

Cuyahoga County Board of Control Agenda Monday, July 1, 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 6/24/2024**
- III. PUBLIC COMMENT
- IV. CONTRACTS AND AWARDS
- A. Tabled Items
- B. New Items for Review

BC2024-486

Department of Public Works, recommending an award on RQ13626 and enter into Contract No. 4520 with Industrial First, Inc. (17-1) in the amount not-to-exceed \$440,000.00 for roof maintenance, repair and survey services for various County buildings for the period 6/1/2024 – 5/31/2026.

Funding Source: General Fund

BC2024-487

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to S.A.W., Inc. in the amount not-to-exceed \$72,303.00 for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 1/31/2025.
- b) Recommending an award and enter into Contract No. 4639 with S.A.W., Inc. in the amount not-to-exceed \$72,303.00 for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 1/31/2025.

Funding Source: General Fund

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to T.D. Security Limited, Inc. in the amount not-to-exceed \$42,750.00 for building security services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 1/31/2025.
- b) Recommending an award and enter into Contract No. 4660 with T.D. Security Limited, Inc. in the amount not-to-exceed \$42,750.00 for building security services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 1/31/2025.

Funding Source: General Fund

BC2024-489

Department of Public Works,

- a) Submitting an RFP exemption, which will result in a payment to Pethealth Services (USA) Inc. in the amount not-to-exceed \$6,128.20 for (30,641) pet licenses purchased online in 2023 for the Animal Shelter.
- b) Recommending an award on Purchase Order No. 24002561 to Pethealth Services (USA) Inc. in the amount not-to-exceed \$6,128.20 for (30,641) pet licenses purchased online in 2023 for the Animal Shelter.

Funding Source: General Fund

BC2024-490

Fiscal Office, submitting an amendment to Contract No. 1335 with Point and Pay, LLC for electronic bill payment services for the period 9/1/2021 - 8/31/2024 to extend the time period to 8/31/2025, to change the terms and to amend the insurance provisions, effective 9/1/2024, and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: General Fund

BC2024-491

Fiscal Office,

- a) Submitting an RFP exemption, which will result in a payment to CoStar Realty Information, Inc. in the amount not-to-exceed \$16,931.40 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2023 3/31/2024.
- b) Recommending a payment on Purchase Order No. 24002589 to CoStar Realty Information, Inc. in the amount not-to-exceed \$16,931.40 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2023 3/31/2024.

Funding Source: Real Estate Assessment Fund

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in an award recommendation to GARDA GL Great Lakes, Inc. in the amount not-to-exceed \$109,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 6/30/2025.
- b) Recommending an award and enter into Contract No. 4332 with GARDA GL Great Lakes, Inc. in the amount not-to-exceed \$109,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 6/30/2025.

Funding Source: 70% General Fund and 30% Cuyahoga Support Enforcement Fund

BC2024-493

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in an award recommendation to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$90,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 6/30/2025.
- b) Recommending an award and enter into Contract No. 4605 with Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$90,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 6/30/2025.

Funding Source: 56% General Fund and 44% Other Health and Safety Fund

BC2024-494

Medical Examiner's Office, submitting an amendment to Contract No. 1831 (fka Contract No. 549 and CE1400287) with VertiQ Software, LLC for maintenance and support on CME Case Management Software for the period 9/1/2014 - 8/31/2024 to extend the time period to 8/31/2025 and for additional funds in the amount not-to-exceed \$12,596.00.

Funding Source: General Fund

BC2024-495

Medical Examiner's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Promega Corporation in the amount not-to-exceed \$11,134.00 for preventative maintenance services for three (3) Maxwell RSC 48 instruments, effective upon contract signatures of all parties, for a period of 1 year.
- b) Recommending an award and enter into Contract No. 3604 with Promega Corporation in the amount not-to-exceed \$11,134.00 for preventative maintenance services for three (3) Maxwell RSC 48 instruments, effective upon contract signatures of all parties, for a period of 1 year.

Funding Source: General Fund

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Family Promise of Greater Cleveland in the amount not-to-exceed \$155,643.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.
- b) Recommending an award and enter into Contract No. 4498 with Family Promise of Greater Cleveland in the amount not-to-exceed \$155,643.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.

Funding Source: 64% Health and Human Services Levy Fund and 36% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

BC2024-497

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Journey Center for Safety and Healing in the amount not-to-exceed \$303,130.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.
- b) Recommending an award and enter into Contract No. 4499 with Journey Center for Safety and Healing in the amount not-to-exceed \$303,130.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.

Funding Source: 33% Health and Human Services Levy Fund and 67% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

BC2024-498

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Salvation Army in the amount not-to-exceed \$374,731.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.
- b) Recommending an award and enter into Contract No. 4500 with The Salvation Army in the amount not-to-exceed \$374,731.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 5/31/2025.

Funding Source: 53% Health and Human Services Levy Fund and 47% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bitfocus, Inc. in the amount not-to-exceed \$495,000.00 for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 12/31/2029 for use by the County and its Continuum of Care providers.
- b) Recommending an award and enter into Contract No. 4574 with Bitfocus, Inc. in the amount not-to-exceed \$495,000.00 for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 12/31/2029 for use by the County and its Continuum of Care providers.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-500

Department of Public Works, recommending to amend Board Approval No. BC2024-24, dated 1/6/2024, which made an award recommendation to Home Depot U.S.A., Inc. for routine equipment and material purchases for period 1/1/2024 - 12/31/2024 for various divisions, by changing the total amount not-to-exceed from \$49,500.00 to \$94,500.00:

- a) Facilities Division in the amount not-to-exceed \$49,250.00.
- b) Sanitary Division in the amount not-to-exceed \$12,000.00.
- c) Animal Shelter in the amount not-to-exceed \$4,500.00.
- d) Fleet Division in the amount not-to-exceed \$23,750.00.
- e) Road and Bridge Division in the amount not-to-exceed \$5,000.00.

Funding Source: 67% General Fund, 22% Sanitary Sewer Fund, 2% Road and Bridge Fund, 4.5% Fleet Division and 4.5% Dog and Kennel Fund

BC2024-501

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 to pay invoices for the Multi-System Youth Program for the period 7/1/2024 - 6/30/2025.

Funding Source: State Funds passed through local Department of Children and Family Service agencies

D. – Consent Agenda

BC2024-502

Department of Information Technology, on behalf of the Cuyahoga County Soldiers' & Sailors' Monument, 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 June 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-503

Fiscal Department, presenting proposed travel/membership requests for the week of 7/1/2024:

Dept:	Department of	f Information Tec	hnology					
Event:	SLTT Governm	ents Program						
Source:	SANS Institute							
Location:	Online Training	g						
Staff	Travel Dates	ravel Dates Registration * Meals ** Lodging TRN/ Air Total Funding Source **						
Information Technology Security Team	07/31/2024	07/31/2024 \$16,395.00 \$0.00 \$0.00 \$0.00 \$16,395.00 General Fund						

^{*}Paid to host

Purpose:

The SLTT Government partnership program draws on SANS Institute's mission to ensure InfoSec practitioners in critical organizations have the skills needed to protect networks, critical infrastructure, and sensitive data and enhance the cybersecurity readiness and response of state, provincial, local, tribal, and territorial government entities. This program offers both security awareness and online technical training courses to qualifying organizations at substantial cost savings.

Through the SANS aggregate buy program, you can get the training you need, at an affordable cost, and improve your organization's security posture against phishing, and other cyber-attacks

Special discounts are available to all qualifying organizations during our aggregate purchase window, June 1, 2024 – July 31, 2024.

^{**}Staff reimbursement

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

Dept:	Sheriff's Depa	Sheriff's Department							
Event:	Street Gang In	vestigation							
Source:	Ohio High Inte	ensity Drug Traff	icking Area						
Location:	Allison Park, P	'A							
Staff	Travel Dates	ravel Dates Registration Meals Lodging Ground Air Total Funding Source ** Mileage **							
Paul Marich	06/03/2024 - 06/04/2024	Fund							

^{*}Paid to host

Purpose:

To travel to Allison Park, PA to attend the Street Gang Investigations training for gang training.

^{*}Item is Late due to employee being on leave

Dept:	Sheriff's Depar	Sheriff's Department							
Event:	Mahoning Vall	ey Crisis Respons	e Team SW	'AT					
Source:	Centre County	Correctional Fac	ility						
Location:	Bellefonte, PA								
Staff	Travel Dates	ravel Dates Registration Meals Lodging Ground Air Total Funding Source Mileage **							
Leo Keglovic	09/04/2024 - 09/06/2024	Professional							

^{*}Paid to host

Purpose:

To Travel to Bellefonte, PA to attend the 2 Day Cell Extraction Instructor course to become a certified instructor for Cell Extractions in the Corrections Center.

^{**}Staff reimbursement

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

^{**}Staff reimbursement

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

Dept:	Sheriff	Sheriff						
Event:	TASER Energy	Weapon Master	r Instructor (Certification S	chool			
Source:	Axon Internat	ional						
Location:	Charlotte, NC							
			_					
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alex Livingstone	10/06/2024 - 10/11/2024	\$0.00	\$300.00	\$845.00	\$486.24	\$537.00	\$2,168.24	Continued Professional Training Fund
Christopher McNamara	10/06/2024 - 10/11/2024	\$0.00	\$300.00	\$845.00	\$486.24	\$537.00	\$2,168.24	Continued Professional Training Fund

^{*}Paid to host

Purpose:

To travel to Charlotte NC to attend Taser Master Instructor School. This will allow us to keep all duties up to date and certified in Axon Products we carry and use on a daily basis.

BC2024-504

Department of Purchasing, presenting proposed purchases for the week of 7/1/2024:

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

Purchase Order	Description	Department	Vendor Name	Total	Funding
Number					Source
24002611	(2) Ver-Mac automated	Department of	A&A Safety, Inc.	\$25,150.00	Road and
	flagger units	Public Works			Bridge Fund

^{**}Staff reimbursement

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

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting a Grant Application with America 250-Ohio Commission in the amount of \$2,000.00 for The Time Capsule Semiquincentennial Commemoration Project, in connection with the Trillium Local Activity Grant for the period 6/15/2024 5/31/2025.
- b) Submitting a Grant Award from America 250-Ohio Commission in the amount of \$2,000.00 for The Time Capsule Semiquincentennial Commemoration Project, in connection with the Trillium Local Activity Grant for the period 6/15/2024 5/31/2025.

Funding Source: Trillium Local Activity Grant

Item No. 2

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

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$968,045.00 for Continuum of Care Coordinated Entry System in connection with FY2023 Continuum of Care Homeless Program Competition grant for the period 2/1/2024 1/31/2025.
- b) Submitting a grant agreement with U.S. Department of Housing and Urban Development in the amount of \$968,045.00 for Continuum of Care Coordinated Entry System in connection with FY2023 Continuum of Care Homeless Program Competition grant for the period 2/1/2024 1/31/2025.

Funding Source: FY2023 US Department of Housing and Urban Development Continuum of Care Grant

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control Monday, June 24, 2024 at 11:00 A.M. County Headquarters 2079 East Ninth Street Committee Room B

I – CALL TO ORDER

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

Attending:

Michael Chambers, Fiscal Officer, Fiscal Office, serving as Chairman

Katherine Gallagher, Chief of Staff Operations and Community Innovation (Alternate for Chris Ronayne, County Executive)

Levine Ross, County Council (Alternate for Councilman Dale Miller)

Councilwoman Meredith Turner

Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)

Michael Dever, Director, Department of Public Works

Paul Porter, Director, Department of Purchasing

II - REVIEW MINUTES - 6/17/2024

Michael Chambers motioned to approve the minutes from the June 17, 2024 meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

III - PUBLIC COMMENT

There was no public comment.

IV- CONTRACTS AND AWARDS

A. - Tabled Items

B. - New Items for Review

BC2024-473

Department of Public Works, recommending an award on RQ14301 and enter into Purchase Order No. 24002396 with Larkwood Greene Enterprises LLC dba Larkin Greenewood Ford (18-3) in the amount not-to-exceed \$113,974.56 for the purchase of (2) replacement, new never titled 2023 Ford Transit-350 Passenger Vans for use by the Facilities Division.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-473 was approved by unanimous vote.

Department of Public Works, submitting an amendment to Contract No. 2512 with T&G Flying Club, Inc. for lease of office space and aircraft tie-down fees at the Cuyahoga County Airport Safety Building, Area B, Suites G-L at 26300 Curtiss Wright Parkway, City of Richmond Heights for the period 1/1/2017 – 6/30/2024, to extend the time period to 6/30/2025, to expand the scope of the lease to include 2 storage units in County T-Hangar Building, effective 7/1/2024, and for additional revenue in the amount not-to-exceed \$22,173.00.

