484.00 for Trauma Informed Residential Treatment services for the period 7/1/2023 - 6/30/2025.
- b) Recommending an award and enter into a Master Contract with various providers in the total amount not-to exceed \$82,484.00 for Trauma Informed Residential Treatment services for the period 7/1/2023 - 6/30/2025:
 - 1) Contract No. 4503 Bellefaire Jewish Children’s Bureau in the anticipated amount not-to-exceed \$20,000.00.
 - 2) Contract No. 4504 Keystone Richland Center, LLC dba Foundations for Living in the anticipated amount not-to-exceed \$62,484.00 .

Funding Source: Victims of Crime Act

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2024-425 was approved by unanimous vote.

BC2024-426

Sheriff’s Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$7,864.78 for the purchase of various equipment, installation and programming services for (1) access control card reader for (2) doors in the Records Department on the 3rd Floor of the Justice Center.

b) Recommending an award on Purchase Order No. 24002192 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$7,864.78 for the purchase of various equipment, installation and programming services for (1) access control card reader for (2) doors in the Records Department on the 3rd Floor of the Justice Center.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-426 was approved by unanimous vote.

C. – Exemptions

BC2024-427

Department of Public Works/Division of Public Utilities, recommending an alternative procurement process to release a Request for Proposals for rooftop solar and battery services that will permit Cooperative Purchasing by Government, For Profit and Non-Profit organizations with the anticipated costs to be determined by the RFP.

Funding Source: n/a

Matthew Hrubey, Department of Public Works, presented and Paul Porter, Department of Purchasing supplemented. Dale Miller commented it sounds like it could be very useful in expanding solar installations beyond County government throughout the community; thinks it is a very good idea. Trevor McAleer asked when will the RFP be released? Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-427 was approved by unanimous vote.

BC2024-428

Sheriff's Department, requesting an alternative procurement process, which will result in **an** award recommendation to Petsmart, LLC in the total amount not-to-exceed \$60,000.00 for purchases of food, treats and miscellaneous other products on as needed basis for the Corrections and Law Enforcement K-9 Units effective Board of Control approval through 12/31/2025.

Funding Source: 60% Commissary funds and 40% Federal Equitable Sharing Account

Chris Costin, Sheriff's Department, presented. Dale Miller asked what kind of treats are fed to the canines. The Presenter will follow up with a response. Leigh Tucker asked if this paid from the Commissary funds. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2024-428 was approved by unanimous vote.

BC2024-429

Office of the Medical Examiner, recommending to amend BC2023-514, dated 8/14/2023, which amended BC2022-571, dated 9/26/2022, which amended BC2021-515, dated 9/20/2021, which amended Board Approval No. BC2019-914, dated 12/9/2019, which amended Board Approval BC2019-95, dated 2/4/2019, which approved an alternative procurement process resulting in award recommendations to Promega and Life Technologies in the total amount not to exceed \$1,700,725.00 to procure genetic testing kits and other

consumable supplies for the period 1/1/2019 – 9/30/2024 for additional funds in the amount not-to-exceed \$69,057.14.

Funding Source: FY2022 DNA Backlog Grant

Mary Beth Vaughn on behalf of the Office of the Medical Examiner presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-429 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-430 through BC2024-433; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-430

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

Funding Source: Revenue Generating

BC2024-431

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 total amount not-to-exceed \$1.00 for the month of May 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-432

Fiscal Department, presenting proposed travel/membership requests for the week of 6/3/2024:

Dept:	Department of Public Safety and Justice Services							
Event:	2024 National Homeland Security Conference							
Source:	National Homeland Security Association							
Location:	Miami Beach, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Eleanor Amadeus	7/21/2024 – 7/25/2024	\$700.00	\$268.00	\$793.44	\$100.00	\$627.96	\$2,559.40	95 % Urban Area Security Initiative 2022 Grant &

								5% 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 National Homeland Security Conference brings together professionals in Homeland Security, Law Enforcement, Fire and Emergency Management. They include officials in federal agencies, nonprofit agencies, business owners, universities, and decision makers to learn about emerging trends in homeland security and see the new technology available to support their mission. Professionals will gather to learn about current best practices. There will be training sessions as well as roundtables to discuss current issues.

Dept:	Department of Equity and Inclusion							
Event:	National Training Institute 2024							
Source:	American Contract Compliance Association							
Location:	Seattle, WA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
LaQuisha Lyons	9/29/2024 – 10/5/2024	\$975.00	\$178.00	\$1,642.56	\$258.00	\$486.19	\$3,539.75	General Fund
Carmen Chapman-Cameron	9/29/2024 – 10/5/2024	\$975.00	\$178.00	\$1,642.56	\$70.00	\$486.19	\$3,351.75	General Fund
Shaunna Slayton	9/29/2024 – 10/5/2024	\$975.00	\$178.00	\$1,642.56	\$70.00	\$486.19	\$3,351.75	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The ACCA National Training Institute delivers ongoing comprehensive training and certification to practitioners working within the fields of Affirmative Action, Contract Compliance,

Minority/Women/Disadvantaged/Small/Emerging Business Enterprise, Labor Compliance, Economic & Business Development, and Equal Employment Opportunity. This training will increase our staff's effectiveness by acquiring the opportunity to collaborate with other professionals and information regarding their respective industry trends and technologies, contract compliance, or the administration of socially and economically disadvantaged business programs. ACCA has a tradition of providing 2.1 Continuing Education Units (CEUs) from Morgan State University to attendees who complete 21 hours of training.

Dept:	Sheriff's Department							
Event:	Street Gang Investigations							
Source:	Ohio High Intensity Drug Trafficking Areas							
Location:	Allison Park, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Maag	6/3/2024 – 6/4/2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	General Fund

*Paid to host

**Staff reimbursement

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

****There is no registration for the course and the traveler will drive a County vehicle.

Purpose:

To Travel to Allison Park, PA to attend the Street Gang Investigations training to assist the CCCC with the identification, tracking and monitoring of possible gang members that are incarcerated at the facility.

Dept:	County Executive's Office							
Event:	2024 NACo Annual Conference & Exposition							
Source:	National Association of Counties							
Location:	Tampa, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Erik Janas	7/11/2024 – 7/15/2024	\$600.00	\$250.00	\$1,200.00	\$100.00	\$600.00	\$2,750.00	General Fund

David Razum	7/11/2024 – 7/15/2024	\$600.00	\$250.00	\$1,200.00	\$100.00	\$600.00	\$2,750.00	General Fund
Chris Ronayne	7/11/2024 – 7/15/2024	\$600.00	\$250.00	\$1,200.00	\$500.00	\$600.00	\$3,150.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The purpose of this trip is for executive officer leadership to attend The National Association of Counties (NACo) Annual Conference held in Tampa Florida. The conference is attended by elected and appointed county officials throughout the county and includes sessions and meetings with topics that focus on federal policy issues that impact counties and residents.

Dept:	Information Technology							
Event:	2024 ICMA Local Government Reimagined Conference							
Source:	International City/County Management Association							
Location:	Palm Springs, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jeremy Mio	6/4/2024 – 6/8/2024	\$399.00	\$224.00	\$1,000.00	\$177.00	\$700.00	\$2,500.00	General Fund
Jason Snowbrick	6/4/2024 – 6/8/2024	\$399.00	\$224.00	\$1,000.00	\$177.00	\$700.00	\$2,500.00	Health and Human Services Levy Fund

*Paid to host

**Staff reimbursement

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

Purpose:

This is a local government specific conference in Artificial Intelligence with City and County professionals from all over the nation. This is provided by ICMA (International City/County Management Association). We have reviewed and attended Local and State available AI events but need to attend a much larger

event to understand use cases across the nation. This is the largest cost-effective local government conference on AI that we have seen available using our ICMA membership to obtain Group rate discount.

BC2024-433

Department of Purchasing, presenting proposed purchases for the week of 6/3/2024:

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
24001935	(1) Additional smart board, (1) camera and related audio-visual equipment	Department of Health and Human Services	Vibe Inc.	\$6,676.00	American Rescue Plan Act (ARPA) Fund
24002220	Purchase and installation of carpet for use by the Metzenbaum Project	Department of Public Works	Precision Industrial Services	\$11,530.00	General Fund
24002186	(4) New stationary exercise bikes for use by inmate trustees	Sheriff’s Department	W.W. Grainger, Inc.	\$11,200.00	Commissary Fund
24002187	(6) New exercise pull-up and dip stations for use by inmate trustees	Sheriff’s Department	Ironcompany.com, LLC	\$13,716.00	Commissary Fund

V- OTHER BUSINESS

Item No. 1

Purchases Processed Not-to-Exceed \$5,000.00 for the period 4/1/2024 – 4/30/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda:

[Board of Control \(cuyahogacounty.gov\)](http://cuyahogacounty.gov)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Meredith Turner seconded. The motion to adjourn was unanimously approved at 11:23 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-434

Title	Public Works – Road & Bridge Division - RFB 13883 - HotBox Trailer
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/Council Approved	Approval No.
O	24002178	The McLean Company		\$55,000.00		

<p>Service/Item Description (include quantity if applicable). This request is for a piece of equipment to be utilized by the Road & Bridge Division that will store and keep road asphalt hot and ready for project use.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>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?</p>
<p>Project Goals, Outcomes or Purpose (list 3): To secure a vendor that can provide a HotBox trailer that keeps asphalt hot and ready for use on projects. This is aligned with the Division’s projects and operations.</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):
The McLean Company 6681 Chittenden Road Hudson, OH 44236	Donald McLean / 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# _13883_____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 3/22/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$54,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: This was the lowest and best bidder that met key specifications. The low bid vendor provided an alternate quote for a product that did not meet key criteria.	<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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

Road & Bridge Funds / 100%

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

PW270165 / 70000

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

Provide status of project.

Is contract/purchase 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:	

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

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

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

HISTORY (see instructions):

BC2024-435

Title	Dept. Public Works-County Archives-Kofile Technologies-Scanning
Department or Agency Name	Department of Public Works-Archives Division
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

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

(O)	CM4381	Kofile Technologies, Inc.	Upon Execution for 1-yr	\$25,987.60	PENDING	PENDING
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
The purpose of this contract is to digitize County Archival records for storage and ease of access. Cost of project also includes hosting, support and maintenance.

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 purpose of this contract is to digitize County Archival records for storage and ease of access. Cost of project also includes hosting, support and maintenance.
This method creates an electronic representation of the original archival record to aid in preservation.

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):
Kofile Technologies, Inc. 6300 Cedar Springs Road Dallas, Texas 75235	Reid Schroyer Account Executive
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. NA *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 7/1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input 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: 05/23/2024 2024-TAC-032
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: NA	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2.21.24
Date documents were requested from vendor:	2.21.24
Date of insurance approval from risk manager:	3.5.24
Date Department of Law approved Contract:	3.26.24
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):

BC2024-436

Title	Public Works /Johnson Controls, Inc. / Contract / Fire Alarm System / Metzenbaum Building
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	CM4463	Johnson Controls, Inc.	Upon approval – 6 months	\$57,337.12	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Public Works is requesting approval of a contract, per the chart above, to secure a 6-month contract for materials and installation of a Fire Alarm System at the Metzenbaum Building.

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 6-month contract for materials and installation of a Fire Alarm System at the Metzenbaum Building. The Fire Alarm System is a requirement for the building project.