Funding Source: Revenue Generating

John Myers, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-474 was approved by unanimous vote.

BC2024-475

Department of Public Works/Division of Public Utilities, submitting an amendment to Contract No. 3610 (fka Contract No. 3376, 2339 and 2295) with Go Sustainable Energy, LLC for consulting services for utility microgrid development and design, microgrid design assistance in the Aerozone region for the period 4/20/2022 - 4/20/2025 to extend the time period to 2/28/2026, to expand the scope of services to include the Euclid and Brooklyn microgrid projects, grant writing and supportive services, and to replace the insurance requirements, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$335,000.00.

Funding Source: 90% U.S. Department of Energy Grant and 10% Sustainability Projects Fund

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-475 was approved by unanimous vote.

BC2024-476

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bynder, LLC in the amount not-to-exceed \$12,000.00 for renewal of Gather Content Transform annual subscription for the period 5/11/2024 5/10/2025.
- b) Recommending an award and enter into Purchase Order No. 24002295 with Bynder, LLC in the amount not-to-exceed \$12,000.00 for renewal of Gather Content Transform annual subscription for the period 5/11/2024 5/10/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-476 was approved by unanimous vote.

Fiscal Office, on behalf of the County Executive's Office, recommending an award on RQ13880 and enter into Contract No. 4512 with McCaulley & Company LLC (18-6) in the amount not-to-exceed \$375,000.00 for Federal Advocacy Services for the period 7/1/2024-12/31/2026.

Funding Source: 33.33% General Fund; 33.34% Road and Bridge Fund; 33.33% Health and Human Services Levy Fund

Domonique Tatum, Fiscal Office, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-477 was approved by unanimous vote.

BC2024-478

Personnel Review Commission, recommending an award on RQ13869 and enter into Contract No. 4516 with Synap Learning Limited (15-7) in the amount not-to-exceed \$144,000.00 for pre-employment testing software and remote proctoring services for the period 6/23/2024 - 6/22/2027.

Funding Source: General Fund

George Vaughn, Personnel Review Commission, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-478 was approved by unanimous vote.

BC2024-479

Court of Common Pleas/Juvenile Court Division,

- c) Submitting an RFP Exemption, which will result in an award recommendation to Weston Hurd, LLP in the amount not-to-exceed \$40,000.00 for legal services and representation in litigations related to labor matters with Laborer's Local 860 for the period 1/1/2023 12/31/2024.
- d) Recommending an award and enter into Contract No. 4580 with Weston Hurd, LLP in the amount not-to-exceed \$40,000.00 for legal services and representation in litigations related to labor matters with Laborer's Local 860 for the period 1/1/2023 12/31/2024.

Funding Source: General Fund

Laterra Brown, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-479 was approved by unanimous vote.

BC2024-480

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 \$23,020.00 for a state contract purchase of (12) HPE hard drives and (1) HPE drive enclosure for additional storage capabilities.
- b) Recommending an award on Purchase Order No. 24002412 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$23,020.00 for a state contract purchase of (12) HPE hard drives and (1) HPE drive enclosure for additional storage capabilities.

Funding Source: General Fund

Josh Brower, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-480 was approved by unanimous vote.

BC2024-481

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4608 with Camp Ho Mita Koda Foundation (45-1) in the amount not-to-exceed \$22,500.00 for the Camp HOPE America Model Program, effective upon signatures of all parties through 8/10/2024.

Funding Source: Health and Human Services Levy Fund

Mary Beth Vaugh, Department of Public Safety and Justice Services, and Kimberlee Bizup, Witness/Victim Service Center, presented. Councilwoman Turner asked how are the participants identified and is transportation provided. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-481 was approved by unanimous vote.

BC2024-482

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$70,369.60 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2024 7/7/2025.
- b) Recommending an award on Purchase Order No. 24002471 to Carahsoft Technology Corporation in the amount not-to-exceed \$70,369.60 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2024 7/7/2025.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-482 was approved by unanimous vote.

BC2024-483

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for temporary housing for homeless single adult males in Cuyahoga County with substance abuse issues for the period 7/1/2024 6/30/2025.
- b) Recommending an award and enter into Contract No. 4600 with Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for temporary housing for homeless single adult males in Cuyahoga County with substance abuse issues for the period 7/1/2024 6/30/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-483 was approved by unanimous vote.

C. - Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item Nos. BC2024-484 through BC2024-485; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-484

Sheriff's Department, recommending to amend Board Approval No. BC2024-95, dated 2/5/2024, which approved a Direct Open Market Purchase and made an award on Purchase Order No. 24000401 to HMS Industries, LLC for (1) Chest compression system and accessories for use by the Corrections Center, by changing the amount from \$20,698.32 to \$21,736.30.

Original Funding Source: General Fund

BC2024-485

Fiscal Department, presenting proposed travel/membership requests for the week of 6/24/2024:

Dept:	Department o	Department of Public Safety and Justice Services							
Event:	2024 National	Homeland Secu	rity Confere	ence					
Source:	National Hom	eland Security A	ssociation						
Location:	Miami Beach,	FL							
Staff	Travel Dates	Fravel Dates Registration Meals Lodging Ground Air TRN/ *** Source Source							
Serena Steele	7/21/2024 – 7/25/2024								

^{*}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. This conference will help me and the emergency management team in our efforts to coordinate volunteers while working on a Long-term Recovery Plan for the County as well as participating in the various planning and training initiatives. There will be training sessions as well as a roundtable to discuss current issues.

Dept:	Public Defend	Public Defender's Office							
Event:	2024 Summer	Session							
Source:	Gideon's Pron	nise							
Location:	Atlanta, GA								
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source	
Andrew Schriver	7/26/2024 – 7/28/2024	\$662.50	\$44.00	\$0.00	\$218.74	\$398.95	\$1,324.19	General Fund 78% reimbursed by Office of the Ohio Public Defender	
Rachelle Summers	7/26/2024 – 7/28/2024	\$662.50	\$44.00	\$0.00	\$218.74	\$398.95	\$1,324.19	General Fund 78% reimbursed by Office of the Ohio Public Defender	

^{*}Paid to host

Purpose:

The programming is designed to provide hands on training for new lawyers designed at transforming practice techniques as well the mindset of the Public Defender.

^{**}Staff reimbursement

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

Dept:	Department o	Department of Public Works							
Event:	PWX 2024								
Source:	American Pub	lic Works Associ	ation						
Location:	Atlanta, GA								
Staff	Travel Dates	ravel Dates Registration Meals Lodging Ground Air TRN/ *** Source Source							
Michael Dever	9/7/2024 – 9/11/2024								

^{*}Paid to host

Purpose:

Public Works Expo Conference provides a first-class multi-modal learning experience designed for professionals at all levels and across the entire spectrum of public works. It includes traditional and interactive sessions, seminars, workshops, and networking opportunities.

Dept:	Sheriff's Depa	Sheriff's Department							
Event:	NSA 2024 Ann	ual Conference							
Source:	National Sheri	ffs' Association							
Location:	Oklahoma City	, OK							
Staff	Travel Dates	ravel Dates Registration **							
Harold Pretel	6/25/2024 – 6/28/2024								

^{*}Paid to host

Purpose:

To meet with Sheriffs, high level leadership from federal agencies, and members of congress that come together to explore current legislation, learn about relevant topics and explore trending technologies and different products. Also, to obtain credit hours mandated by Ohio Revised Code

^{**}Staff reimbursement

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

^{**}Staff reimbursement

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

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Juvenile Court Division, submitting a Funding Application Update to a grant agreement and funding application to the State of Ohio, Department of Youth Services for various programs in connection with the RECLAIM Ohio Grant for the period 7/1/2023 - 6/30/2025 in the total amount of \$9,796,596.67 which includes the carryover of funds from SFY2024 RECLAIM OHIO in the amount of \$4,331,886.63 to SFY2025 RECLAIM Ohio.

Funding Source: SFY2025 RECLAIM Ohio Grant

Item No. 2

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

RQ No.	Contract	Vendor	Service Description	Amount	Department	Date(s) of	Funding Source	Date of
	Number					Service		Execution
No RQ	N/A	Foundational	Pharmacy	\$-0-	Department of	N/A	N/A	6/12/2024
		Pharmacy	consulting services		Human			(Executive)
		Strategies			Resources			

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn the item; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:17 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024	-486								
Title	Public \	Works /Industr	ial First	Inc / Cont	ract / Roof R	epair, Ma	intenance & :	Survey	
Depart	ment or A	Agency Name		Departm	nent of Public	c Works			
Requested Action ⊠ Contract □ Ag □ Purchase Order □ Other (please sp				nase Order		lease □	Amendment □ Rev	venue Generating	
Origina Amend (A-#)		Contract No. (If PO, list PO#)	Vendo	r Name	Time Perio	od Ar	nount	Date BOC/Council Approved	Approval No.
0		4520	Indust	rial First	6.1.2024 – 5.31.2026	\$4	40,000.00	Pending	Pending
Public Works is requesting approval of a contract, per the chart above, for as-needed roof repairs, at various County Buildings. Indicate whether: New service/purchase Existing service/purchase Replacement for an element (provide details in Service/Item Description section above) The County has contracted with the vendor in the past for Roof repair services, maintenance & su 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 vendor that will provide as-needed roof repair services, maintenance and surveying of County buildings.							intenance & survey.		
	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)								Code. Beside each
Vendor Name and address: Industrial First, Inc. 25840 Miles Road Bedford Hts., Ohio 44146							xecutive dire	ctor, other (specify): nt	
	r Council					Project C	ouncil Distric	::	
If applicable provide the full address or list the municipality(ies) impacted by the project.					list the				
СОМРІ	ETITIVE PI	ROCUREMENT				NON-COM	MPETITIVE PR	OCUREMENT	

RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid
items, as applicable)	process.
□ RFB ⊠ RFP □ RFQ	
☐ Informal	the last is to the last to the
☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) 120 / 1	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (4%) SBE	☐ Sole Source ☐ Public Notice posted by Department of
(3%) MBE (3%) WBE. Were goals met by awarded	Purchasing. Enter # of additional responses received from
vendor per DEI tab sheet review? ⊠ Yes	posting ().
☐ No, please explain.	
If no, has this gone to the Administrative Reconsideration	
Panel? If so, what was the outcome?	
Tallel: Il 30, Wildt was the outcome:	
Recommended Vendor was low bidder: ⊠ Yes □	☐ Government Purchase
No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
NA	
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒ No. If yes ☐	
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? ☐ No ☐ Yes, answer the below qu	
Are the purchases compatible with the new ERP system?	Yes No, please explain.
ELINDING SOURCE: Plansa provide the complete proper pa	ame of each funding source (No acronyms). Include % for each
funding source listed.	inte of each funding source (No actoryms). Include % for each
100% - General Fund	
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 a	
PW750100	
Payment Schedule: $oximes$ Invoiced $oximes$ Monthly $oximes$ Quarterly	☐ One-time ☐ Other (please explain):
Provide status of project.	
Is contract/purchase late \square No \boxtimes Yes, In the fields below	provide reason for late and timeline of late submission
=	n RFP, verify information's accuracy, buildings, square footages
etc. After RFP closed the vendor needed to submit proof o	f their DEI compliance and other required documents.
Timeline	

Project/Procurement Start Date (date your team	1.31.2024			
started working on this item):				
Date documents were requested from vendor:	5.20.24			
Date of insurance approval from risk manager:	6.10.24			
Date Department of Law approved Contract:	6.11.24			
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)				
Have payments been made? ☑ No ☐ Yes (if yes, please explain)				

HISTORY (see inst	ructions):					
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 (O)/ Amendment (A- #)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	CE180046 5	Industrial First, Inc.	12.1.2018 – 11.30.2021	\$331,830.00	11.26.2018	BC2018-834
A-1	CM719		12.1.2021- 11.30.2022	\$0.00	1.24.2022	BC2022-58
A-2	CM2361		12.1.2022 – 11.30.2023	\$0.00	1.9.2023	BC2023-22
A-3	CM2361		12.1.2023 – 5.31.2024	\$55,000.00	11.13.2023	BC2023-714

DCZUZ	24 407					
Title	2024 DPW requesting to enter into a seven-month contract with SAW Inc. for custodial services at the William					
	Patrick Day Building.					
Department or Agency Name Department of Public Works						
Reque	sted Action	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
nequested Action		☐ Purchase Order				
☐ Other (please specify):						

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
		SAW Inc.	07/01/24 – 01/31/25	\$72,303	TBD	

Service/Item Description (include quantity if applicable).