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

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

Vendor Name and address: Johson Controls, Inc. 17295 Foltz Parkway, Suite G Strongsville, Ohio 44149	Owner, executive director, other (specify): David Ziegler, District Sales
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. These products and services are being procured through a Sourcwell Joint Cooperative Contract, which has already been competitively bid and/or negotiated. *See Justification for additional information.
The total value of the solicitation: \$57,331.12	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<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 030421-JHN 4.22.2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

General Fund – PW600120 / 55200
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-437

Title	Dept. of Public Works-APPIA Standard Software Annual License Renewal for Sanitary and Road & Bridge Divisions
Department or Agency Name	Dept. of Public Works-Sanitary and R&B Divisions
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)	CM4547	Info Tech, Inc. dba Infotech	06/17/2024-06/16/2027	\$85,500.00	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 vendor will provide the County fifteen (15) software license renewals for Appia Construction Administration and Inspection Service, a mobile accessible web application that manages project cost estimation, proposal development, advertising and construction administration and other related services. The County will own its own data and can request a dump of data as often as it would like.</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>The primary goal of this request is to secure Appia license renewals that will help the Public Works Department in managing their construction projects.</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):
Info Tech, Inc. dba Infotech 2970 SW 50 th Terrace Gainseville, FL 32608	Nick Duval, Director of Governance
Vendor Council District:	Project Council District:
NA	NA
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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>EXEMPTION-Existing software for managing construction projects, Dept. does not intend on changing software.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
<p>Number of Solicitations (sent/received) /</p> <p>NA-EXEMPTION</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
Participation/Goals (%): () DBE () SBE	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

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

Is Purchase/Services technology related <input 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: 4/18/24 2024-TAC-028
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. 87% R&B Funds/PW270100 13% Sanitary Funds/PW715200
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):	2.8.24
Date documents were requested from vendor:	2.8.24
Date of insurance approval from risk manager:	2.21.24
Date Department of Law approved Contract:	5.22.24

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

HISTORY (see instructions):						
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	761	Info Tech, Inc., dba Infotech	06/17/2019- 06/16/2021	\$38,000.00	06/17/2019	BC2019-462
A-1	761	Info Tech, Inc., dba Infotech	06/17/2019- 06/16/2022	\$31,500.00	04/05/2021	BC2021-156
A-2	CM2518 (fka 761)	Info Tech, Inc., dba Infotech	06/17/2022- 06/16/2023	\$28,500.00	06/21/2022	BC2022-372
A-3	CM2518 (fka 761)	Info Tech, Inc., dba Infotech	06/17/2023- 06/16/2024	\$28,500.00	03/06/2023	BC2023-134

BC2024-438

Title	2024 – Department of Development; Global Ambassadors Language Academy; USEPA Brownfield Revolving Loan; Portfol Loan No. 342-01-01
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <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	Pending	Global Ambassadors Language Academy	10 Years	\$498,884	Pending	Pending

Loan Description and Terms.
Department of Development is seeking approval of a USEPA Brownfield Revolving Loan to Global Ambassadors Language Academy (GALA). The loan will be used to assist in funding project costs related to Asbestos and Lead-Based paint remediation for a property purchased at 3349 West 125 th Street, Cleveland Ohio 44111. The

public charter school will remediate the currently vacant building previously owned by the Cleveland Metropolitan School District.

Loan Amount: not to exceed \$498,884

Loan Terms: 10-year interest-only 1.0% interest. Balloon payment due at end of year 10.

Loan Security: A subordinate mortgage on the Project Site

Project Purpose/Goals, Outcomes(List 3):

Environmental remediation of a vacant school to allow for the renovation and use as a charter school. The project will remove blight from a neighborhood.

Loan proceeds may be used for asbestos and lead-based paint remediation related to the project at 3349 West 125th Street, Cleveland, Ohio 44111.

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

In the boxes below, list Borrower/Vendor, 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):
Global Ambassadors Language Academy 13442 Lorain Avenue, Cleveland Ohio 44111	Meran Rogers, Executive Director
Vendor Council District: 2	Project Council District: 3
If applicable provide the full address or list the municipality(ies) impacted by the project.	3349 West 125 th Street, Cleveland, Ohio

NON-COMPETITIVE PROCUREMENT - X

Provide a short summary for not using competitive bid process.

Economic Development Loan

Exemption

Alternative Procurement Process

Contract Amendment (*list original procurement*)

Other Procurement Method, please describe:
Loan

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.

USEPA Revolving Loan 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 checked="" type="checkbox"/> Other (please explain): Reimbursement for costs

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

HISTORY (see instructions): N/A

BC2024-439

Title	Department of Housing and Community Development; Housing Research & Advocacy Center; RQ# 13620; Contract 4460; Fair Housing Services – Upon Signature to April 30, 2026
Department or Agency Name	Department of Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4460	Housing Research & Advocacy Center	Upon Signature (Est 06/11/24) to 4/30/26	\$250,000.00	pending	pending

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

The Department of Housing and Community Development is requesting approval of a contract in the amount of \$250,000.00 with Housing Research & Advocacy Center for RQ# 13620 for Fair Housing Activities for Cuyahoga County for the period starting when signed until April 30, 2026.

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 affirmatively further fair housing.

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):
Housing Research & Advocacy Center 2728 Euclid Avenue, Suite 200 Cleveland, OH 44115	Carrie Pleasants Executive Director
Vendor Council District: 7	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable 13620 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$250,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 1 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0%) DBE (0%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2081	Housing Research & Advocacy Center	10/1/2021 – 9/30/2023	\$250,000.00	1/3/2022	BC2022-04

BC2024-440

TITLE	BC2020-142 Amendment to CE1400329 For Dark Fiber Maintenance
DEPARTMENT OR	Information Technology

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	Want to Amend the Approved Resolution for the expiration date to be updated from 9/30/2024 TO 1/12/2025. The language in the prior amendment stated, the parties agree to extend the term for Dark Fiber Maintenance set forth on the service order for a period of sixty (60) months, commencing at the end of the current Term set to expire on January 12, 2020.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	11/12/2014	R2014-0269
AMENDMENT (A)	2/24/2020	BC2020-142

BC2024-441

Title	Panorama Central Management Software	
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/Council Approved	Approval No.
	24002124 EXMT	Nexum, Inc.		\$14,161.17	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Nexum, Inc., for Panorama Central Management Software in the amount of \$14,161.17.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) Currently, County Palo Alto firewalls located in the Cleveland Datacenter are maintained by Nexum, Inc. Panorama is a centralized management system that provides global visibility over multiple Palo Alto Networks next generation firewalls through an easy-to-use web-based interface.</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): Panorama ensures maintenance of all Palo Alto firewalls managed under one system. Our current firewalls have been purchased from and are currently under maintenance licenses with Nexum, Inc. This purchase is also part of the much larger DoIT Division of Security's disaster recovery project.</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):
Nexum, Inc. 2901 Carlson Drive, Suite 204 Hammond, IN 46323	Darrell Potie
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process. To keep continuity of maintenance of the Palo Alto network of firewalls and to manage all under one system, this purchase is being made as an exemption. *See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
<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>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT600100
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.	
Is contract/purchase 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:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

HISTORY (see instructions):

BC2024-442

Title	HHS: Division of Senior and Adult Services 2024 Contract Amendment 8 with Peerplace Networks, LLC
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 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		Peerplace	8/4/14 - 7/31/15	\$472,559.00	08/04/14	BC2014-196
A-1		Peerplace	8/1/15 - 1/31/16	\$0	07/27/15	BC2015-445
A-2		Peerplace	2/1/16 - 9/30/16	\$200,990.00	11/30/15	BC2015-925
A-3		Peerplace	10/1/16 - 7/31/19	\$428,720.00	10/3/16	BC2016-741
A-4		Peerplace	10/1/16 - 7/31/19	\$140,280.00	11/13/17	BC2017-814
A-5		Peerplace	10/1/16 - 7/31/19	\$24,000.00	11/26/18	BC2018-837
A-6	12	Peerplace	8/1/19 - 7/31/24	\$1,013,100.00	9/24/19	R2019-0175
A-7	187	Peerplace	8/1/19 - 7/31/24	\$74,765.00	8/16/21	BC2021-449
A-8	2521	Peerplace	8/4/14 - 7/31/25	\$202,620.00	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>Adding funds for the ongoing operating costs of Peerplace, a comprehensive case management system, in the amount of \$202,620.00, as well as extend the term for 1 year. The new contract end date will be 07/31/2025.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Peerplace is a web-based comprehensive case management system services, utilized by Family and Children First Council and Senior and Adult Services.</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 N/A</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):
PeerPlace Networks, LLC 6 N. Main St. Suite 235 Fairport, NY 14450	Todd Baitsholts, Managing Partner
Vendor Council District:	Project Council District:
N/A	Cuyahoga County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Extending contract 1 year as we prepare for *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement Formal Procurement (2013)</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
 50% Health & Human Services Levy & 50% State/Federal Funding

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): Invoiced yearly for their annual maintenance contract.

Provide status of project.

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

HISTORY (see instructions): see chart above

BC2024-443

Title	Calfee Halter & Griswold LLP; Procurement of Jail Management System	
Department or Agency Name	Law Department	
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	4362	Calfee, Halter & Griswold, LLP	3/20/24 – 3/20/25	\$80,000.00	Pending	Pending

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

Assisting in reviewing proposals submitted by vendors for the RFP for the Jail Management System and negotiating the terms of a contract to acquire the Jail Management System.

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):
Review legal and contractual aspects of the proposals for the RFP for the JMS.

Negotiate the terms of a contract to acquire the JMS with the vendor chosen by the County.

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

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

Vendor Name and address: Calfee, Halter & Griswold, LLP	Owner, executive director, other (specify): Daniel McMullen
1405 East Sixth Street Cleveland, OH 44114	
Vendor Council District: N/A	Project Council District: 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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<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. General Fund L100100 - 55010	
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: The firm's registration had expired and needed to be updated.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	3/21/24
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	4/11/24
Date item was entered and released in Infor:	4/15/24

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? No Yes (if yes, please explain) To meet IT's timeline.

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

HISTORY (see instructions):

BC2024-444

Title	2024 DIAGNOSTIC CLINIC EVALUATION SERVICES; WALTMAN PSYCHOLOGICAL SERVICES
Department or Agency Name	Cuyahoga County Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2225	WALTMAN PSYCHOLOGICAL SERVICES	01/01/2022-12/31/2023	\$80,000.00	3/7/2022	BC2022-135
A1	2225/4526	Dr. Douglas E. Waltman, Ph.D	01/01/2024-12/31/2024	\$45,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Amendment- Court desires to keep Douglas E Waltman to provide Evaluation Services in the Court's Diagnostic Clinic. The vendor to provide services upon date of execution through December 31, 2024. Funding for this contract shall not exceed \$125,000.00.

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

Project Goals, Outcomes or Purpose (list 3):
 The vendor is an independent contractor who provides psychologist services in the Diagnostic Clinic by way of clinical evaluations.
 Psychological evaluations of those persons ordered by the Court to undergo said evaluations, psychological test, report preparation, dictations-reporting and dictation-review, and testimony.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
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WALTMAN PSYCHOLOGICAL SERVICES	Owner
142 Garden Street, Bedford, Ohio 44146	
Vendor Council District:	Project Council District: Cuyahoga County
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County

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

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

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

Provide status of project.

New Service or purchase Recurring service or purchase

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

Reason: Department is understaffed.

Timeline: Project/Procurement Start Date (date your team started working on this item):	03/29/2024
Date documents were requested from vendor:	03/29/2024
Date of insurance approval from risk manager:	05/15/2024
Date Department of Law approved Contract:	03/28/2024
Date item was entered and released in Infor:	05/21/2024

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

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

Have payments be made? No Yes (if yes, please explain) The amendment is to pay incoming invoices.