Requesting approval of a seven-month contract with SAW Inc. for custodial services at the William Patrick Day Building. The total contract amount will be \$72,303.

Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)						
For purchases of furniture, computers, vehicles: Additional Replacement Age of items being replaced: How will replaced items be disposed of?						
Age of items being replaced: How will replaced: Project Goals, Outcomes or Purpose (list 3):	ied items be disposed or:					
The goal of the project is to enter into a short term (seven services at the William Patrick Day building.	month) contract with SAW Inc. to provide continued custodial					
	ne, Street Address, City, State and Zip Code. Beside each					
vendor/contractor, etc. provide owner, executive director						
Vendor Name and address: SAW Inc.	Owner, executive director, other (specify):					
14775 Broadway Ave.	Judith Carey, CEO					
Maple Hts., OH 44137						
Vendor Council District: 8	Project Council District: 7					
If applicable provide the full address or list the municipality(ies) impacted by the project.						
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT					
RQ# (Insert RQ# for formal/informal items, as applicable)	Provide a short summary for not using competitive bid process.					
□ RFB □ RFP □ RFQ	process.					
□ Informal	SAW Inc. currently provides custodial services for the WPD					
☐ Formal Closing Date:	building. The County would like to support the continued					
C .	presence of SAW Inc., which provides adults with					
N/A	developmental disabilities the opportunity for work and training.					
	truning.					
	*See Justification for additional information.					
The total value of the solicitation:	☐ Exemption					
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date					
N/A	☐ Government Coop (Joint Purchasing Program/GSA), list					
·	number and expiration date					
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department of					
() MBE () WBE. Were goals met by awarded vendor	Purchasing. Enter # of additional responses received from					
per DEI tab sheet review? Yes	posting ().					
☐ No, please explain.						
N/A						
If no, has this gone to the Administrative Reconsideration						
Panel? If so, what was the outcome?						
Recommended Vendor was low bidder: Yes No, please explain:	☐ Government Purchase					
, p. case explain	☐ Alternative Procurement Process					

SAW currently pro	ovides custod	lial services for the	building.				
How did pricing c	ompare amoi	ng bids received?		☐ Contract Amendment - (list original procurement)			
	·						
N/A				□ Otl	her Procurement Me	thod, please desci	ribe:
In Durahasa /Sami	ana tanbunda	av volated D Vos	□ No. If		plata sastian balaw		
		List of approved			plete section below: m is not on IT Standa		of TAC approval:
		\Box Yes, answer th				ira List state date	or the approvat.
					No, please explain.		
Are the parchase.	5 companione	With the new Litt	system: L	1 163 🗆	No, picase explain.		
FUNDING SOURC	E: Please pro	vide the complete	e, proper n	ame of	each funding source	(No acronyms). Ir	nclude % for each
funding source lis	-	•			-		
General Fund							
Is funding for this	included in t	he annroved hudg	et? 🛛 Ves	:	o (if "no" please expla	ain):	
is runding for this	meiaaca iii t	ne approved badg	,ct: 🖂 res		(ii iio picase expir		
List all Accounting	g Unit(s) upo	n which funds wil	l be drawn	and an	nounts if more than	one accounting u	nit.
PW750100 5520	0						
							_
Payment Schedul	e: 🗆 Invoice	d ⊠ Monthly ⊔	Quarterly	□ One	e-time Other (ple	ase explain):	
							-
Provide status of	project.						
Is contract/purch	ase late 🗵 N	o 🗆 Yes, In the fie	elds below	provide	e reason for late and	timeline of late su	bmission
Reason:							
Timeline							-
Project/Procurem	ent Start D	ate (date your t	eam				
started working o							
Date documents	· · · · · · · · · · · · · · · · · · ·						
Date of insurance Date Department							
			Infor, such	as the	item being disapprov	ed and requiring o	
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)							
pay							
HISTORY (see inst	tructions):						
Prior Original	Contract	Vendor Name	Time Per	iod	Amount	Date	Approval No.
(O) and	No. (If PO,					BOC/Council	
subsequent	list PO#)					Approved	
Amendments							

BC2024-488									
Title Public	Works /T.D. Se	curity Lt	d, Inc. / C	ontract / Se	curity /	['] William Pat Day	Building		
Department or	Agency Name		Departm	nent of Pub	olic Works				
□ Pt		☐ Purcl	☑ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name		Time Peri	od	Amount	Date BOC/Council Approved	Approval No.	
A	CM4660	T.D. Se Ltd., Ir	•	07/01/24 01/31/25		\$42,750	Pending	Pending	
William Pat Day Building. Indicate whether: New service/purchase □ Existing s service/purchase (provide details in Service/Item Descripti					on secti	on above)		sting	
For purchases of Age of items be		mputers				☐ Replacement ns be disposed or			
Project Goals, Outcomes or Purpose (list 3): 1. The goal of the project is to enter into a short term (seve continued security services at the William Patrick Day build they are able to provide this service as of February 1, 2025.				ing. 3.	•	·-	•		
In the hoves	helow list Va	andor/C	ontractor	etc Nam	no Str	eet Address Ci	ty, State and Zip	Code Beside each	
vendor/contrac							ty, State and Zip	code. Deside each	
Vendor Name a T.D. Security Inc					Owne	er, executive dire	ctor, other (specify):		
3890 Rocky Rive Cleveland, OH 4	er Drive				Dennis W. Matson, CEO/President				
Vendor Council District: 7				Project Council District: 7					
If applicable provide the full address or list the municipality(ies) impacted by the project.									
COMPETITIVE PROCUREMENT I						COMPETITIVE PI	ROCUREMENT		
RQ#	(Insert RC		mal/infor	mal	1		ary for not using com	npetitive bid	
items, as applica	able)				proce		J		
□ RFB □ RFF	P □ RFQ				T D C	ocurity Inc. ours	antly provides see:	ty convices for the	
☐ Informal ☐ Formal	Closing Date	e:			T.D. Security Inc. currently provides security services for the WPD building. The County & Sheriff's Department would like to continue the services while we determine if the Sheriff's				
N/A					Department can manage the security starting February 1, 2025.				

	*See Justification for additional information.					
The total value of the solicitation: \$42,750.00	⊠ Exemption					
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date					
	,					
N/A	☐ Government Coop (Joint Purchasing Program/GSA), list					
	number and expiration date					
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department of					
() MBE () WBE. Were goals met by awarded vendor	Purchasing. Enter # of additional responses received from					
per DEI tab sheet review? Yes	posting ().					
☐ No, please explain.						
N/A						
N/A						
If no, has this gone to the Administrative Reconsideration						
Panel? If so, what was the outcome?						
,						
Recommended Vendor was low bidder: ⊠ Yes □	☐ Government Purchase					
No, please explain:						
	☐ Alternative Procurement Process					
T.D. Security currently provides security for the building.						
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)					
N/A						
14//	☐ Other Procurement Method, please describe:					
Is Purchase/Services technology related ☐ Yes ☒ No. If yo						
☐ 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? $oximes$ No $oximes$ Yes, answer the below qu						
Are the purchases compatible with the new ERP system? \square Yes \square No, please explain.						
Are the purchases compatible with the new ERP system? \Box	Yes ☐ No, please explain.					
Are the purchases compatible with the new ERP system? \Box	Yes □ No, please explain.					
FUNDING SOURCE: Please provide the complete, proper na	Yes ☐ No, please explain. ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper na						
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper no funding source listed.	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? Yes	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? Yes	ame of each funding source (No acronyms). Include % for each					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? List all Accounting Unit(s) upon which funds will be drawn PW750100 55200	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? ✓ Yes List all Accounting Unit(s) upon which funds will be drawn	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? List all Accounting Unit(s) upon which funds will be drawn PW750100 55200	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					
FUNDING SOURCE: Please provide the complete, proper not funding source listed. General Fund Is funding for this included in the approved budget? List all Accounting Unit(s) upon which funds will be drawn PW750100 55200	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					
FUNDING SOURCE: Please provide the complete, proper natural funding source listed. General Fund Is funding for this included in the approved budget? ☑ Yes List all Accounting Unit(s) upon which funds will be drawn PW750100 55200 Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					
FUNDING SOURCE: Please provide the complete, proper natural funding source listed. General Fund Is funding for this included in the approved budget? ☑ Yes List all Accounting Unit(s) upon which funds will be drawn PW750100 55200 Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly	ame of each funding source (No acronyms). Include % for each No (if "no" please explain): and amounts if more than one accounting unit.					

Reason:							
Timeline							
Project/Procurement Start Date (date your team							
started working on this item):							
Date documents		ed from	vendor:				
Date of insurance	•						
Date Departmen							
•				Infor, such as the	item being disapr	proved and requiring	correction:
				es, please explain			
	_			es, please explair			
nave payments	been made: 1	NO 1	□ 1es (ii)	res, piease explaii	·)		
HISTORY (see in	structions):						
Prior Original	Contract	Vendo	or Name	Time Period	Amount	Date	Approval No.
(O) and	No. (If PO,					BOC/Council	
subsequent	list PO#)					Approved	
Amendments							
(A-#)							
BC2024-489							
Title Depart	ment of Public	Works-	Animal Sh	elter-2023 Online	Pet Licensing-Pet	health Service (USA)	Inc.
Department or A	Agency Name		Departm	nent of Public Wo	rks		
Requested Action	on		☐ Conti	ract 🗆 Agreeme	nt 🗆 Lease 🗆	Amendment Rev	enue Generating
				nase Order			J
				r (please specify):			
				· (predate apeciny).			
Original (O)/	Contract	Vondo	or Name	Time Period	Amount	Date	Approval No.
Amendment	No. (If PO,	venuc	n Name	Time Period	Amount	BOC/Council	Approvar No.
(A-#)	list PO#)					Approved	
0	24002561	Pethe	alth	Upon	\$6,128.20	PENDING	PENDING
	24002301		es (USA)	Execution	30,120.20	TENDING	TENDING
		Inc	C5 (O5/1)	Execution			
	ı	1110					
Service/Item Description (include quantity if applicable).							
		-		•	online pet licensin	g for the cost of \$6.1	28.20. Annual cost
Public Works is requesting approval of a purchase order to cover online pet licensing for the cost of \$6,128.20. Annual cost of licensing can vary depending on number dog licenses processed through the online portal for the Animal Shelter and this							
PO will cover those charges for the previous year.							
Indicate whether: ☑ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase							
(provide details in Service/Item Description section above)							
Aprovide details in service, item sescription section above,							
For purchases of furniture, computers, vehicles: Additional Replacement							
Age of items be		1			s be disposed of?		
Project Goals, O		rpose (I		, , , , , , , , , , , , , , , , , , , ,	,		
-				s to customers in	Cuyahoga County	and this PO will cove	r those fees that
are tied back to dog licensing within the County.							