HISTORY (see instructions):						
O	2225	WALTMAN PSYCHOLOGICAL SERVICES	01/01/2022- 12/31/2023	\$80,000.00	BC2022-135	3/7/2022

BC2024-445

Title	Request for PO 24002162 STAC with MNJ Technologies for 20 Desktop Computers in the amount of \$16,760.00
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	24002162	MNJ Technologies	N/A	\$16,760.00	pending	pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Purchase of 20 desktop computers for County Prosecutor's IT Department

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

Project Goals, Outcomes or Purpose (list 3):
Computer refresh in various units

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, 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 # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Purchased through State Contract *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534486 expiring on June 26, 2024 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

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

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

HISTORY (see instructions):

BC2024-446

Title	Request for PO 24002163 STAC with MNJ Technologies for 32 laptops the amount of \$42,624.00
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	24002163	MNJ Technologies	N/A	\$42,624.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Purchase of 32 laptops for County Prosecutor's IT Department

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

Project Goals, Outcomes or Purpose (list 3):
 Laptop refresh for various 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)

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. Purchased through State Contract

	*See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534486 expiring on June 26, 2024 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, 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 type="checkbox"/> No <input checked="" 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. 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 type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

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

HISTORY (see instructions):

BC2024-447

Title	Request for PO 24002164 STAC with MNJ Technologies for Server Equipment in the amount of \$11,262.00
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	24002164	MNJ Technologies	N/A	\$11,262.00	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. Purchase of new server equipment for County Prosecutor's IT Department.
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): New forensic tower for forensic investigations
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):

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. Purchased through State Contract *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534515 expiring on April 5, 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 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 type="checkbox"/> No <input checked="" 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.

County Prosecutor's General Fund

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

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

Provide status of project.

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):

BC2024-448

Title	Medical Examiner's Office requesting approval of Purchase Order no. 24002190-EXMT to ANSI National Accreditation Board for the amount of \$50,740.00, for 2024 licensing and accreditation fees.
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.
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O	PO#24002 190-EXMT	ANSI National Accreditation Board		\$50,740.00		
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. An ISO/IEC 17025 Assessment Fee for August 2024 for 3-day site visit and audit are completed as part of accreditation requirements. 2024 licensing fee and accreditation fee are also on this purchase order.

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):
2024 Accreditation for Forensic Testing, Calibration and Dimensional Measurement
Competence of Testing and Calibration of Laboratories
Licensing Fees

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):
ANSI National Accreditation Board LLC 1899 L Street NW, Suite 1100-A Washington, DC 20036	John Knappenberger, President and 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 checked="" type="checkbox"/> Exemption CPB Approved Admin List of Procurement Exemptions – BC2021-249 Accreditation (Medical Examiner)
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. NA	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. NA	

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	
85% General Fund ME100105	
15% FY2023 Coverdell Grant ME285110	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	PO220019 55-EXMT	ANSI National Accreditation Board		\$20,805.00	5/23/2022	BC2022-329

BC2024-449

Title	2024 Digital Imaging System Additional License Purchase Order with Foray LLC. d.b.a Foray Technologies for the Medical Examiner's Office
Department or Agency Name	Department of Public Safety and Justice on behalf of the Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O		Foray LLC. d.b.a Foray Technologies	N/A	\$7,155.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. The Medical Examiner's Office will be purchasing additional licenses for their ADAMS software for \$7,155 from Foray Technologies. The Foray ADAMS™ Software allows for the storage of images recorded by the Fingerprint Laboratory and the Photography Unit and the licenses will support the system that is already in place.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

1. Images will be stored in a format that allows for an audit trail and chain of custody to be recorded within the software.
 2. Individuals will be able to request photographs and the images can be exported or sent using a link.
 3. Includes project management, installation, integration, training and one year of software support.
- If a County Council item, are you requesting passage of the item without 3 readings. Yes No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Foray Technologies 3911 Fifth Ave STE 300, San Diego, CA 92103	Owner, executive director, other (specify): Tom Hennings CEO & President
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All municipalities of Cuyahoga County.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 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 purchase for additional licenses for an existing system using GSA pricing. Due to this GSA we know the quoted price is competitive and fair. *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
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:
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Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
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): PO23005347 is the original purchase of the Digital Imaging System with Foray LLC, dba Foray Technologies. The amount for the original PO was \$77,500. The purchase was approved on 01/22/24 and it’s approval number is BC2024-55.
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BC2024-450

Title	Medical Examiner’s Office request approval of Purchase Order No. 24002308-JCOP in the amount of \$9,345.20 to Fisher Scientific Company LLC as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for various supplies for Medical Examiner’s Drug Chemistry Lab.
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)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	PO#24002308 -JCOP	Fisher Scientific Company LLC	na	\$9,345.20		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Joint Cooperative Purchase with Fisher Scientific Company LLC through Omnia Partners for general lab supplies – Contact No. 2021002889; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process.

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 of Supplies for the Medical Examiner’s Drug Chemistry Lab.

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):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales Representative
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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Omnia Partners/Fisher Scientific General Lab Supplies Contract Number: 2021002889 Initial Term: June 15, 2021 through June 30, 2025 Renewal Options: Option to renew for two (2) additional two-year periods through June 30, 2029
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 See Above <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. NA	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. NA	

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/ME100105

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. NA

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):

BC2024-451 a)

Title	Public Safety and Justice Services 2024, City of Bedford Agreement for services provided through the Domestic Violence Victim’s Program under the FY2023 STOP Violence Against Women Act Block Grant
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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	4488	City of Bedford	1/1/2024 – 12/31/2024	\$32,366.57	Pending	Pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The City of Bedford will staff a Domestic Violence Court Liaison (DVCL). The DVCL’s main responsibility is to assist victims of intimate partner violence above the age of 14, by providing support and guidance as they navigate through the criminal justice system.
The anticipated start-completion dates are 01/01/2024 - 12/31/2024.

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):
The project goals are to:
Provide direct services to victims of domestic violence.
Act as a referral source for domestic violence victims to receive services.
Help domestic violence victims navigate through the legal process.

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: City of Bedford Municipal Court 165 Center Rd. Bedford, Ohio 441446 Council District 9	Owner, executive director, other (specify): The project director is Clarissa Greer

Vendor Council District: 9	Project Council District: 9

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. There was a competitive bid process through a Request for Proposals. *See Justification for additional information.

The total value of the solicitation: The total grant award is for \$647,838.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / The number of solicitations received was seven.	<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. This is a grant funded solicitation.	<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: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The prices range from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3243	City of Bedford	1/1/2023 – 12/31/2021	\$26,004.76	4.17.2023	BC2023-237

BC2024-451 b)

Title	Public Safety and Justice Services 2024, City of Cleveland contract for services provided through the Cleveland Domestic Violence Project, Cleveland Police under the FY2023 STOP Violence Against Women Act Block Grant
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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	4489	City of Cleveland	1/1/2024 – 12/31/2024	\$114,901.34	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The City of Cleveland's Law Enforcement Division will staff two detectives that are responsible for the investigation, arrest, and enforcement of cases in the City's Domestic Violence Unit. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.

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):
 The project goals are to:
 Investigate and pursue possible charges against offenders who commit domestic violence crimes.
 Create reports and collect information to present to the city prosecutor.
 Reach into the community to engage and mobilize them to help address the needs of the underserved victims.

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: City of Cleveland Law Enforcement Division 601 Lakeside Ave, Room 230 Cleveland, Ohio 44113	Owner, executive director, other (specify): The project director is Dawn Heartsong
Vendor Council District: 10	Project Council District: Throughout Cuyahoga County
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. There was a competitive bid process through a Request for Proposals. *See Justification for additional information.
The total value of the solicitation: The total grant award is for \$647,838.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

The number of solicitations received was seven.	<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. This is a grant funded solicitation.	<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: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The price ranges from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date	7/18/2023 the RFP was released to receive applications

(date your team started working on this item):	
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A	3248	City of Cleveland/Department of Public Safety	1/1/2023 – 12/31/2023 to 2/29/2024	\$0.00	1.22.24	BC2024-61
0	3248	City of Cleveland/Department of Public Safety	1/1/2023 - 12/31/2023	\$89,154.90	4/17/2023	BC2023-234

BC2024-451 c)

Title	Public Safety and Justice Services 2024, City of Cleveland Agreement for services provided through the Cleveland Domestic Violence Project, Office of Prosecution under the FY2023 STOP Violence Against Women Act Block Grant
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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	4490	City of Cleveland - Prosecution	1/1/2024 – 12/31/2024	\$161,832.88	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. The City of Cleveland's Prosecutor's Office will staff prosecutors and Law Clerk/Paralegals that are responsible for the prosecution of cases in the City's Domestic Violence Unit. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The project goals are to: 1.) Prosecute cases of domestic violence 2.) Act as the advocate for the State pursuant to local ordinance and the Ohio Revised Code on behalf of victims of domestic violence. 3.) Provide training to Prosecutors.
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: City of Cleveland Office of Prosecution 601 Lakeside Ave, Room 106 Cleveland, Ohio 44113	Owner, executive director, other (specify): The project director is Dawn Heartsong.
Vendor Council District: 10	Project Council District: 2, 3, 7, 8
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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. There was a competitive bid process through a Request for Proposals. *See Justification for additional information.
The total value of the solicitation: The total grant award is for \$647,838.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / The number of solicitations received was seven.	<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. This is a grant funded solicitation.	<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: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The price ranges from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications.
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024

Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A	3250	City of Cleveland Prosecution	1/1/2023 – 12/31/2023 to 2/15/2024	\$0.00	1/2/2024	Non-voted item No. 6
O	3250	City of Cleveland Prosecution	1/1/2023 – 12/31/2023	\$130,023.80	4/17/2023	BC2023-235

BC2024-451 d)

Title	Public Safety and Justice Services 2024 City of Cleveland for services provided through the Cleveland Sexual Assault Advocate Project under the FY2023 STOP Violence Against Women Act Block Grant	
Department or Agency Name	Cuyahoga County Public Safety and Justice Service	
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	4491	City of Cleveland	1/1/2024 – 12/31/2024	\$46,931.54	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The City of Cleveland will contract with the Cleveland Rape Crisis Center to provide a Sexual Assault Advocate who will support victims of domestic violence who are referred by the Cleveland Police Sexual Crime Unit. The advocate will provide services such as access to medical treatment, counseling, and other resources necessary to assist victims. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.

<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>	
<p>Project Goals, Outcomes or Purpose (list 3): The project goals are to:</p> <p>Assist victims of domestic violence that are referred through Cleveland Police Sex Crimes Unit. The Advocate will receive police reports within the unit and reach out to the victims to provide support, crisis intervention, information, education, and support throughout the criminal justice system. Have a full time advocate assigned to the Police Sex Crimes Unit.</p>	
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: City of Cleveland Law Enforcement Division 601 Lakeside Ave, Room 230 Cleveland, Ohio 44113</p>	<p>Owner, executive director, other (specify): The project director is Dawn Heartsong.</p>
<p>Vendor Council District: 10</p>	<p>Project Council District: Throughout Cuyahoga County</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ # if applicable <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. There was a competitive bid process through a Request for Proposals.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: The total grant award is for \$647,838.50</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / _____ The number of solicitations received was seven.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p>

	<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. This is a grant funded project.	<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: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Pricing ranges from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications.

Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3252	City of Cleveland Sexual Assault	1/1/2023 – 12/31/2023	\$40,868.90	4.17.2023	BC2023-236

BC2024-451 e)

Title	Public Safety and Justice Services 2024 Cleveland Rape Crisis Center Contract for Strengthening Direct Services for Survivors Project under the FY2023 STOP Violence Against Women Act Block Grant	
Department or Agency Name	Cuyahoga County Public Safety and Justice Service	
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	4492	Cleveland Rape Crisis Center	1/1/2024 – 12/31/2024	\$128,171.63	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. Strengthening Direct Services for Survivors Project address the harmful and often life-threatening byproducts of sexual victimization, survivors of rape and sexual abuse require crisis support and intervention. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The project goals are to: To address the harmful and often life-threatening byproducts is sexual victimization, survivors of rape and sexual abuse require crisis support and intervention. Provide 24-hour intervention services, individual & group therapy, and criminal justice system advocacy to survivors. Maintain core victim services and criminal justice initiative, while supporting complementary new initiatives and emergency services for victims and their families.	
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: Cleveland Rape Crisis Center 2937 West 25 th Street Cleveland, Ohio 44113	Owner, executive director, other (specify): Sarah Trimble is the Chief External Affairs Officer for CCRC.
Vendor Council District: 2	Project Council District: Throughout Cuyahoga County
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. There was a competitive bid process through a Request for Proposals. *See Justification for additional information.
The total value of the solicitation: The total grant award is for \$647,838.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / The number of solicitations received was seven.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

() MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. This is a grant funded project.	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Pricing ranges from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications.
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024

Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
O	3256	Cleveland Rape Crisis Center	1/1/2023 – 12/31/2023	\$79,996.57	4.17.2023	BC2023-237

BC2024-451 f)

Title	Public Safety and Justice Services 2024, Jewish Family Service Association of Cleveland, Ohio Contract for services provided through the JFSA 2024 DV Services Continuation Project, under the FY2023 STOP Violence Against Women Act Block Grant	
Department or Agency Name	Cuyahoga County Public Safety and Justice Service	
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	4493	Jewish Family Service Association of Cleveland	1/1/2024 – 12/31/2024	\$55,346.85	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Domestic Violence Services Project will provide community-based domestic violence services through comprehensive case management and advocacy. This approach utilizes both an empowerment model and trauma informed care approach. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>

Project Goals, Outcomes or Purpose (list 3):
 The project goals are to:
 Provide advocacy and comprehensive case management, in which the client is responsible for decision-making.
 To educate victims of their rights and options when working within the legal system and explain differences between civil and criminal protection orders and individualized safety planning.
 Maintain core victim services and criminal justice initiative, while supporting complementary new initiatives and emergency services for victims and their families.

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: Jewish Family Services Association of Cleveland 29125 Chagrin Blvd. Pepper Pike, Ohio 44122	Owner, executive director, other (specify): <i>The project director is Mae Bennett</i>
Vendor Council District: 9	Project Council District: Throughout Cuyahoga County
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. There was a competitive bid process through a Request for Proposals. *See Justification for additional information.
The total value of the solicitation: The total grant award is for \$647,838.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / The number of solicitations received was seven.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i> <i>This is a grant funded project.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Pricing ranges from \$32,366.57 to 161,832.88	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications.
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3259	Jewish Family Service Association of Cleveland	1/1/2023 – 12/31/2023	\$40,100.40	4.17.2023	BC2023-237

BC2024-451 g)

Title	Public Safety and Justice Services 2024, Journey Center for Safety and Healing Contract for services provided through the Latina Domestic Violence Project under the under the FY2023 STOP Violence Against Women Act Block Grant
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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	4494	Journey Center of Safety and Healing	1/1/2024 – 12/31/2024	\$107,780.69	Pending	Pending

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

The Latina Domestic Violence Project will provide services to Hispanic victims of domestic and intimate partner violence, and their children who are or may be in an abusive relationship. The Project will provide services. The anticipated start-completion dates are 01/01/2024 - 12/31/2024.

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

<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The project goals are to:</p> <p>To assist victims of abuse with resources such as shelter, access to legal resources and counseling.</p> <p>To assist victims by facilitating the transition that victims must make in order to exit out of the relationship.</p> <p>Increase participants’ access to resources and community connections.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address:</p> <p>Journey Center for Safety and Healing P.O. Box 5466 Cleveland, Ohio 44101</p>	<p>Owner, executive director, other (specify):</p> <p>The project director is Carrie Joseph.</p>
<p>Vendor Council District: 7</p>	<p>Project Council District: Throughout Cuyahoga County</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ # if applicable</p> <p><input checked="" 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>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. There was a competitive bid process through a Request for Proposals.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: The total grant award is for \$647,838.50</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) /</p> <p>The number of solicitations received was seven.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>This is a grant funded project.</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Pricing ranges from \$32,366.57 to 161,832.88	<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 checked="" 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. FY23 Violence Against Women Act (VAWA) Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: On 12/28/2024 the Office of Criminal Justice Services notified Public Safety and Justice Services that the allocated funding amount was incorrect. We also, did not receive the grant award until 4/25/2025.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/18/2023 the RFP was released to receive applications.
Date documents were requested from vendor:	3/2024
Date of insurance approval from risk manager:	3/14/2024
Date Department of Law approved Contract:	3/14/2024
Date item was entered and released in Infor:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3258	Journey Center for Safety and Healing	1/1/2023 – 12/31/2023	\$113,945.85	4.17.2023	BC2023-237

BC2024-452

Title	Department of Health and Human Services, Office of Reentry; Amend Board of Control Approval BC2024-353
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 type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Amend Board of Control Approval BC2024-353

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	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	12/12/2023	BC2023-809
A-3	3054	Oriana House	Upon signature-12/31/2024	\$200,000.00	5/6/2024	BC2024-353

Service/Item Description (include quantity if applicable).

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.

This is to Amend Board of Control Approval BC2024-353 which incorrectly stated the amount of the amendment at \$100,000. Amendment 3 was for \$200,000.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?	
Project Goals, Outcomes or Purpose (list 3):	
<ul style="list-style-type: none"> 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. 	

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: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as 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. Amend Board of Control Approval *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. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<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: Amend Board of Control Approval

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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
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. Recurring service. Amendment 3 extends the time to 12/31/2024 and adds funds in the amount of \$200,000.
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:

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

HISTORY (see instructions): see chart above

BC2024-453

Title	RQ# -N/A- 2024- 18 th Annual Fatherhood Conference
Department or Agency Name	Cuyahoga County Fatherhood Initiative
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/Council Approved	Approval No.
Original	4578	Playhouse Square Hotel, LLC.	6.14.2024	\$17,012.80	pending	pending

Service/Item Description (include quantity if applicable). Playhouse Square Hotel, LLC., DBA Crown Plaza Cleveland at Playhouse Square will provide food and beverage, training rooms, various audio-visual equipment, complimentary Wi-Fi access, registration area in pre-function hallway, accommodations, and equipment for the one-day Celebration of Fatherhood conference event on June 14, 2024.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
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? _____ N/A
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • Provide access to partnering organizations located in Cuyahoga County that assist fathers with employment, parenting, custody/visitation, education, preventing premature fatherhood and understanding the importance of the male role in a child's life and society. • Bring awareness to the resources available for county residents (particularly fathers) in Cuyahoga County. • Honor local dads to encourage more men to step up and become fathers and father figures.