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,						
Vendor Name and address:	Owner, executive director, other (specify):					
Pethealth Services (USA) Inc.	Nicole Bennett, CEO					
710 Dorval Drive						
Oakville ON, L6K3Y1, Canada						
Remittance: PO Box 2150, Buffalo, NY 14240						
Vendor Council District: NA	Project Council District: NA					
If applicable provide the full address or list the	NA					
municipality(ies) impacted by the project.	INA					
municipality(les) impacted by the project.						
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT					
RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid					
items, as applicable)	process.					
☐ RFB ☐ RFP ☐ RFQ	EXEMPTION					
□ Informal	*C					
☐ Formal Closing Date:	*See Justification for additional information.					
The total value of the solicitation:						
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date					
NA	☐ Government Coop (Joint Purchasing Program/GSA), list					
	number and expiration date					
Participation/Goals (%): () DBE () SBE	<u> </u>					
	☐ Sole Source ☐ Public Notice posted by Department of					
() MBE () WBE. Were goals met by awarded vendor	Purchasing. Enter # of additional responses received from					
per DEI tab sheet review? ☐ Yes	posting ().					
☐ No, please explain.						
If no, has this gone to the Administrative Reconsideration						
Panel? If so, what was the outcome?						
Recommended Vendor was low bidder: Yes	☐ Government Purchase					
No, please explain:						
	☐ Alternative Procurement Process					
NA						
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)					
	☐ Other Procurement Method, please describe:					
NA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	1					
Is Durchase/Services technology related. Vos M. If you	complete section helow:					
Is Purchase/Services technology related ☐ Yes ☒ No. If yes						
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:					
Is the item ERP related? ☐ No ☐ Yes, answer the below qu						
Are the purchases compatible with the new ERP system? \Box	l Yes 🗆 No, please explain.					
	ame of each funding source (No acronyms). Include % for each					
funding source listed.						
100 % General Fund						

Is funding for this included in the approved budget? ✓ Yes ☐ No (if "no" please explain):							
List all Accounti	List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.						
PW280100 55200							
Payment Schedu	ule: 🛛 Invoice	d □ Mo	nthly 🗆 (Quarterly 🗆 One	-time 🗆 Other (ple	ase explain):	
Provide status o	f project.						
Is contract/purc	hase late □ N	o∏ Yes	In the fie	lds below provide	reason for late and	timeline of late su	hmission
Reason:	nase rate = 11	<u> </u>	,,	ids below provide	. reason for face and	· time or late sa	2111331011
incuson.							
Timeline				<u> </u>			
Project/Procure		ate (da	te your to	eam			
started working							
Date documents	•						
Date of insurance							
Date Departmen					b		
					item being disappro	ved and requiring	correction:
				s, please explain)			
Have payments	been made? [□ No □	☐ Yes (if ye	es, please explain)			
HISTORY (see in:	structions):						
BC2024-490							
Title Fiscal (Department /	Point a	nd Pay, Ll	.C / Contract Am	endment / 1 Year	Contract Amendr	nent for 3rd party
online	tax payment	collecti	ons via cr	edit card, debit	card, or ACH trans	sactions.	
Department or	r Agency Nam	ne	Fiscal De	epartment			
Requested Act	ion		☐ Cont	ract \square Agreem	ent □ Lease 🗵	Amendment 🗆	Revenue
				ing Purchas			
				r (please specify			
				(please specify	')·		
0	Combined	\		Time a Dania d	A	Data	Ammanual Na
Original (O)/	Contract	Vendo		Time Period	Amount	Date	Approval No.
Amendment	No. (If PO,	Name				BOC/Council	
(A-#)	list PO#)				40.00	Approved	
0	1335	Point		09/01/2021 -	\$0.00	08/16/2021	BC2021-453
		Pay, L		08/31/2024	4		
A-1	1335	Point		09/01/2024 –	\$50,000.00	Pending	Pending
	Pay, LLC 08/31/2025						

Service/Item Description (include quantity if applicable).

Fiscal Department is requesting approval of a contract amendment, per the chart above, to secure a 1 year contract amendment for 3rd party online tax payment collections via credit card, debit card, or ACH transactions.

Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)					
For purchases of furniture, computers, vehicles:	dditional Replacement				
· · · · · · · · · · · · · · · · · · ·	eplaced items be disposed of?				
Project Goals, Outcomes or Purpose (list 3):					
	online tax payment collections via credit card, debit card,				
or ACH transactions.					
In the haves below list Vander/Centraster etc. Non	ne, Street Address, City, State and Zip Code. Beside each				
vendor/contractor, etc. provide owner, executive dire	• • • • • • • • • • • • • • • • • • • •				
Vendor Name and address:	Owner, executive director, other (specify):				
Point and Pay, LLC	Jacquie Kuntz				
110 State Street East	Director, Proposal Management & Sales Operations				
Oldsmar, FL 34677 Vendor Council District:	Project Council Districts				
Vendor Council District.	Project Council District:				
If applicable provide the full address or list the					
municipality(ies) impacted by the project.					
	T				
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT				
RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid				
items, as applicable)	process.				
□ RFB □ RFP □ RFQ	We are amending the contract to extend the end date by 1 year. This allows for the completion of the formal				
☐ Informal	bid and to select a vendor.				
☐ Formal Closing Date:	bid dild to select a veridor.				
	*See Justification for additional information.				
The total value of the solicitation:	☐ Exemption				
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date				
	,				
	☐ Government Coop (Joint Purchasing Program/GSA),				
	list number and expiration date				
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department				
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received				
vendor per DEI tab sheet review? ☐ Yes	from posting ().				
☐ No, please explain.					
If no, has this gone to the Administrative					
Reconsideration Panel? If so, what was the outcome?					
	Covernment Durchese				
Recommended Vendor was low bidder: Yes	☐ Government Purchase				
☐ No, please explain:	☐ Alternative Procurement Process				
	Alternative Frocurement Process				

How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement) Informal Bid							
	☐ Other Procurement Method, please describe:							
Is Purchase/Services technology related ⊠ Yes □ No. If yes, complete section below:								
☑ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:							
•	Is the item ERP related? ☐ No ☑ Yes, answer the below questions.							
Are the purchases compatible with the new ERP system	·							
FUNDING SOURCE: Please provide the complete, pro % for each funding source listed. 100% General Fund	oper name of each funding source (No acronyms). Include							
Is funding for this included in the approved budget?								
List all Accounting Unit(s) upon which funds will be d FS100130	rawn and amounts if more than one accounting unit.							
Payment Schedule: ⊠ Invoiced ☐ Monthly ☐ Quar	terly \square One-time \square 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 correction:	Infor, such as the item being disapproved and requiring							
If late, have services begun? ☐ No ☐ Yes (if yes, pl	ease explain)							
Have payments been made? ☐ No ☐ Yes (if yes, p	lease explain)							
HISTORY (see instructions): see chart above								
BC2024-491								
Title Comprehensive real estate database access and r	espective license subscription							
Department or Agency Name Fiscal Department								

Requested Action Contract Agr					ement	☐ Lease ☐	Amendment ☐ Rev	enue Generating
☑ Purchase Order								
			☐ Othe	r (please spe	cify):			
Original (O)/	Contract	Vendo	r Name	Time Period	d	Amount	Date	Approval No.
Amendment	No. (If PO,						BOC/Council	
(A-#)	list PO#)	6 61	D 11	A1 / A		646.024.40	Approved	D 1:
	24002589		r Realty	N/A		\$16,931.40	Pending	Pending
			nation,					
lnc.								
Service/Item Description (include quantity if applicable). Fiscal Department is requesting approval of a purchase order, per the chart above, to secure a purchase order for access								
a comprehensiv							•	
Indicate whethe (provide details					ice/pu	rchase 🗆 Repla	cement for an existir	ng service/purchase
(provide details	iii sei vice/iteii	Descri	ption sect	on above,				
For purchases of	f furniture, cor	nputers	, vehicles:	☐ Addition	nal 🗆	Replacement		
Age of items bei				will replaced	litems	be disposed of?	1	
Project Goals, O								
							e subscription for the	
				-			eal estate informatio	n is necessary in
the valuation an	id appraisal of	propert	ies in the o	county. Cost	ar is a	proven product	with known quality.	
In the boxes	below, list Ve	endor/C	ontractor,	etc. Name	e, Stre	et Address, Ci	ty, State and Zip	Code. Beside each
vendor/contract							,	
Vendor Name a	nd address:				Owne	r, executive dire	ctor, other (specify):	
CoStar Realty In	formation Inc				Charle	c Comun		
600 W Superior						s Spryn nt Executive		
Cleveland, OH 4					Accou	iii Executive		
Vendor Council					Projec	t Council Distric	t:	
If applicable [provide the	full ad	ldress or	list the				
municipality(ies) impacted by t	the proj	ect.					
COMPETITIVE PI	ROCUREMENT				NON-0	COMPETITIVE PR	ROCUREMENT	
RQ#		# for fo	rmal/infor		Provide a short summary for not using competitive bid			petitive bid
items, as applica	able)				proces	SS.	-	
□ RFB □ RFP	P □ RFQ				The ve	endor has not te	rminated services. T	his PO is to pay for
☐ Informal					service	es during the on	going contract negot	iations.
☐ Formal	Closing Date	e:			*\$ee I	ustification for a	additional informatio	n
The total value of	of the solicitati	on:				emption	idantional informatio	11.
Number of Solic			i) /				: STS number and exp	oiration date
						vernment Coop	(Joint Purchasing Pro	gram/GSA), list

Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department of
() MBE () WBE. Were goals met by awarded ven	i i
per DEI tab sheet review? ☐ Yes	posting ().
☐ No, please explain.	
If no, has this gone to the Administrative Reconsiderati Panel? If so, what was the outcome?	on
Recommended Vendor was low bidder:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☐ No. I	
☐ Check if item on IT Standard List of approved purcha	If item is not on IT Standard List state date of TAC approval: 01/19/2023
Is the item ERP related? ☐ No ☒ Yes, answer the below	·
Are the purchases compatible with the new ERP system	n? ⊠ Yes □ No, please explain.
FUNDING SOURCE: Please provide the complete, proper funding source listed.100% Real Estate Assessment Fund	er name of each funding source (No acronyms). Include % for each
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 draw FS305100	
Payment Schedule: ⊠ Invoiced ☐ Monthly ☐ Quarte	erly One-time Other (please explain):
	my = one and = one (pressed on press).
Provide status of project.	
Is contract/purchase late □ No ☒ Yes, In the fields be	low provide reason for late and timeline of late submission
Reason: Turn over in company and vendor does not pro	ovide timely response and issues resolving contract language
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/29/2022
Date documents were requested from vendor:	11/29/2022
Date of insurance approval from risk manager:	N/A services were already provided
Date Department of Law approved Contract:	Law Department approved processing of PO 5/20/2024
Detail any issues that arose during processing in Infor,	such as the item being disapproved and requiring correction:
If late, have services begun? ☐ No ☒ Yes (if yes, plea	se explain) Vendor has not discontinued services
Have payments been made? ⊠ No ☐ Yes (if yes, ple	ase explain)

HISTORY (see ins	structions):					
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	1475	CoStar Realty Information, Inc.	04/01/2021 – 03/31/2023	\$31,500.24	07/26/2021	BC2021-375

Title	GARDA Armed Guard & Armored Truck Services 2024-2025							
Depart	Department or Agency Name Department of Purchasing							
Reques	ted Action	 □ Contract □ Agreement □ Lease □ Amendment □ Revenue Generating □ Purchase Order □ Other (please specify): 						

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4332	GARDA GL Great Lakes, Inc.	7/1/2024- 6/30/2025	\$109,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).							
Contract with Garda for Armed Guard and Armored Truck services for the term 7/1/2024-6/30/2025 for various downtown							
and other service locations in the City of Cleveland in the amount NTE \$109,000.00.							
This will be a secondary contract for these services. Other locations will be serviced by the original vendor.							
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☒ Replacement for an existing							
service/purchase (provide details in Service/Item Description section above)							
(p. 1							
For purchases of furniture, computers, vehicles: Additional Replacement							
For purchases of furniture, computers, vehicles: Additional Replacement							
For purchases of furniture, computers, vehicles: Additional Replacement Age of items being replaced: How will replaced items be disposed of?							
Age of items being replaced: How will replaced items be disposed of?							
Age of items being replaced: How will replaced items be disposed of? Project Goals, Outcomes or Purpose (list 3):							

In the boxes below, list Vendor/Contractor, etc. Nar	ne, 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):						
GARDA CL Great Lakes, Inc.	Stephan Cretier						
7029 Pearl Road, Suite 300, Cleveland, Ohio 44130	Founder, Chairman, President & CEO						
Vendor Council District: 4	Project Council District: various City locations						
Vendor Council District: 4	Project Council District: various City locations						

If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
	I
RQ# (Insert RQ# for formal/informal	NON-COMPETITIVE PROCUREMENT
items, as applicable)	Provide a short summary for not using competitive bid process.
□ RFB □ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list
	number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department of
() MBE () WBE. Were goals met by awarded vendor	Purchasing. Enter # of additional responses received from
per DEI tab sheet review? Yes	posting ().
☐ No, please explain.	
If an investigation to the Administrative December of	
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Tallers if 30, what was the outcome:	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:
	Other Procurement Method, please describe.
	<u> </u>
Is Purchase/Services technology related ☐ Yes ☐ No. If ye	es. complete section below:
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? \square No \square Yes, answer the below qu	estions.
Are the purchases compatible with the new ERP system? \Box	
,	
1	ame of each funding source (No acronyms). Include % for each
funding source listed.	
70% General Fund	
30% Cuyahoga Support Enforcement	
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.
CP100170 55130; SH100140 55130; PB100100 55130; HS24	15100 55130; CC100100 55130;
, , , , , , , , , , , , , , , , , , , ,	•

Payment Sched	ule: 🗆 Invoice	d⊠ Mo	nthly \square	Quarterly \square Or	ne-time \square Other (pl	ease explain):	
Provide status	of project. To	begin 7/	1/2024				
-	chase late 🗵 N	o 🗆 Yes	, In the fi	elds below provid	le reason for late and	l timeline of late su	ıbmission
Reason:							
Timeline							
Project/Procure		ate (dat	e your t	eam			
started working Date document		ed from	vendor:				
Date of insuran	· · · · · · · · · · · · · · · · · · ·						
Date Departme							
Detail any issue	s that arose du	ring prod	cessing in	Infor, such as the	item being disappro	ved and requiring	correction:
If late, have ser	vices begun? □	No □	Yes (if ye	es, please explain)			
Have payments	been made?	□ No □	☐ Yes (if y	es, please explair	n)		
HISTORY (see in		I			T	1	T
Prior Original (O) and	Contract No. (If PO,	Vendo	r Name	Time Period	Amount	Date BOC/Council	Approval No.
subsequent	list PO#)					Approved	
Amendments	11361 0417					Approved	
(A-#)							
BC2024-493							
Title Brink's							
	Armed Guard	& Armor	ed Truck S	Services 2024-202	25		
Department or		& Armor		Services 2024-202			
_	Agency Name	& Armor	Departm	ent of Purchasing	5		
Department or Requested Acti	Agency Name	& Armor	Departm ⊠ Cont	nent of Purchasing		nendment 🏻 Revo	enue Generating
_	Agency Name	& Armor	Departm Solution Departm Purch	nent of Purchasing ract	g nt □ Lease □ Ar	nendment 🏻 Reve	enue Generating
_	Agency Name	& Armor	Departm Solution Departm Purch	nent of Purchasing	g nt □ Lease □ Ar	nendment 🗆 Revo	enue Generating
Requested Acti	Agency Name on		Departm ☐ Cont ☐ Purch ☐ Othe	ract □ Agreeme nase Order r (please specify):	g nt □ Lease □ Ar		
Requested Acti	Agency Name on Contract		Departm Solution Departm Purch	nent of Purchasing ract	g nt □ Lease □ Ar	Date	enue Generating Approval No.
Requested Acti	Agency Name on	Vendo	Departm Cont Purch Othe	ract □ Agreeme nase Order r (please specify):	g nt □ Lease □ Ar		
Requested Acti Original (O)/ Amendment	Agency Name on Contract No. (If PO,	Vendo Brink's	Departm Cont Purch Othe r Name	ract	g nt □ Lease □ Ar	Date BOC/Council	
Requested Acti Original (O)/ Amendment (A-#)	Agency Name on Contract No. (If PO, list PO#)	Vendo Brink's Divisio	Departm Cont Purch Othe Name	ract	nt	Date BOC/Council Approved	Approval No.
Requested Acti Original (O)/ Amendment (A-#)	Agency Name on Contract No. (If PO, list PO#)	Vendo Brink's	Departm Cont Purch Othe Name U.S., a	ract	nt	Date BOC/Council Approved	Approval No.

JC100110 55130; FS100130 55130

Service/Item Description (include quantity if applicable).								
Contract with Brink's for Armed Guard and Armored Truck services for the time period July 1, 2024 – June 30, 2025 for								
Fiscal Office/Auto Title Bureau locations and the Cuyahoga County Animal Shelter locations in the amount NTE \$90,000.00.								
We are also contracting with a secondary provider for other County departments that require these services.								
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing								
service/purchase (provide details in Service/Item Description section above)								
, , , , , , , , , , , , , , , , , , , ,								
For purchases of furniture, computers, vehicles: Additi	onal Replacement							
Age of items being replaced: How will replac	ed items be disposed of?							
Project Goals, Outcomes or Purpose (list 3):								
1. To pick-up from locations completed per contract sche	dule							
2. Deliver/deposit to bank/vault and delivery of cash, as r	needed, per contract schedule							
3. Proper billing per contract schedule								
In the boxes below, list Vendor/Contractor, etc. Nam	ne, Street Address, City, State and Zip Code. Beside each							
vendor/contractor, etc. provide owner, executive director	, other (specify)							
Vendor Name and address:	Owner, executive director, other (specify):							
Brink's U.S., a Division of Brink's Incorporated	Mark Eubanks							
1422 Superior Avenue E, Cleveland, Ohio 44114	President & CEO							
Vendor Council District: 7	Project Council District: various County locations							
If applicable provide the full address or list the								
municipality(ies) impacted by the project.								
	l							
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT							
RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid							
items, as applicable)	process.							
□ RFB □ RFP □ RFQ	'							
☐ Informal								
☐ Formal Closing Date:	*See Justification for additional information.							
The total value of the solicitation:								
Number of Solicitations (sent/received) /	·							
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date							
	Covernment Coon (Joint Burchesing Breggem/CCA) list							
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date							
Participation/Goals (%): () DBE () SBE								
() MBE () WBE. Were goals met by awarded vendor	☐ Sole Source ☐ Public Notice posted by Department of							
	Purchasing. Enter # of additional responses received from							
per DEI tab sheet review? Yes	posting ().							
☐ No, please explain.								
If no has this game to the Administrative December 1								
If no, has this gone to the Administrative Reconsideration								
Panel? If so, what was the outcome?	Covernment Durche							
Recommended Vendor was low bidder: Yes	☐ Government Purchase							
No, please explain:								
	☐ Alternative Procurement Process							
How did pricing compare among bids received?	☐ Alternative Procurement Process ☐ Contract Amendment - (list original procurement)							

☐ Other Procurement Method, please describe:									
			•						
Is Purchase/Services technology related ☐ Yes ☐ No. If yes, complete section below:									
☐ Check if item o	n IT Standard	List of approved	purchase.	If item is not on IT St	andard List state date	of TAC approval:			
Is the item ERP related? ☐ No ☐ Yes, answer the below questions.									
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.									
FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.									
56% General Fun	d								
44% Other health	& safety								
Is funding for this	included in t	he approved budg	get? ⊠ Yes □	No (if "no" please e	explain):				
List all Accountin	g Unit(s) upo	n which funds wil	l be drawn an	d amounts if more t	han one accounting u	nit.			
FS100150 55130;	PW280100 5	5130 PW-KENNEL							
Payment Schedul	e: 🗆 Invoice	d $oxtimes$ Monthly $oxtimes$	Quarterly \square	One-time \square Other	(please explain):				
Provide status of	project. To	begin 7/1/2024							
Is contract/purch	ase late 🗵 N	o ☐ Yes, In the fi	elds below pro	ovide reason for late	and timeline of late su	bmission			
Reason:			·						
Ti									
Timeline Project/Procuren	ont Start D	ate (date your t	oam I						
started working of		ate (date your t	Carri						
Date documents		ed from vendor:							
Date of insurance	•								
Date Department									
· ·			Infor, such as	the item being disap	proved and requiring	correction:			
		No □ Yes (if ye							
-		□ No □ Yes (if y		•					
liave payments b	centinade: L	_ 140	res, pieuse exp	namij					
HISTORY (see ins	tructions):								
HISTORY (see ins	Contract	Vendor Name	Time Period	Amount	Date	Approval No.			
(O) and	No. (If PO,	vendor ivallie	Time Femou	Amount	BOC/Council	Approvariuo.			
subsequent	list PO#)				Approved				
Amendments	,				F.F				
(A-#)									

0	3267	Brink's U.S., a Division of Brink's Incorporated	1/1/2023 – 12/31/2023	\$250,000.00	4/10/2023	BC2023-203
А	3267	Brink's U.S., a Division of Brink's Incorporated	1/1/2023 – 12/31/2023	\$6,500.00	7/31/2023	BC2023-476

Title	Medical Examiner's Office requests to amend CM#1831 contract with VertiQ Software LLC to extend the term for the period 9/1/2024 thru 8/31/2025, for annual maintenance fees for the amount of \$12,596.00.			
Departr	Department or Agency Name Medical Examiner's Office			
Requested Action Contract				

Original (O)/	Contract	Vendor Name	Time Period	Amount	Date	Approval No.
Amendment	No. (If PO,				BOC/Council	
(A-#)	list PO#)				Approved	
0	CE1400287	VertiQ	9/1/2014-	\$49,220.00	10/6/2014	CPB2014-761
		Software LLC	8/31/2019			
	CM#549	VertiQ	9/1/2019-	\$57,099.96	9/9/2019	BC2019-680
A-1	Copied to	Software LLC	8/31/2024			
	CM#1831					
A #2	CM#1831	VertiQ	9/1/2024 –	\$12,596.00	Pending	Pending
		Software LLC	8/31/2025			

Service/Item Description (include quantity if applicable).					
Annual maintenance for Case Management Software for the Medical Examiner's Office					
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)					
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):					
Software maintenance					
Upgrades					
Troubleshooting					

In the boxes below, list Vendor/Contractor, etc. Nam	e, 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):
VertiQ Software LLC	Anthony Kessel, CEO
PO Box 787	
Morgan Hill, CA 95038	

Vendor Council District:	Project Council District:
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
	T
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# (Insert RQ# for formal/informal items, as applicable)	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
, , , , , , , , , , , , , , , , , , , ,	State contract, iist oro namber and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list
	number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department of
() MBE () WBE. Were goals met by awarded vendor	Purchasing. Enter # of additional responses received from
per DEI tab sheet review? Yes	posting ().
☐ No, please explain.	
If we has this gave to the Advainistmetive Decompidentian	
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
No, please explain:	a covernment a chase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)
	RFP Exemption Award on RQ IS-14-31325 CPB2014-761
	10/6/2014
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒ No. If yes	complete section helow:
☐ Check if item on IT Standard List of approved purchase.	
Is the item ERP related? \boxtimes No \square Yes, answer the below qu	
Are the purchases compatible with the new ERP system?	
The the parenases compatible with the new Ent system.	Tes a res, pieuse explain.
	ame of each funding source (No acronyms). Include % for each
funding source listed.	
100% General Fund	
Is funding for this included in the approved budget? Yes	
List all Accounting Unit(s) upon which funds will be drawn a ME100100	and amounts if more than one accounting unit.
Payment Schedule: ⊠ Invoiced ☐ Monthly ☐ Quarterly	☐ One-time ☐ Other (please explain):
, , , , , , , , , , , , , , , , , , , ,	и г · /

Provide status of project.									
	Is contract/purchase late ☑ No ☐ Yes, In the fields below provide reason for late and timeline of late submission Reason:								
I:									
Timeline			-4- (-1						
-		nent Start Da	ate (da	te your t	eam				
		on this item): were request	ed from	vendor:					
		e approval fro							
		t of Law appro							
	-				Infor, suc	h as the	item being disap	proved and requiring	correction:
If late, h	nave serv	ices begun? □	No □	Yes (if ye	es, please	explain)			
		peen made?)		
	,			()	, -		,		
<u></u>									
HISTOR	Y (see ins	tructions): se	e chart a	above					
		•							
BC2024-	495								
Title	The Me	dical Examiner	's Office	e plans to	contract v	with Pro	mega Corporatio	n, for a one-year peri	od from the time of
	contrac	t execution, f	or prev	entive m	aintenanc	e servic	es for three (3)) Maxwell RSC 48 D	NA/RNA extraction
	purifica	tion instrumer	nts for th	ne ME's D	NA Lab in	the amo	ount of \$11,134.0	00.	
Departr	ment or A	gency Name		Medical	Examiner	's Office			
Request	ted Actio	n		⊠ Conti	ract \square Δ	greemer	nt □ Lease □	Amendment □ Rev	enue Generating
					nase Orde	_	it in Lease in	Amenament 🗀 Kev	chac deficiating
					r (please s				
					· (picase s	peeny).			
Original	I (O)/	Contract	Vendo	r Name	Time Pe	riod	Amount	Date	Approval No.
Amend		No. (If PO,	Vendo	Tranic	11111616	1100	7 in our	BOC/Council	Approvarius.
(A-#)		list PO#)						Approved	
0		CME 3604	Prome	ga	Execution	n – 1	\$11,134.00	Pending	Pending
			Corpo	ration	year				
-									
								services for three (3) I	Maxwell RSC 48
DNA/RN	NA extrac	tion purification	on instru	uments for	r the ME's	DNA La	b.		
Indicate whether: ☑ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase									
		i. 🖂 New Serv in Service/Item	-		_	-	urchase 🗆 Kepia	icement for an existin	g service/purchase
(provide	e details i	iii Sei vice/iteii	i Descri	otion secti	ion above	,			
For purchases of furniture, computers, vehicles: Additional Replacement									
Age of items being replaced: How will replaced items be disposed of?									
		utcomes or Pu	rpose (li	st 3):	-				
Repair,	maintena	ance, parts							
Support services									

In the boxes below, list Vendor/Contractor, etc. Nam vendor/contractor, etc. provide owner, executive director,	ne, Street Address, City, State and Zip Code. Beside each other (specify)
Vendor Name and address:	Owner, executive director, other (specify):
Promega Corporation 2800 Woods Hollow Road Madison, WI 53711	William Linton, 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# (Insert RQ# for formal/informal items, as applicable) RFB RFP RFQ Informal	Provide a short summary for not using competitive bid process. Requesting an RFP exemption for this purchase. The warranty has expired for this equipment, the annual preventive
☐ Formal Closing Date:	maintenance is needed to ensure the equipment is performing properly. Equipment Maintenance is proprietary and cannot be bid. *See Justification for additional information.
The total value of the solicitation:	
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ 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: Yes No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒ No. If yes	
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? No Yes, answer the below qu	
Are the purchases compatible with the new ERP system?	Yes □ No, please explain.

FUNDING SOUR	FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each							
funding source I								
100% General F								
						(if "no" please expla		
List all Accounting ME105105/552		n which i	funds will	be drawn ar	nd amo	ounts if more than on	e accounting unit	
Payment Schedu	ule: ⊠ Invoice	d □ Mo	nthly 🗆	Quarterly 🗆] One	-time 🗆 Other (plea	se explain):	
Provide status o	f project.							
Is contract/purc	hase late 🗵 N	o 🗆 Yes	, In the fi	elds below p	rovide	reason for late and t	imeline of late su	bmission
Reason:								
Timeline								
Project/Procure		ate (da	te your t	eam				
started working Date documents		ad fram	vandarı					
Date documents								
Date Departmen								
				Infor, such a	s the	item being disapprov	ed and requiring	correction:
If late, have serv						0 · · · · · · ·		
Have payments						<u> </u>		
nave payments	been made. L		cs (y	es, piedse e	 ,			
HISTORY (see in:	structions):							
Prior Original	Contract	Vendo	r Name	Time Perio	d	Amount	Date	Approval No.
(O) and	No. (If PO,						BOC/Council	
subsequent	list PO#)						Approved	
Amendments								
(A-#)								
BC2024-496								
Title OHS; Fa	amily Promise	of Great	er Clevela	nd; 2024-20	25 Coı	ntract for Rapid Reho	using and Shelter	for Families
Department or Agency Name Office of Homeless Services								
Requested Action	n		⊠ Conti	ract 🗆 Agre	emen	t 🗆 Lease 🗆 Ame	endment 🗆 Reve	enue Generating
☐ Purchase Order								
☐ Other (please specify):								
Original (O)/	Contract	Vendo	r Name	Time Perio	d	Amount	Date BOC	Approval No.
Amendment	No. (If PO,						Approved/	
(A-#)	list PO#)						Council's	
	4400	Family	,	6/1/24 –		\$155,643.00	Journal Date Pending	nonding
0	4498	Promis		5/31/25		\$155,043.UU	renung	pending
		Greate		3,31,23				
	1	Clausel	1					

Service/Item Description (include quantity if applicable). Inc	dicate whether □ New <u>or</u> 図 Existing service or purchase.					
The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to CoC services. Family Promise operates one of four family shelters within the CoC, with a focus on youth adult families. Family Promise offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals. This is a new contract for an existing service.						
For purchases of furniture, computers, vehicles: Additio	onal 🗆 Replacement					
Age of items being replaced: How will replace	ed items be disposed of? N/A					
 Provide safe, decent shelter for families facing hon Move families from homelessness into permanent 	 Project Goals, Outcomes or Purpose (list 3): Provide safe, decent shelter for families facing homelessness and/or domestic violence; Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance; Link families with ongoing community supports to ensure housing stability. 					
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. Namvendor/contractor, etc. provide owner, executive director, vendor Name and address: Family Promise 3470 E. 152 nd Street Cleveland, OH 44102	ne, Street Address, City, State and Zip Code. Beside each other (specify) Owner, executive director, other (specify): Jacqueline Salter, executive director					
Vendor Council District:	Project Council District:					
9	County-wide					
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	Provide a short summary for not using competitive bid					
□ RFB □ RFP □ RFQ	process.					
☐ Informal ☐ Formal Closing Date:	RFP exemption due to subgrant					
	*Con lustification for additional information					
The total value of the solicitation:	*See Justification for additional information.					
	☐ Exemption					
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date					
	☐ Government Coop (Joint Purchasing Program/GSA), list					

Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department of				
(0) MBE (0) WBE. Were goals met by awarded	Purchasing. Enter # of additional responses received from				
vendor per DEI tab sheet review?: ☐ Yes ☐ No	posting ().				
please explain.					
	☐ ☐ Government Purchase				
No, please explain:					
	☐ Alternative Procurement Process				
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)				
	☐ Other Procurement Method, please describe:				
Is Purchase/Services technology related ☐ Yes ☐ No	. If yes, complete section below: N/A				
☐ Check if item on IT Standard List of approved purc	hase. If item is not on IT Standard List state date of TAC approval:				
Is the item ERP related? ☐ No ☐ Yes, answer the be	low questions.				
Are services covered under the original ERP Budget o	r Project? ☐ Yes ☐ No, please explain.				
Are the purchases compatible with the new ERP syste	em? 🗆 Ves 🗀 No. nlease evnlain				
Are the purchases compatible with the new Litt syste	em: 🗆 res 🗀 rio, please explain.				
FUNDING SOURCE: i.e. General Fund, Health and Hu	man Services Levy Funds, Community Development Block Grant (No				
acronyms i.e. HHS Levy, CDBG, etc.). Include % if mo					
36% - US Department of Housing and Urban Develop	ment Rapid Rehousing for Families Grant - HS220110				
64% - Health & Human Services Levy Funds - HS2603.	50				
Is funding for this included in the approved budget?	☑ Yes ☐ No (if "no" please explain):				
Payment Schedule: ☑ Invoiced ☐ Monthly ☒ Quar	terly One-time Other (please explain):				
Provide status of project.					
☐ New Service or purchase ☒ Recurring service	co or Is contract late \(\text{No } \text{No } \text{No } \text{No fields below provide reason.} \)				
☐ New Service or purchase ☒ Recurring service purchase	ce or Is contract late No Yes, In the fields below provide reason for late and timeline of late submission				
Reason: HUD was late in issuing grant agreements inc					
The about 100 was late in issuing grant agreements in	and the artist at the artist a				
Timeline:	5/1/24				
Project/Procurement Start Date	3/ 1/ 24				
(date your team started working on this item):					
Date documents were requested from vendor: 4/15/24, 4/30/24, 5/18/24, 5/31/24					
Date of insurance approval from risk manager: 6/5/24					
Date Department of Law approved Contract: 6/5/24					
Date item was entered and released in Infor:	6/10/24				
	r, 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)					
That's payments be made. In 165 In 165 (in 165), piedde explaint/					
HISTORY (see instructions):					
instant (see instructions).					

Original (O)/	Contract	Vendor Name	Time	Amount	Date BOC	Approval No.
Amendment	No. (If PO,		Period		Approved/	
(A-#)	list PO#)				Council's	
					Journal Date	
0	2806	Family Promise	6/1/22 –	\$994,088	1/24/23	R2023-0017
	2903	Journey Center	5/31/23			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #1	2806	Family Promise	6/1/23 -	\$500,000	6/26/23	BC2023-402
	2903	Journey Center	5/31/24			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #2	2806	Family Promise	5/31/24	\$494,088	12/4/23	BC2023-790
	2903	Journey Center				
	2811	Salvation Army				
	2812	West Side Catholic				

Title	OHS; Journey Center for Safety & Healing; 2024-2025 Contract for Rapid Rehousing and Shelter for Families						
Departr	Department or Agency Name Office of Homeless Services						
Requested Action Contract Agreement Lease Amendment Revenue General Purchase Order Other (please specify):							

Original (O)/	Contract	Vendor Name	Time Period	Amount	Date BOC	Approval No.
Amendment	No. (If PO,				Approved/	
(A-#)	list PO#)				Council's	
					Journal Date	
0	4499	Journey	6/1/24 –	\$303,130.00	Pending	pending
		Center for	5/31/25			
		Safety &				
		Healing				

Service/Item Description (include quantity if applicable). Indicate whether \square New $\underline{or} \boxtimes$ Existing service or purchase.
The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to CoC services. Journey Center operates one of four family shelters within the CoC, with a focus on survivors of domestic violence. Journey Center is in a confidential location and offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.
This is a new contract for an existing service.

For purchases of furniture, computers, vehicles:

Additional
Replacement

	ed items be disposed of? N/A							
Project Goals, Outcomes or Purpose (list 3):								
 Provide safe, decent shelter for families facing homelessness and/or domestic violence; 								
 Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance; 								
 Link families with ongoing community supports to ensure housing stability. 								
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. Nam	ne, Street Address, City, State and Zip Code. Beside each							
vendor/contractor, etc. provide owner, executive director,								
Vendor name and address:	Owner, executive director, other (specify):							
Journey Center	Robin Johnson, interim executive director							
P.O. Box 5466								
Cleveland, Ohio 44101								
Vendor Council District:	Project Council District:							
n/a – confidential location	County-wide							
If applicable provide the full address or list the	n/a							
municipality(ies) impacted by the project.	.,,							
mamorpanty(les) impacted by the project.								
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT							
RQ # if applicable	Provide a short summary for not using competitive bid							
□ RFB □ RFP □ RFQ	process.							
	process.							
☐ Informal	RFP exemption due to subgrant							
☐ Formal Closing Date:	*See Justification for additional information.							
The total value of the solicitation:	⊠ Exemption							
Number of Solicitations (sent/received)	·							
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date							
	☐ Government Coop (Joint Purchasing Program/GSA), list							
Posticination (Cools (9)), (0) PRE (0) CRE	number and expiration date							
Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department of							
(0) MBE (0) WBE. Were goals met by awarded	Purchasing. Enter # of additional responses received from							
vendor per DEI tab sheet review?: ☐ Yes ☐ No,	posting ().							
please explain.								
Recommended Vendor was low bidder: Yes	☐ Government Purchase							
No, please explain:								
	☐ Alternative Procurement Process							
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)							
Trow did pricing compare among bids received:	Contract Amendment (list original procdrement)							
	☐ Other Procurement Method, please describe:							
Is Purchase/Services technology related ☐ Yes ☐ No. If yes, complete section below: N/A								
☐ Check if item on IT Standard List of approved purchase.								
Is the item ERP related? ☐ No ☐ Yes, answer the below qu	uestions.							
Are services covered under the original ERP Budget or Proje								
The services covered under the original Emil Bauget of Froject: El res El 140, please explain.								

Are the purchases compatible with the new ERP system? \square Yes \square 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. 67% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant - HS220110 33% - Health & Human Services Levy Funds - HS260350								
Is funding for this included in the approved budget?	⊠ Yes	☐ No (if "no" please explain):						
Payment Schedule: ☑ Invoiced ☐ Monthly ☑ Quar								
·								
Provide status of project.								
☐ New Service or purchase ☒ Recurring service purchase	ce or	Is contract late ☐ No ☒ Yes, In the fields below provide reason for late and timeline of late submission						
Reason: HUD was late in issuing grant agreements in	dicatin	g award amount						
Timeline:	5/1/2	4						
Project/Procurement Start Date								
(date your team started working on this item):								
Date documents were requested from vendor:	4/15/	/24, 4/30/24, 5/15/24, 5/31/24, 6/11/24						
Date of insurance approval from risk manager: 6/12/24								
Date Department of Law approved Contract: 6/12/24								
Date item was entered and released in Infor: 6/13/24								
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:								
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)								
Have payments be made? ☐ No ☐ Yes (if yes, please explain)								

Original (O)/	Contract	Vendor Name	Time	Amount	Date BOC	Approval No.
Amendment	No. (If PO,		Period		Approved/	
(A-#)	list PO#)				Council's	
					Journal Date	
0	2806	Family Promise	6/1/22 –	\$994,088	1/24/23	R2023-0017
	2903	Journey Center	5/31/23			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #1	2806	Family Promise	6/1/23 –	\$500,000	6/26/23	BC2023-402
	2903	Journey Center	5/31/24			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #2	2806	Family Promise	5/31/24	\$494,088	12/4/23	BC2023-790
	2903	Journey Center				
	2811	Salvation Army				
	2812	West Side Catholic				

Title	OHS; Salvation Army; 2024-2025 Contract for Rapid Rehousing and Shelter for Families									
Departn	nent or A	agency Name		Office of	Homeless S	Services				
Requested Action ☐ Contract ☐ Ag ☐ Purchase Order ☐ Other (please sp				ase Order		t □ Lease □ A	mendment 🗆 Reve	enue Generating		
Original (O)/ Amendment (A-#) Contract No. (If PO, list PO#)		Vendo	r Name	Time Perio	od	Amount	Date BOC Approved/ Council's Journal Date	Approval No.		
0		4500	Salvati Army	on	6/1/24 – 5/31/25		\$374,731.00	Pending	pending	
The Clex facing li point of within t assistan regardle within 7 perman and she This is a	veland/C teral hon entry to he CoC, c ce with h ess of inc days of ent hous lter case new cor	uyahoga Home nelessness. Far services withi offering case m nousing search ome, behavior entering shelte ing, ensuring t managers help atract for an ex furniture, con ng replaced:	eless Cormilies can the Honanagemes and peal healther. Addit he transomonito	ntinuum con receive omeless Con lacement issues, con lition is start and supervice.	of Care prior referrals to portinuum of es on rapid. There are riminal back RH case manable and susport client	itizes a immed f Care. exit into barring ground nagers stainab progres	ccess to shelter an liate, safe shelter t Salvation Army op to housing by expe riers to Rapid Re-h d, or domestic viol continue to suppo	Existing service and rapid rehousing sthrough Coordinate erates one of four faciliting the housing pousing (RRH) referrence, are to be referrent families after the gs between CI staff, hals.	ervices for families d Intake (CI), the amily shelters process, including als; all families, rred for RRH y move into	
•	,									
	ity court	on reem, are ye	, eque	Still Pass	age or the i		thout o readings.			
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: Salvation Army 440 West Nyack Rd West Nyack, NY 10994 Owner, executive director, other (specify): Michael Southwick, secretary										
Vendor Council District:				_	t Council District:					
n/a – out of state corporate location If applicable provide the full address or list the municipality(ies) impacted by the project.				list the	County-wide 1710 Prospect Avenue Cleveland, OH 44115					

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	RFP exemption due to subgrant
	*See Justification for additional information.
The total value of the solicitation:	⊠ Exemption
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list
	number and expiration date
Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department of
(0) MBE (0) WBE. Were goals met by awarded	Purchasing. Enter # of additional responses received from
vendor per DEI tab sheet review?: ☐ Yes ☐ No,	posting ().
please explain.	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
No, please explain:	
	☐ Alternative Procurement Process
Harry did waising a survey of a bid and a size of 2	
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☐ No. If yes	s, complete section below: N/A
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? ☐ No ☐ Yes, answer the below qu	estions.
Are services covered under the original ERP Budget or Proje	
,	
Are the purchases compatible with the new ERP system? \Box	Yes □ No, please explain.
[
	ervices Levy Funds, Community Development Block Grant (No
acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than	
47% - US Department of Housing and Urban Development I	Rapid Rehousing for Families Grant - HS220110
F20/ Haalth 8 Human Caminas Law Funda HC2C02F0	
53% - Health & Human Services Levy Funds - HS260350	
In found to a found to trade along the state of the state	District (for all releases constants)
Is funding for this included in the approved budget? ⊠ Yes	
Payment Schedule: ☑ Invoiced ☐ Monthly ☑ Quarterly	☐ One-time ☐ Other (please explain):
Γ	
Provide status of project.	
☐ New Service or purchase ☒ Recurring service or	Is contract late □ No ☑ Yes, In the fields below provide reason
purchase	for late and timeline of late submission

Reason: HUD was late in issuing grant agreements indicating award amount						
Timeline:	5/1/24					
Project/Procurement Start Date						
(date your team started working on this item):						
Date documents were requested from vendor:	4/15/24, 4/30/24, 5/8/24, 5/10/24, 5/25/24, 6/5/24					
Date of insurance approval from risk manager:	6/10/24					
Date Department of Law approved Contract:	6/10/24					
Date item was entered and released in Infor:	6/10/24					
Detail any issues that arose during processing in Info	or, 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 in	nstructions):					
Original (O)/	Contract	Vendor Name	Time	Amount	Date BOC	Approval No.
Amendment	No. (If PO,		Period		Approved/	
(A-#)	list PO#)				Council's	
					Journal Date	
0	2806	Family Promise	6/1/22 –	\$994,088	1/24/23	R2023-0017
	2903	Journey Center	5/31/23			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #1	2806	Family Promise	6/1/23 -	\$500,000	6/26/23	BC2023-402
	2903	Journey Center	5/31/24			
	2811	Salvation Army				
	2812	West Side Catholic				
A- #2	2806	Family Promise	5/31/24	\$494,088	12/4/23	BC2023-790
	2903	Journey Center				
	2811	Salvation Army				
	2812	West Side Catholic				

Title	OHS; Bitfocus, Inc; 2024- 2029 Contract for Homeless Management Information System Services						
TILLE	Oris, bittocus, fric, 2024- 2029 Contract for Homeless Management information system services						
Department or Agency Name Office of Homeless Services							
Requested Action		☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):					

Original (O)/	Contract	Vendor	Time Period	Amount	Date BOC	Approval No.
Amendment (A-	No. (If PO,	Name			Approved/	
#)	list PO#)				Council's	
					Journal Date	
0	4574	Bitfocus,	1/1/25 – 12/31/29	\$495,000.00	Pending	Pending
		Inc				ļ

Service/Item Description (include quantity if applicable). Inc	dicate whether \square New <u>or</u> \boxtimes Existing service or purchase.					
Bitfocus provides the system administration for Clarity, the software product used to operate a Homeless Management Information System (HMIS), as required by HUD for all Homeless Continuums of Care. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. HMIS enables communities to collect information from projects serving homeless families and individuals to use as part of their needs analyses and to establish funding priorities.						
This is a new contract for an existing service.						
For purchases of furniture, computers, vehicles: Addition	onal Replacement					
	ed items be disposed of?					
Project Goals, Outcomes or Purpose (list 3):						
 Collect, document, and generate data reports on s Analyze data to provide aggregated client demograted Provide specialized reporting capacity to OHS as special control of the co						
If a County Council item, are you requesting passage of the	item without 3 readings. ☐ Yes ☐ No N/A					
vendor/contractor, etc. provide owner, executive director,	ne, Street Address, City, State and Zip Code. Beside each					
Vendor Name and address:	Owner, executive director, other (specify):					
Bitfocus	Jeff Ugai, Chief Operating Officer					
5940 South Rainbow Blvd. Suite 400						
Las Vegas, Nevada 89118						
Vendor Council District:	Project Council District:					
N/A – out of state	County-wide					
If applicable provide the full address or list the	N/A					
municipality(ies) impacted by the project.						
COMPETITIVE PROCUPEMENT	NON COMPETITIVE PROCUPEMENT					
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT					
RQ # if applicable	Provide a short summary for not using competitive bid process.					
□ RFB □ RFP □ RFQ	This is a new contract for an existing service that was					
☐ Informal	competitively procured in 2019. Bitfocus/Clarity will be added to					
☐ Formal Closing Date:	the IT standards list so we would not want to competitively					
	procure.					
	*See Justification for additional information.					
The total value of the solicitation:	⊠ Exemption					
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date					
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date					
Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department of					
(0) MBE (0) WBE. Were goals met by awarded	Purchasing. Enter # of additional responses received from					
vendor per DEI tab sheet review?: ☐ Yes ☐ No,	posting ().					
please explain.						

Recommended \ No, please expla		v bidder: 🗆	Yes [overnment Purchase	2	
					Iternative Procurem	ent Process	
How did pricing	compare amor	ng bids receiv	ved?		☐ Contract Amendment (list original procurement)		
				□0	ther Procurement M	ethod, please desc	cribe:
				l			
Is Purchase/Serv	ices technolog	y related 🏻	Yes □ No.	If yes, com	olete section below:		
☐ Check if item	on IT Standard	List of appro	oved purch		em is not on IT Stand 0/24	lard List state date	e of TAC approval:
Is the item ERP r	elated?⊠ No	☐ Yes, answ	er the belo	ow question	S.		
Are services cove	ered under the	e original ERF	Budget or	Project? □	Yes □ No, please ex	xplain.	
Are the purchase	es compatible	with the new	/ ERP syste	m? □ Yes 🛭	No, please explain.		
acronyms i.e. HF 100% - Health & Is funding for thi	S Levy, CDBG, Human Servic s included in t	etc.). Incluces Levy Func he approved	le % if more ls budget?	e than one s ☑ Yes □ N	s Levy Funds, Commusiource. o (if "no" please expletime Other (ple	ain):	: Block Grant (No
Provide status of	project.						
☐ New Service or purchase ☐ Recurring service or ☐ Is contract late ☐ No ☐ Yes, In the fields below provide reason							
	e or purchase	e 🗵 Recur	ring service				below provide reason
☐ New Service purchase	e or purchase	e ⊠ Recur	ring service		ntract late ⊠ No □ ate and timeline of la		below provide reason
purchase	e or purchase	e ⊠ Recur	ring service	for l			below provide reason
purchase Timeline:	<u> </u>		ring service				below provide reason
purchase Timeline: Project/Procurer	nent Start Dat	e		for l			below provide reason
purchase Timeline:	ment Start Dat started workir	e ng on this ite	m):	for l			below provide reason
purchase Timeline: Project/Procurer (date your team	ment Start Dat started workir were requesto	e ng on this ite ed from vend	m):	5/1/24			below provide reason
Timeline: Project/Procurer (date your team Date documents	nent Start Dat started workir were requesto e approval fro	e ng on this ite ed from veno m risk mana	m): dor: ger:	5/1/24 5/23/24			below provide reason
Timeline: Project/Procurer (date your team Date documents Date of insurance	nent Start Dat started workir were request e approval fro t of Law appro	e ng on this ite ed from veno m risk mana oved Contrac	m): dor: ger: t:	5/1/24 5/23/24 6/5/24			below provide reason
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en	ment Start Dat started workir were requesto e approval fro t of Law appro ntered and relo	e ng on this ite ed from veno m risk mana oved Contrac eased in Info	m): dor: ger: t: r:	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24		te submission	
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en	ment Start Dat started workir were requeste e approval fro t of Law appro ntered and rele that arose du	e ng on this ite ed from veno m risk mana oved Contrac eased in Info ring processi	m): dor: ger: t: r: ng in Infor,	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the	ete and timeline of la	te submission	
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en Detail any issues	ment Start Dat started workir were requeste approval from to f Law approntered and relethat arose durices begun?	e ng on this ite ed from veno m risk mana oved Contrac eased in Info ring processi I No	m): dor: ger: t: r: ng in Infor, (if yes, ple	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the ase explain	ete and timeline of la	te submission	
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en Detail any issues If late, have serv	ment Start Dat started workir were requeste approval from to f Law approntered and relethat arose durices begun?	e ng on this ite ed from veno m risk mana oved Contrac eased in Info ring processi I No	m): dor: ger: t: r: ng in Infor, (if yes, ple	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the ase explain	ete and timeline of la	te submission	
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en Detail any issues If late, have serv Have payments I	ment Start Dat started working were requested approval from the of Law approprieted and religious begun?	e ng on this ite ed from veno m risk mana oved Contrac eased in Info ring processi I No	m): dor: ger: t: r: ng in Infor, (if yes, ple	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the ase explain	ete and timeline of la	te submission	correction:
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en Detail any issues If late, have serv Have payments I	ment Start Dat started working were requested approval from the of Law appropriate and relevant arose during be made?	e ng on this ite ed from veno m risk manag oved Contrac eased in Info ring processi No Yes (m): dor: ger: t: r: ng in Infor, (if yes, ple	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the ase explain see explain)	ete and timeline of la	ved and requiring Date BOC	
Timeline: Project/Procurer (date your team Date documents Date of insuranc Date Departmen Date item was en Detail any issues If late, have serv Have payments I	ment Start Dat started working were requested approval from the of Law appropriate and releptate arose durices begun?	e ng on this ite ed from veno m risk mana, oved Contrac eased in Info ring processi No	m): dor: ger: t: r: ng in Infor, (if yes, ple	5/1/24 5/23/24 6/5/24 6/5/24 6/7/24 such as the ase explain see explain)	e item being disappro	te submission	correction:

A - 1	1003	Bitfocus	1/1/22 – 12/31/22	\$81,800.00	3/7/22	BC2022-141
A - 2	1003	Bitfocus	1/1/23 – 12/31/23	\$81,800.00	3/32/23	BC2023-182
A - 3	1003	Bitfocus	1/1/24 - 12/31/24	\$81,800.00	2/20/24	BC2023-138

C. – Exemptions

TITLE	Department of Public Works – Home Depot Purchase Order
DEPARTMENT OR AGENCY	Department of Public Works
REQUESTED ACTION	☑ Amendment to Approval (BOC or Council)
	☐ Other action; please describe
DESCRIPTION/	Department of Public Works, recommending to amend Board Approval No. BC2024-24, dated
EXPLANATION OF	1/6/2024, which made an award recommendation to Home Depot U.S.A., Inc. for routine
REQUEST:	equipment and material purchases for period 1/1/2024 - 12/31/2024 for various divisions, by
	changing the total amount not-to-exceed from \$49,500.00 to \$94,500.00:
	Facilities Division in the amount not-to-exceed \$49,250.00.
	Sanitary Division in the amount not-to-exceed \$12,000.00.
	Animal Shelter in the amount not-to-exceed 4,500.00.
	Fleet Division in the amount not-to-exceed \$23,750.00.
	Road and Bridge Division in the amount not-to-exceed \$5,000.00.
	Funding Source: 67% General Fund, 22% Sanitary Sewer Fund, 2% Road and Bridge Fund, 4.5%
	Fleet Division and 4.5% Dog and Kennel Fund
	This will allow Public Works business units to make needed equipment and material purchases
	at a local big-box retail store where inventory/stock levels and alternate/backup options are
	optimal. The Purchase Order number is 24000649-EXMT.
	Home Depot is the selected vendor because it would be very difficult to bid big box retail
	stores where stocked items are extensive and there is no way to forecast identifiable material
	needed to be included in a bid process. Home Depot has many locations throughout Cuyahoga
	County including Cleveland's Steelyard Commons location which is in close proximity to
	Downtown Cuyahoga County buildings as well as the large Harvard Maintenance Garage
	where our Sanitary, Road & Bridge, and Fleet divisions are located and are known to need
	materials from Home Depot for immediate business needs.

CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	1/6/24	BC2024-24
AMENDMENT (A)	Pending	Pending

REQUESTED ACTION Solution Solution Security Solution S	TITLE	Multi-System Youth Local 2024-2025				
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget?	DEPARTMENT OR	Family and Children First Council				
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget?						
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE DESCRIPTION/ EXPLANATION OF REQUEST: BREQUEST: Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES \(\sum \text{NO} \) (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	REQUESTED ACTION	☑ Alternative Procurement				
RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. REQUEST: Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES \(\sum \) NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		☐ Amendment to Alternative Procurement				
RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. REQUEST: Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES \(\sum \) NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		DATE DO CADDONED (00 UNION & 10 UDANA DATE	400000/44 440			
ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. REQUEST: Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? Is funding for this included in the approved budget? Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.			
PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. FUNDING SOURCE: BC2023-466 Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. FUNDING SOURCE: Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	<u> </u>					
REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		9/7/2021	BC2021-495			
AMENDMENTS, AS APPLICABLE Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES \(\sum NO \) (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	APPROVALS FOR THIS					
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Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? YES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	· · · · · · · · · · · · · · · · · · ·	7/24/2023	BC2023-466			
DESCRIPTION/ EXPLANATION OF REQUEST: anticipated cost of the not-to-exceed \$375,000.00. • FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. • To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? □ YES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	APPLICABLE					
FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? ☑ YES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source. To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. VES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.			h various vendors for the			
custody to receive services per Section 333.95 of the ORC under section 121.374 plan. • To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? VES NO (if "no" please explain):	· ·	·	to parents and not relinguish			
To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received. Is funding for this included in the approved budget? ☑ YES □ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.						
Is funding for this included in the approved budget? ☐ YES ☐ NO (if "no" please explain): Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	REQUEST:					
✓ YES □ NO (if "no" please explain): FUNDING SOURCE: Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		which will allow the FCFC office to process invoices once the appl	ications are received.			
✓ YES □ NO (if "no" please explain): FUNDING SOURCE: Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.		Is funding for this included in the approved hudget?				
FUNDING SOURCE: Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.						
percentages of funding if using more than one source.	FLINDING SOLIBCE:	· · · · · · · · · · · · · · · · · · ·	urso (no acronyms) Includo			
	TONDING SOUNCE.		urce (no acronyms). include			
		Multi System Youth Local				

D. - Consent Agenda

BC2024-502

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 lnfo@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

Description	Cuyahoga County Serial No.	Service Tage No.
Dell Tower	65887	
Dell Tower	65888	

Dell Inspiron 1100 Laptop	no County tag	6F77P41
Dell Vostro 1400 Laptop	no County tag	C4SBQF1
Dell Vostro 1400 Laptop	no County tag	F4SBQF1

(See related items for proposed travel/memberships for the week of 7/1/2024 in Section D above).

BC2024-504

(See related items for proposed purchases for the week of 7/1/2024 in Section D above).

V. – OTHER BUSINESS

PURPOSE (LIST 3):

Item of Note (non-voted)

TITLE		The Time (Time Capsule Semiquincentennial Commemoration Project					
DEPARTMENT OR Dome			Relations Court					
PLEASE CHECK A	CTION – LL THAT IS	☐ Author	ity to Apply (for gra	nts with Cash Matcl	n and/or Subrecipients).			
APPLICABLE			Application (for gran	its with no Cash Ma	tch or Subrecipients).			
*PLEASE SUPPORTING	INCLUDE	☐ Grant A	•	e signature of the C	ounty Executive is required).			
DOCUMENTS ATTACHMENTS SUBMISSION IN	ENTS AS GENERAL GRANTS TO THE GENERAL GRANTS		ant Award (when the signature of the County Executive is not required). ant Amendments e-Award Conditions Forms (when no signature is required by the County Executive)					
GRANT CURRENT/ HISTORICAL INFO	NAME OF	GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.		
ORIGINAL (O)	America 2	250-Ohio	06/15/2024- 05/31/2025	\$2,000.00	N/A			
AMENDMENT (A-1)								
DESCRIPTION/ EXPLANATION OF THE GRANT:		con	The Time Capsule Semiquincentennial Commemoration Project will serve to commemorate the importance of the Ohio judiciary and celebrate the anniversary of our Founding Fathers adopting the Declaration of Independence.					
PROJECT GOALS, OUTCOMES OR		High		e of the Ohio judici	bution to U.S. history ary as part of the historical co	elebration of		

	THERE ANY SUBRECIPIENTS TH	AT ADE MADITTEM INITO THE C	RANT □ YES ☒ NO
(3KANI SUBBELIPENIS – ARE	THERE ANY SUBBELLIPIENTS TH	A	RAINT I YES IXI NO
GIV II TO DILECTI ILITIS 7 TILL	THERE AND SOURCE HEIRIS III	, ,	10 (14) - 125 - 140

Provide a display to be housed at the Old Courthouse that can be used throughout the community up to and beyond the 2026 Semiquincentennial Celebration

	•		E BOXES BELOW AS					
FOR MULTIPLE SUBRECIPIENTS, PL			OPY THIS SECTION A	AND COMPLETE FO	R EACH SUBRECIPIENT.			
SUBRECIPIENT'S	NAME	AND						
ADDRESS:								
LIST THE (OWNER								
DIRECTOR, OTHE								
THE CONTRACTO	R/VENDO	R						
SUBRECIPIENT'S	COI	JNCIL						
DISTRICT:								
DOLLAR AMOUN	T ALLOCAT	TED:						
PROJECT COUNC	IL DISTRIC	Γ: All Dis	tricts					
PROVIDE FULL A	DDRESS/LIS	ST Count	y-Wide Impact					
MUNICIPALITY(IE	S) IMPACT	ED						
BY GRANT/PROJE	CT, IF							
APPLICABLE.								
				lete, proper name	of the funding source (no	acronyms) for		
			ot of this grant.					
					centennial (aka America 25	0-Ohio)		
FUNDING SOURCE	·F·				ty? □ YES ⊠ NO			
TONDING SCOKE	· L ·		•		Natch by the County? Also,	•		
			the complete, proper name of the County funding source (no acronyms) that will be					
			used for the Cash Match. Include percentages of funding if using more than one County					
		fundir	ng source for the Ca	sh Match.				
Item No. 2		T						
TITLE					RDINATED ENTRY- REQUE	ST FOR GRANT		
		APPLICATION	ICATION AUTHORITY AND AWARD APPROVAL					
DEPARTMENT OF	?	Office of Hor	neless Services					
REQUESTED ACTI	ON –	☑ Authority	to Apply (for grant	ts with Cash Match	and/or Subrecipients).			
PLEASE CHECK AL	L THAT	,	uthority to Apply (for grants with Cash Match and/or Subrecipients).					
IS APPLICABLE		☐ Grant App	rant Application (for grants with no Cash Match or Subrecipients).					
			► Is County Executive signature required □ Yes □ No					
*PLEASE INCLUDI	E		rant Agreement (when the signature of the County Executive is required).					
SUPPORTING		_	•	=	Executive is not required).	•		
DOCUMENTS AS			iendments	sture or the county	Executive is not required).			
ATTACHIVIENTS TO THE						- ·· \		
SUBMISSION IN C	ONBASE.	□ Pre-Awar	a Conditions Forms	(when no signatur	e is required by the County	Executive)		
	T			_	T	T		
GRANT	NAME O	F GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL		
CURRENT/					(PLEASE PROVIDE BOC	NO.		
HISTORICAL					MEETING DATE)			
INFO								
ORIGINAL (O)	Coordina	ated Entry	2/1/24 –	\$968,045.00	7/24/23	CON2023-81		
, ,		•	1/31/25					
AMENDMENT								

AMENDMENT					
(A-)	UC asserting of this property through the FV2022 UC Department of Hermite and Helman				
	HS received this grant through the FY2023 US Department of Housing and Urban				
I DESCRIPTION/	evelopment Continuum of Care Competition. Coordinated Entry is the gateway to homeless				
EVELANATION OF THE SE	ervices in Cuyahoga County. CI goals are to prevent homelessness, reduce length of stay in				
I (aRANII:	nelter, and reduce returns to homelessness. Coordinated Intake facilitates coordination and				
	ommunication among shelters, transitional housing providers, permanent housing providers,				
	nd other homeless services.				
· —	erve as the single point of access for those needing homeless services in Cuyahoga County				
	rovide assessment of housing crisis and if possible, diversion from shelter				
(LIST 3):	efer anyone needing immediate shelter to an appropriate shelter resource				
GRANT SUBRECIPIENTS	- ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ⊠ YES □ NO				
IF ANSWERED YE	S, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.				
FOR MULTIPLE SUB	RECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.				
SUBRECIPIENT'S NAME AT	ID FrontLine Service				
ADDRESS:					
LIST THE (OWNERS, EXECUTIVE	Susan Neth, Executive Director				
DIRECTOR, OTHER(specify) FO	R 1744 Payne Ave				
THE CONTRACTOR/VENDOR	Cleveland, OH 44114				
SUBRECIPIENT'S COUNCIL	7				
DISTRICT:					
DOLLAR AMOUNT ALLOCATED	; \$718,328				
PROJECT COUNCIL DISTRICT:	County-wide				
PROVIDE FULL ADDRESS/LIST	County-wide				
MUNICIPALITY(IES) IMPACTED					
BY GRANT/PROJECT, IF					
APPLICABLE.					
SUBRECIPIENT'S NAME AND	United Way of Greater Cleveland				
ADDRESS:					
LIST THE (OWNERS, EXECUTIVE	Sharon Sobo Jordan, President and CEO				
DIRECTOR, OTHER(specify) FO	·				
THE CONTRACTOR/VENDOR	Cleveland, OH 44115				
SUBRECIPIENT'S COUNCIL	7				
DISTRICT:					
DOLLAR AMOUNT ALLOCATED	: \$239,995				
PROJECT COUNCIL DISTRICT:	County-wide				
PROVIDE FULL ADDRESS/LIST					
MUNICIPALITY(IES) IMPACTED	County-wide				
BY GRANT/PROJECT, IF					
APPLICABLE.					
SUBRECIPIENT'S NAME AI	ID Cuyahaga Matropolitan Housing Authority				
	ID Cuyahoga Metropolitan Housing Authority				
ADDRESS:	Leffray Dattorson, Chief Evaguting Officer				
LIST THE (OWNERS, EXECUTIVE	· · · · · · · · · · · · · · · · · · ·				
DIRECTOR, OTHER(specify) FO					
THE CONTRACTOR/VENDOR	Cleveland, OH 44104				
SUBRECIPIENT'S COUNCIL	8				
DISTRICT:					

DOLLAR AMOUNT ALLOCATED:	\$9,722
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program
FUNDING SOURCE:	Does this require a Cash Match by the County? ☐ YES ☒ NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

VI – PUBLIC COMMENT

VII – ADJOURNMENT