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In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Playhouse Square Hotel, LLC, DBA Crown Plaza Cleveland at Playhouse Square 1260 Euclid Ave, Cleveland, OH 4415	Kailee Seames, Catering Sales Manager
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___N/A_____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 4/26/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$17,012.80	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 4 / 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. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 73%-Grant funds/Donation Grant Award – St. Luke’s Foundation \$7,000; Dollar Bank \$5,000; Meijer \$500 27%-Health and Human Services Levy funds \$4,512.80
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
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. New Service/Purchase
Is contract/purchase 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:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	3513	Crown Plaza Cleveland at Playhouse Square	6.16.2023	\$15,190.00	6.12.2023	BC2023-379

C. - Consent Agenda

BC2024-454

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org, for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

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

R.E.T.3 Marked for Disposal - 5/6/2024
From IT Workroom

<u>Asset Tag</u>	<u>Serial Number</u>	<u>Manufacturer</u>	<u>Model/Device</u>
87628	5CG633ZQPC	HP	Docking Station
90966	5CG726XLVM	HP	Docking Station
No Tag	DQ4A2204002909	j5 Create	Docking Station
82789	R90JXG60	Lenovo	ThinkPad
No Tag	6004822	Mitsubishi	LCD Projector
88783	5CG7292TLX	HP	EliteBook 850 G3 Laptop
86131	2UA5181592	HP	ProDesk 600 G1 Desktop Mini
86132	2UA51815B3	HP	ProDesk 600 G1 Desktop Mini
86133	2UA518158S	HP	ProDesk 600 G1 Desktop Mini
86138	2UA518158J	HP	ProDesk 600 G1 Desktop Mini
86139	2UA51815BD	HP	ProDesk 600 G1 Desktop Mini
86142	2UA518158T	HP	ProDesk 600 G1 Desktop Mini
86149	2UA518159Y	HP	ProDesk 600 G1 Desktop Mini
86152	2UA51815B7	HP	ProDesk 600 G1 Desktop Mini

86153	2UA518158N	HP	ProDesk 600 G1 Desktop Mini
86154	2UA51815B4	HP	ProDesk 600 G1 Desktop Mini
86155	2UA518159T	HP	ProDesk 600 G1 Desktop Mini
86156	2UA518158F	HP	ProDesk 600 G1 Desktop Mini
86157	2UA518158Y	HP	ProDesk 600 G1 Desktop Mini
86159	2UA518158W	HP	ProDesk 600 G1 Desktop Mini
82804	MXQ61604K6	HP	Proliant DL360 Gen 9 Server

BC2024-455

(See related items for proposed travel/memberships for the week of 6/10/2024 in Section C above).

BC2024-456

(See related items for proposed purchases for the week of 6/10/2024 in Section C above).

V – OTHER BUSINESS

Time Sensitive/Mission Critical

BC2024-457

Title	Public Works – Mission Critical - ADB Safegate Americas, LLC		
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/Council Approved	Approval No.
O	24002247	ADB Safegate Americas LLC		\$7,620.68		

Service/Item Description (include quantity if applicable).
 Public Works is requesting approval of a Mission Critical purchase order for the County Airport for the repair of the airfield lighting system.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)

There was a power surge that impacted the computer and monitoring system that controls the airfield lighting system for the aircraft at the County Airport. This needed to be addressed and repaired as soon as possible so operations could be maintained 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):
 The lighting and systems for the airfield at the County Airport must be operational at all times to ensure safety of aircraft landing and/or taking off at the Airport. This vendor is able to conduct these repairs in a timely manner.

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):
ADB Safegate Americas, LLC 700 Science Blvd Gahanna, OH 43230	Hannah Ross / Sales Rep
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# _____ (Insert RQ# for formal/informal items, as 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. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<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: Mission Critical- Airport's airfield lighting system was down and required repairs.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
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.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

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

HISTORY (see instructions):

Item of Note (non-voted)

Item No. 1

Scope of Work Summary

Juvenile Court requesting approval of a grant application amendment with the Ohio Department of Youth Services. The total grant award associated with this grant application has been revised to reallocated funding in various categories as shown on Attachment A. The total award remains the same at \$10,482,877.44 in available funds

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number. CON2023-68, 6/30/2023- Application and Award CON2024-12, 1/29/2024 – Updated Award CON2024-35, 4/10/2420 – Amendment 1

Describe the exact services being provided. This is the Court’s annual RECLAIM Ohio Grant application through the Ohio Department of Youth Services. This grant provides for multiple youth programs and staff salaries. The anticipated start-completion dates are July 1, 2023 through June 30, 2025.

The primary goals of the project are:

RECLAIM Ohio is a funding initiative with the goal of providing juvenile courts with the ability to develop or purchase a range of community-based options to meet the needs of each juvenile offender or youth at risk of offending. This grant supports multiple staff salaries and most of the youth programming for the Court.

Procurement

The procurement method for this project was grant agreement. The total value of the grant award is \$10,482,877.44

The grant agreement will close July 1, 2024.

Contractor and Project Information

Ohio Department of Youth Services
4545 Fisher Road, Suite D
Columbus, Ohio 43228

The address or location of the project is:

Ohio Department of Youth Services
4545 Fisher Road, Suite D
Columbus, Ohio 43228

Project Status and Planning

The project is an annual grant application for the Court. This is Amendment 1.

Item No. 2

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 6/10/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT