



**Cuyahoga County Board of Control Agenda
Monday, July 8, 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 – 7/1/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-506

Department of Public Works, submitting an amendment to Contract No. 4614 (fka Contract No. 1553 and Purchase Order 20002002) with The Osborn Engineering Company for general mechanical, electrical, plumbing, architectural and engineering services for the period 6/17/2020 – 12/31/2024 to extend the time period to 7/1/2025 and for additional funds in the amount not-to-exceed \$200,000.00.

Funding Source: General Fund

BC2024-507

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Trane U.S. Inc. in the amount not-to-exceed \$11,348.00 for preventative maintenance service of centrifugal chillers at the Jane Edna Hunter and Metzenbaum Center buildings, effective upon contract signature of all parties, for a period of 1 year.
- b) Recommending an award and enter into Contract No. 4523 to Trane U.S. Inc. in the amount not-to-exceed \$11,348.00 for preventative maintenance service of centrifugal chillers at the Jane Edna Hunter and Metzenbaum Center buildings, effective upon contract signature of all parties, for a period of 1 year.

Funding Source: General Fund

BC2024-508

Department of Public Works, recommending an award on RQ14232 and enter into Contract No. 4586 with RAM Construction Services of Cleveland, LLC (3-1) in the amount not-to-exceed \$433,838.47 for sealant repairs at the Cuyahoga County Juvenile Justice Center.

Funding Source: General Fund

BC2024-509

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP exemption, which will result in an award recommendation to 21C LLC dba Compass Energy Platform in the amount not-to-exceed \$60,000.00 for consulting and management services for the development of the Euclid and Brooklyn microgrid projects, effective upon contract signature of all parties, through 2/28/2026.
- b) Recommending an award and enter into Contract No. 4670 with 21C LLC dba Compass Energy Platform in the amount not-to-exceed \$60,000.00 for consulting and management services for the development of the Euclid and Brooklyn microgrid projects, effective upon contract signature of all parties, through 2/28/2026.

Funding Source: U.S. Department of Energy Grant Fund

BC2024-510

Department of Public Works/Division of Public Utilities, requesting to amend Board Approval No. BC2023-524, dated 8/21/2023, which approved an award on Agreement (via Contract No. 3598) with Cleveland State University to provide various legal and regulatory services for the Cuyahoga County Utility Microgrid Design Project and the Aerozone District Development Plan in the amount not-to-exceed \$95,000.00 effective upon contract signatures of all parties, **by changing the department name from Department of Sustainability to Department of Public Works/Division of Public Utilities and end date from 6/20/2024 to 6/30/2024.**

Funding Source: Public Utilities Account Fund

BC2024-511

Department of Development, recommending an award on RQ14342 and enter into Contract No. 4659 with Kirtland Consulting LLC (31-5) in the amount not-to-exceed \$64,000.00 for consulting services for a Five Year Cuyahoga County Economic Development Plan (2024 – 2028) for the period 7/1/2024 – 12/31/2024.

Funding Source: General Fund

BC2024-512

Department of Information Technology, on behalf of Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to OPEX Corporation in the amount not-to-exceed \$15,875.00 for renewal of hardware maintenance and software licensing on Model 72 and AS7200 Scanner for the period 4/6/2024 – 4/5/2025.
- b) Recommending an award and enter into Purchase Order No. 24002484 with OPEX Corporation in the amount not-to-exceed \$15,875.00 for renewal of hardware maintenance and software licensing on Model 72 and AS7200 Scanner for the period 4/6/2024 – 4/5/2025.

Funding Source: Health and Human Services Levy Fund

BC2024-513

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corporation in the amount not-to-exceed \$86,439.61 for a joint cooperative purchase of various SolarWinds products, subscription services, maintenance, licensing and support for the period 7/28/2024 – 7/28/2025.
- b) Recommending an award on Purchase Order No. 24002051 to SHI International Corporation in the amount not-to-exceed \$86,439.61 for a joint cooperative purchase of various SolarWinds products, subscription services, maintenance, licensing and support for the period 7/28/2024 – 7/28/2025.

Funding Source: 94.53% General Fund and 5.47% Health and Human Services Levy Fund

BC2024-514

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$12,839.26 for a state contract purchase and installation of one (1) access control panel system with three (3) card readers, two (2) video cameras and related accessories for use at Domestic Relations Court.
- b) Recommending an award on Purchase Order No. 24002601 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$12,839.26 for a state contract purchase and installation of one (1) access control panel system with three (3) card readers, two (2) video cameras and related accessories for use at Domestic Relations Court.

Funding Source: General Fund

BC2024-515

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Melissa Data Corporation in the amount not-to-exceed \$18,667.50 for the purchase of subscription services for various address verification software for a period of 1 year.
- b) Recommending an award on Purchase Order No. 24002609 to Melissa Data Corporation in the amount not-to-exceed \$18,667.50 for the purchase of subscription services for various address verification software for a period of 1 year.

Funding Source: Real Estate Assessment Fund

BC2024-516

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$5,663.00 for the purchase of Palo Alto firewall and security software with support services for use by the Medical Examiner’s Office for a period of 3 years.
- b) Recommending an award on Purchase Order No. 24002692 to Nexum, Inc. in the amount not-to-exceed \$5,663.00 for the purchase of Palo Alto firewall and security software with support services for use by the Medical Examiner’s Office for a period of 3 years.

Funding Source: American Rescue Plan Act (ARPA) FY2022 Crime Backlog Grant Fund

BC2024-517

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp in the amount not-to-exceed \$5,100.00 for the purchase of six (6) Magnet Outrider forensic software licenses for use by the Internet Crimes Against Children Division for the period 7/28/2024 – 7/27/2025.
- b) Recommending an award on Purchase Order No. 24002036 to Carahsoft Technology Corp in the amount not-to-exceed \$5,100.00 for the purchase of six (6) Magnet Outrider forensic software licenses for use by the Internet Crimes Against Children Division for the period 7/28/2024 – 7/27/2025.

Funding Source: General Fund

BC2024-518

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 \$103,454.00 for a state contract purchase of additional NetApp storage hardware, maintenance, support and software licenses.
- b) Recommending an award on Purchase Order No. 24002407 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$103,454.00 for a state contract purchase of additional NetApp storage hardware, maintenance, support and software licenses.

Funding Source: General Fund

BC2024-519

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cleveland Laundry Services LLC in the amount not-to-exceed \$87,500.00 for laundry services for the period 7/1/2024 – 12/31/2027.
- b) Recommending an award on Contract No. 4588 to Cleveland Laundry Services LLC in the amount not-to-exceed \$87,500.00 for laundry services for the period 7/1/2024 – 12/31/2027.

Funding Source: General Fund

BC2024-520

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Alexa Rae Oehlers in the amount not-to-exceed \$28,000.00 for pathology assistant services for the period 6/17/2024 – 12/31/2024.
- b) Recommending an award on Contract No. 4653 to Alexa Rae Oehlers in the amount not-to-exceed \$28,000.00 for pathology assistant services for the period 6/17/2024 – 12/31/2024.

Funding Source: General Fund

BC2024-521

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Downtown Cleveland Alliance in the amount of \$10,037.84 for outdoor space rental for Family Fun Day held on Gund Foundation on Public Square on 8/6/2024.

- b) Recommending an award and enter into Contract No. 4658 to Downtown Cleveland Alliance in the amount of \$10,037.84 for outdoor space rental for Family Fun Day held on Gund Foundation on Public Square on 8/6/2024.

Funding Source: Health and Human Services Levy Fund

BC2024-522

Department of Health and Human Services/Division of Children and Families Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$80,380.00 for a state contract purchase of (85) Microsoft Surface tablets, (20) Apple iPad tablets and related accessories for graduating youth transitioning out of foster care.
- b) Recommending an award and enter into Purchase Order No. 24002749 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$80,380.00 for a state contract purchase of (85) Microsoft Surface tablets, (20) Apple iPad tablets and related accessories for graduating youth transitioning out of foster care.

Funding Source: 70% Health and Human Services Levy Fund and 30% Title IV-E Funds (with anticipated 100% reimbursement from Temporary Assistance for Needy Families-Independent Living Fund)

BC2024-523

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 3961 with Osgood Group, LLC for strategic planning consultant services and creating framework for the development of a three-year strategic plan for the period 12/5/2023 – 12/31/2024 to extend the time period to 6/30/2025, to expand the scope of services, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$15,000.00.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-524

Department of Public Works, recommending an alternative procurement process, which will result in a participation agreement with the City of Brecksville Purchasing Consortium in the amount not-to-exceed \$30,000.00 for the purchase of sodium chloride (rock salt) for the period 11/1/2024 – 10/31/2025.

Funding Source: General Fund

D. – Consent Agenda

BC2024-525

Department of Public Safety and Justice Services, on behalf of the Sheriff’s Department, submitting an amendment to Agreement No. 1388 with Chagrin Valley Dispatch Council for development, implementation and hosting of a protection order registry for the period 1/8/2019 – 9/30/2023 to extend the time period to 9/30/2024; no additional funds.

Funding Source: U.S. Department of Justice on Violence Against Women’s Act Grant Fund

BC2024-526

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4229 with JANUS Software, Inc. dba JANUS Associates for cybersecurity network technical support and assessment services for the Cuyahoga County Board of Health for the period 3/18/2024 – 6/14/2024 to extend the time period to 8/14/2024; no additional funds.

Funding Source: FY2021 State Homeland Security Grant Fund

BC2024-527

Fiscal Office, presenting proposed travel requests for the week of 7/8/2024:

Dept:	Sheriff’s Office							
Event:	Crowd Management & Liability Prevention							
Source:	Special Event Safety Seminars							
Location:	Ft. Lauderdale, FL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	11/11/2024 – 11/14/2024	\$799.00	\$240.00	\$567.00	\$208.00	\$328.00	\$2,142.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

To travel to Ft. Lauderdale, FL to attend the Special Events Safety Seminar to learn ways to mitigate risks when planning events that the County and Sheriff are responsible for.

Dept:	Medical Examiner's Office							
Event:	108 th International Association for Identification's Educational Conference							
Source:	International Association for Identification							
Location:	Reno, NV							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dawn Schilens	08/11/2024 – 08/17/2024	\$475.00	\$300.00	\$878.80	\$252.79	\$893.44	\$2,800.03	FY2023 Coverdell Grant
Kate Snyder	08/10/2024 – 08/17/2024	\$640.00	\$372.00	\$1230.32	\$375.19	\$763.94	\$3,381.45	FY2023 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

The purpose of the event is to provide a full week of lectures and workshops related to multiple Forensic Science Disciplines. Workshops and lectures are presented by experts in the field and provide information on matters related to the disciplines. Some of these workshops and lectures are only presented at the conference. Additionally, as a member of a committee, I will also be attending meetings to discuss topics related to the committee. This also counts as continuing education credits for the discipline.

Dept:	Medical Examiner's Office							
Event:	Clandestine Laboratory Investigating Chemists Association 34 th Annual Technical Training Seminar							
Source:	Clandestine Laboratory Investigating Chemists Association							
Location:	Bloomington, MN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shaena Taylor	09/02/2024 - 09/06/2024	\$800.00	\$250.00	\$686.90	\$145.00	\$555.96	\$2,437.86	FY2023 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

This is a training seminar and workshop that will directly help the needs of the drug chemistry department at the medical examiner's office. Drugs are always changing and being able to go to this training will help that department. She will be able to collaborate with other chemists from all over the world. She will also

get training on new trends that are being seen around the world and how everyone is handling it. She will also get troubleshooting guidance.

Dept:	Medical Examiner’s Office							
Event:	Annual Meeting of the National Association of Medical Examiners							
Source:	American Board of Medicolegal Death Investigators							
Location:	Denver, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Justin Wilson	09/23/2024 – 09/26/2024	\$0.00	\$210.00	\$800.00	\$140.00	\$630.21	\$1,780.21	FY2023 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Members of the Advisory Council are responsible for working with ABMDI's educational consultant to develop and maintain test specifications on two levels of national certification examinations.

BC2024-528

Department of Purchasing, presenting proposed purchases for the week of 7/8/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002673	(5) Hollow metal frames, doors and related accessories for use at the Courthouse at 1 Lakeside Avenue	Department of Public Works	Commercial Opening Services Inc.	\$6,985.00	General Fund
24002722	Fabrication and installation of (2) liftgates to existing Ford F-450 trucks	Department of Public Works	Quality Truck Body	\$17,563.96	Sanitary Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002744*	Factory Authorized – Repairs to Excavator S-490	Department of Public Works	Ohio CAT	\$18,163.76	Sanitary Fund
24002672**	(47) Maxwell DNA IQ Casework kits, (3) PowerQuant Systems and (2) PowerPlex Fusion Systems	Medical Examiner’s Office	Promega Corporation	\$66,316.10	FY2022 DNA Backlog Grant – United States Department of Justice Fund

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

**Approval No. BC2024-429, dated 6/3/2024, which amended Approval No. BC2023-514, dated 8/14/2023, which amended various Board Approvals on various dates, which authorized an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various awards to Promega and Life Technologies to procure genetic testing kits and other consumable supplies for the period 1/1/2019 – 9/30/2024, by changing the amount not-to-exceed amount from \$1,700,725.00 to \$1,769,782.14.

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Probate Court Division, submitting a grant award from The Supreme Court of Ohio in the amount of \$29,274.00 for implementation of text message notifications in connection with the 2024 Technology Grant Opportunity.

Funding Source: The Supreme Court of Ohio

Item No. 2

Sheriff’s Department, submitting an amendment to a grant agreement with Ohio Department of Public Safety, Emergency Management Agency for reimbursement of eligible expenses for the Operation Stonegarden Project in connection with the FY2021 State Homeland Security Grant Program for the period 9/1/2021 – 3/31/2024 to extend the time period to 8/15/2025; no additional funds.

Funding Source: U.S. Department of Homeland Security, Federal Emergency Management Agency, Customs and Border Patrol through the Ohio Emergency Management Agency (OEMA)

Item No. 3

Department of Public Safety and Justice Services, on behalf of County Executive’s Office, submitting a grant award from The George Gund Foundation in the amount of \$300,000.00 for personnel costs associated with the position of Justice and Health Equity Officer for the period 3/6/2024 – 3/5/2025.

Funding Source: The George Gund Foundation

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ10918	Amend Contract No. 3432	Knupp & Watson & Wallman, Inc.	To develop and execute a Countywide Opioid Awareness and Prevention Campaign	\$0	Department of Public Safety and Justice Services	6/13/2023 – 6/12/2024 to extend the time period to 12/31/2024	(Original) Opioid Settlement Fund	6/17/2024
No RQ	N/A	Impact Interactive, LLC	Dependent eligibility audit services	\$-0-	Department of Human Resources	N/A	N/A	6/26/2024 (Executive)
No RQ	Amend Contract No. 3213	Mental Health Services for Homeless Persons, Inc. dba Frontline Service	Specialized counseling services and training for law enforcement in connection with FY2022 Law Enforcement Mental Health and Wellness Act, to extend the time period to 2/28/2025	\$-0-	Sheriff’s Department	6/6/2023 – 8/31/2024	(Original) FY2022 Law Enforcement Mental Health and Wellness Act (LEMHWA) Grant Fund	6/24/2024 (Executive) 6/27/2024 (Law)
No RQ	Contract No. 4631	Cuyahoga Marketing Services, Inc. dba Great Day Tours	Providing transportation services to and from Camp HOPE	\$3,000.00	Department of Public Safety and Justice Services	8/4/2024 – 8/10/2023	Health and Human Services Levy Fund	6/26/2024 (Executive) 6/27/2024 (Law Dept.)
No RQ	Amend Agreement No. 3598	Cleveland State University	To provide various legal and regulatory services for Cuyahoga County Utility Microgrid Design Project and the Aerozone District Development Plan	\$-0-	Department of Sustainability	8/22/2023 – 6/20/2024 to extend the time period to 9/30/2024	(Original) Public Utilities Account Fund	6/26/2024 (Executive) 7/2/2024 (Law Dept.)
No RQ	Amend Contract No. 4631	Family First Childcare Center dba	Planning and coordinating structured age-appropriate activities,	\$-0-	Department of Health and Human Services/Divisi	1/1/2023 – 6/30/2024 to extend the time	(Original) Health and Human Services Levy Fund	7/1/2024 (Executive) 7/2/2024 (Law Dept.)

		Family First Village	supportive services for children and their families, and transportation services for children at Jane Edna Hunter Building awaiting placement, to change the terms, effective 7/1/2024		on of Children and Family Services	period to 12/31/2024		
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VI. – PUBLIC COMMENT

VII. – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, July 1, 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 11:04 a.m.

Attending:

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

II – REVIEW MINUTES – 6/24/2024

Michael Chambers motioned to approve the minutes from the June 24, 2024 meeting; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

III – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-486

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-486 was approved by unanimous vote.

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

John Myers, Department of Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-487 was approved by unanimous vote.

BC2024-488

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

John Myers, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-488 was approved by unanimous vote.

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-489 was approved by unanimous vote.

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

Brad Cromes, County Treasurer, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-490 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Office, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-491 was approved by unanimous vote.

BC2024-492

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

Paul Porter, Department of Purchasing, presented. Dale Miller asked when you intend to bid again. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-492 was approved by unanimous vote.

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

Paul Porter, Department of Purchasing, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-493 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. Meredith Turner asked if you are looking to replace or just to see what is available or have they under performed. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-494 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-495 was approved by unanimous vote.

BC2024-496

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-496 was approved by unanimous vote.

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-497 was approved by unanimous vote.

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-498 was approved by unanimous vote.

BC2024-499

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-499 was approved by unanimous vote.

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 **the** 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

Thomas Pavich, Department of Public Works, presented and Paul Porter supplemented. Dale Miller asked does the additional funds include additions to each of the 5-vendors; asked why we only have the exemption and not the contract; asked so since we passed the exemption, you are good to go. Michael Chambers asked whether they would show up on the report. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-500 was approved by unanimous vote.

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

Katheleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-501 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Dale Miller motioned to approve Consent Agenda Item Nos. BC2024-502 through BC2024-504; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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 Information Technology							
Event:	SLTT Governments Program							
Source:	SANS Institute							
Location:	Online Training							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Information Technology Security Team	07/31/2024	\$16,395.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,395.00	General Fund

*Paid to host

**Staff reimbursement

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

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.

Dept:	Sheriff's Department							
Event:	Street Gang Investigation							
Source:	Ohio High Intensity Drug Trafficking Area							
Location:	Allison Park, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Marich	06/03/2024 – 06/04/2024	\$0.00	\$0.00	\$0.00	\$334.40	\$0.00	\$334.40	General Fund

*Paid to host

**Staff reimbursement

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

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 Department							
Event:	Mahoning Valley Crisis Response Team SWAT							
Source:	Centre County Correctional Facility							
Location:	Bellefonte, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Leo Keglovic	09/04/2024 – 09/06/2024	\$450.00	\$82.00	\$270.06	\$320.78	\$0.00	\$1,122.84	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

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.

Dept:	Sheriff							
Event:	TASER Energy Weapon Master Instructor Certification School							
Source:	Axon International							
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

**Staff reimbursement

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

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:

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

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

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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn the item; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:31 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-506

Title	2024 DPW requesting approval of Amendment 3; The Osborn Engineering Company; RFQ# 47759; add \$200,000 and extend the contract to July 1, 2025
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM 1553	Osborn Engineering	6/17/20-6/16/23	\$ 400,000	7/21/2021	BC2020-405
A	CM 1553	Osborn Engineering	End 12/31/23	\$ 0	8/7/23	BC2023-497
A	CM 1553	Osborn Engineering	End 12/31/24	\$ 0	2/20/24	BC2024-141
A	CM 4614	Osborn Engineering	End 7/1/25	\$200,000		

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase.
Department of Public Works requesting approval of a 3rd amendment to the agreement with The Osborn Engineering Company for an additional \$200,000 and to extend the contract to July 1, 2025.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement N/A
Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3):
The primary goals of the project are to approve this 3 rd amendment with Osborn Engineering Company to continue to provide professional mechanical-electrical-plumbing architectural engineering services. This amendment is needed to support ongoing HVAC, Mechanical, Electrical, & Plumbing Engineering design services and ongoing project support to various County buildings.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Osborn Engineering Company 1100 Superior Avenue, Suite 300 Cleveland, Ohio 44114	Doug Lancashire Project Principal
Vendor Council District: 7	Project Council District: Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ 47759 (BuySpeed) <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: February 26, 2020	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / There were 4 proposals received and 1 selected.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain:</i> The selection was made based on qualifications.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A The selection was made based on qualifications.	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

HISTORY (see instructions):

BC2024-507

Title	Department of Public Works – HVAC contract with Trane U.S. Inc. - Preventative maintenance of chillers
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4523	Trane U.S. Inc.	Effective upon execution	11,348.00	Pending	Pending

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting approval of a 1-year contract with Trane for preventative maintenance service of the HVAC chillers located at the Jane E. Hunter & Metzenbaum buildings.

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):
To have a vendor in place that can provide preventative maintenance services on the HVAC chillers at the Jane Edna Hunter and Metzenbaum buildings. This will ensure HVAC system are maintained and operate efficiently.

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: Trane U.S. Inc. (Trane) 800 Beatty St. Davidson, NC 28036	Owner, executive director, other (specify): Josh Bennett / Sales Team Lead
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Trane is the factory authorized dealer that can service the HVAC chillers at these two locations, which both have Trane HVAC systems. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund / 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-508

Title	Juvenile Justice Center Sealant Repair
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Department or Agency Name	Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
Original	CM 4586	RAM Construction Services of Cleveland, LLC	N/A	\$433,838.47	Pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
The scope of work for this project :

- 1) Remove and replace all sealant in perimeter joints and seal the gaps in the gaskets of the store front windows on the North Elevation.
- 2) Remove and replace all sealant in perimeter joints of the store front windows on the South Elevation above the Second Floor excluding the two alcoves.
- 3) Dome Sealant Repair
- 4) Curtain Wall Sealant Repair
- 5) Install Silane on Concrete Panels

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

Project Goals, Outcomes or Purpose (list 3):
SEE ITEM DESCRIPTION ABOVE

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
RAM Construction Services of Cleveland, LLC 100 Corporation Center Building No. 4. Broadview Heights, Ohio 44147	Kyle Ressler – Regional Director
Vendor Council District: District 6	Project Council District: District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. N/A *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 3 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE (5%) SBE (16%) MBE (9%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Vendor did not meet goals, Please see Letter attached from Director.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Good Bid	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	6/17/2024
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-509

Title	Planning and Development Services for Euclid and Brooklyn Co-Developed Microgrid Projects
Department or Agency Name	Department of Public Works/Division of Public Utilities
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4670	21C LLC d/b/a Compass Energy Platform	Effective Date – 2/28/2026	\$60,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
The Department of Public Works plans to contract with 21C LLC d/b/a Compass Energy Platform, from the effective date of the contract through February 28, 2026, for planning and development services for the Euclid and Brooklyn co-developed microgrid projects in the amount of \$60,000.00. As contractual operator of Cuyahoga Green Energy, Compass' role in these projects is significant. Their scope of work includes project management and planning, identifying and qualifying prospective microgrid customers, schematic design and engineering, developing a permitting pathway, and using learnings from the Euclid and Brooklyn projects to inform a long-term utility plan for Cuyahoga Green Energy.

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):
The goal of the project is to produce the final deliverables as dictated by the Statement of Project Objectives approved by the U.S. Department of Energy. These deliverables include conceptual design drawings, cost estimates, and commercial models for both the Euclid and Brooklyn microgrids; permit matrix and timeline for Euclid; permit pre-applications and detailed design drawings for Euclid; and a long-term utility plan.

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

Vendor Name and address:	Owner, executive director, other (specify):
Compass Energy Platform 4000 Division St. Los Angeles, CA 90065	Rick Bolton, Chief Executive Officer
Vendor Council District: N/A	Project Council District: District 11 – Euclid, District 3 - Brooklyn
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Compass Energy Platform was named as a subrecipient in the federal grant application that was awarded by the U.S. Department of Energy (see BOC approval BC2024-246). *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Federal, State, or Other Grant Application Program (County Code 501.12(B)(16))

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% U.S. Department of Energy Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW720200
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-510

TITLE	Amend BOC Approval No. BC2023-524
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	Request to amend Board of Control approval BC2023-524 to correct the expiration date for a contract with Cleveland State University (CM 3598) from June 20, 2024, to June 30, 2024. The former was an error when composing the agenda that was never caught. All contract documentation substantiates the expiration date of June 30, 2024.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	8/21/2023	BC2023-524
AMENDMENT (A)		

BC2024-511

Title	Department of Development / Kirtland Consulting LLC / Contract / RQ #14342 / Five Year Economic Development Plan	
Department or Agency Name	Department of Development	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM4659	Kirtland Consulting LLC	7/1/2024 – 12/31/2024	\$64,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Development is requesting approval of a contract, per the chart above, to assist the County Executive and Director of Development in preparing the 2024 update of the Cuyahoga County Five-Year Economic Development Plan, in consultation with the Cuyahoga County Economic Development Commission.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Update the five-year plan in order to set forth strategic priorities and recommended economic development activities that create jobs and provide wealth creation opportunities for all Cuyahoga County residents.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Kirtland Consulting LLC 8679 Cardinal Drive	Caroline R Taich President

Kirtland, OH 44094	
Vendor Council District: N/A	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _14342_____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 5/16/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$64,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 31 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (20%) DBE (8%) SBE (12%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A – Request for Qualifications	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A – Request for Qualifications	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Department of Development General Fund - DV100100 / 55130
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. DV100100 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-512

Title	Department of Information Technology on behalf of the Department of Health and Human Services
Department or Agency Name	OPEX Subscription of Hardware Maintenance and Annual Software Licensing for Employment and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	24002484 EXMT	OPEX Corporation	April 6, 2024 – April 5, 2025	\$15,875.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology on behalf of the Department of Health and Human Services plans to contract with OPEX Corporation, for the time period of April 6, 2024 – April 5, 2025 for OPEX Subscription of Hardware Maintenance and Annual Software Licensing for Employment and Family Services in the amount of \$15,875.00.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): OPEX is the mail processing machine used for mail, scanning and envelopes. Ohio requires all PC's to be operation OS Windows 11. If standalone PC from Opex was upgraded to Windows 11 this would require new hardware to support. Cost of new hardware would have been \$85k+. The system Opex system is operationally sound and does not need to be upgraded. Also, this was not part of budget for Jobs and Family Services. Business analyzing the need and will make the justification at end of 2025 to purchase new system if needed. State of Ohio has also given exemption to run standalone PC under Windows 10 until end of 2025. Plan will be to revisit in mid-2025 after building relocations and closures to see what is best for business process.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
OPEX Corporation 305 Commerce Drive Moorestown, NJ 08057	Mano Koshy Abraham Contract Billing Coordinator
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. OPEX is the current vendor providing these services and the OPEX hardware is installed at HHS. The Department of Health & Human Services is reevaluating the need for this service in 2025. It makes sense for subscription continuity to stay with OPEX for this renewal and allow HHS the time needed for reevaluate need for services for 2025. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% Health & Human Services Levy Fund HS260110
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Submitted late because State of Ohio requires all PC's to be operation OS Windows 11. If standalone PC from Opex was upgraded to Windows 11 this would require new hardware to support. Cost of new hardware would have been \$85k+. The system Opex system is operationally sound and does not need to be upgraded. Also, this was not part of budget for Jobs and Family Services. Business analyzing the need and will make the justification at end of 2025 to purchase new system if needed. State of Ohio has also given exemption to run standalone PC under Windows 10 until end of 2025. Plan will be to revisit in mid-2025 after building relocations and closures to see what is best for business process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	04/16/2024
Date documents were requested from vendor:	04/16/2024
Date of insurance approval from risk manager:	04/22/2024
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services are not regularly used and are provided on-call.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM3237	OPEX Corporation	4/6/2023-4/5/2024	\$15,280.00	04/24/2023	BC2023-251

BC2024-513

Title	Departments of Information Technology and Health & Human Services
Department or Agency Name	SolarWinds Annual Maintenance Licenses
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24002051 JCOP	SHI International Corp.	07/28/2024 – 7/28/2025	\$86,439.61	PENDING	PENDING

Service/Item Description (include quantity if applicable).	
The Departments of Information Technology and Health & Human Services plans to contract with SHI International Corp, for July 28, 2024 – July 28, 2025 for SolarWinds Annual Maintenance Licenses in the amount of \$86,439.61.	
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement	
Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):	

Solarwinds, an approved IT standard, provides IT infrastructure management which monitors and manages their networks, systems, and information technology. Solarwinds is currently in use by the Department of Information Technology and this request is for the annual maintenance renewal.

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Rob Ciarocca Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. A formal competitive bidding process was completed and awarded to SHI International Corp by Sourcwell. As a joint cooperative, SHI is able to extend the contract pricing to Cuyahoga County. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date 081419 expires on October 30, 2024.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> 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? Yes No, please explain.

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

94.53% General Fund IT100140

5.47% Health & Human Services Levy Fund HS260110

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.

IT100140 54020, HS260110 54020

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	21002377 JCOP	SHI International Corp.	07/28/2021 – 07/28/2024	\$157,452.72	07/19/2021	BC2021-355

BC2024-514

Title	Access Control Card Readers & Cameras for the Magistrate Workspace at Domestic Relations Court
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	24002601 STAC	Integrated Precision Systems, Inc.		\$12,839.26	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology on behalf of the Department of Public Works plans to contract with Integrated Precision Systems, Inc., for the purchase of Access Control Card Readers & Cameras for the Magistrate Workspace at Domestic Relations Court in the amount of \$12,839.26.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement	
Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): This request is for the procurement, installation, and programming of three (3) card readers and two (2) cameras to be installed in the Magistrate space in the Domestic Relations Court as part of a larger renovation of the ground floor offices. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Integrated Precision Systems 8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #10018 expires 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

Is the item ERP related? 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.
 100% General Fund PW750100
 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.
 Payment Schedule: Invoiced Monthly Quarterly One-time Other (please explain):

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

HISTORY (see instructions): **N/A**

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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BC2024-515

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	24002609 EXMT	Melissa Data Corporation	One-year upon approval	\$18,667.50	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with Melissa Data Corporation, for one year upon approval for Melissa Data Software Subscription in the amount of \$18,667.50.
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): The Department of Information Technology has identified a need to validate addresses within the Real Property Taxation system. Melissa Data is an industry leader in this space, and will allow on premise SQL to SQL (via SSIS) data validation and correction. In addition, an API is made available to check international (non-USA, non-CANADA) addresses. This tool provides a monthly SQL database update which will be stored on premise, as well as geocoding services and international address validation.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Melissa Data Corporation 22382 Avenida Empress Rancho Santa Margarita, CA 92688	Eric Hossenlopp Senior Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. An informal bid process was completed under event #5512 in which two attempts to reach vendors for quotes were made. One response was received in the amount of \$ 29,113.63, which is significantly higher than purchasing directly from the manufacturer, Melissa Data Corporation. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 05/02/2024 2024-TAC-035
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

100% Real Estate Assessment Fund IT305100

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.

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): n/a

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-516

Title	PO24002692EXMT-2024-Procurement of Palo Alto Firewall, Core Security Bundle and Premium Support
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24002692EXMT	Nexum, Inc.	2024	\$5,663.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology, on behalf of the Medical Examiner’s Office, plans to contract with Nexum, Inc., for the purchase of a Palo Alto Firewall, Core Security Subscription Bundle, and Premium Support in the amount of \$5,663.00.

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

- Palo Alto Networks: Firewall
- Palo Alto Networks: Core Security Subscription Bundle 3 years term: (Threat Prevention, URL Filtering, DNS Security)
- Partner enabled premium support, 3 years (36 months) term.

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement	
Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Current firewalls have been purchased from and are currently under maintenance licenses with Nexum, Inc. This purchase is for the Medical Examiner's Office - Toxicology Lab. To keep continuity of maintenance of the Palo Alto network of firewalls and to manage all under one system, this purchase is being requested as an exemption.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Nexum, Inc. 2901 Carlson Drive, Suite 204 Hammond, IN 46323	Darrell Potie
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. To keep continuity of maintenance of the Palo Alto network of firewalls and to manage all under one system, this purchase is being made as an exemption. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% Grant Fund ARPA FY22 Crime Lab Backlog Grant

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.

ME285145

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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BC2024-517

Title	Request for PO#24002036 EXMT for 1yr renewal of (6) Magnet OUTRIDER forensic licenses
Department or Agency Name	County Prosecutor’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
0	24002036	Carahsoft Technology	7/28/2024 – 7/27/2025	\$5,100.00	pending	pending

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

Requesting approval of a purchase order as indicated in the chart above with Carahsoft Technology in the amount of \$5,100.00 for a 12-month renewal for July 28, 2024 – July 27, 2025.

The County Prosecutor’s Office is requesting renewal of four (6) Magnet Forensic Outrider licenses through Carahsoft Technologies Corp. for the anticipated cost \$5,100.00. Magnet Outrider is an automated, on-scene triage forensic tool designed to specifically target certain electronic files, filenames and terms associated with NCMEC Cybertips and other

online Internet crimes against children that would potentially be found on an offenders computer or mobile device and alleviates the time necessary to manually search for these files and artifacts.

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 assists with the investigations and prosecuting of internet crimes against children

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Carahsoft Technology 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Nikki Paxson, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

Is Purchase/Services technology related 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 services covered under the original ERP Budget or Project? Yes No, please explain.

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

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

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

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

HISTORY (see instructions):
BC2023-472 at July 24, 2023 meeting

BC2024-518

Title	Request for PO 24002407 STAC with MNJ Technologies for NetApp SSD Storage Addition and Support in the amount of \$103,454.00
Department or Agency Name	County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	24002407	MNJ Technologies	N/A	\$103,454.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase.
Purchase of NetApp SSD Storage Addition for the County Prosecutor's IT department
For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement
Age of items being replaced: _____ How will replaced items be disposed of? Recycled
Project Goals, Outcomes or Purpose (list 3):
The additional storage will allow for better application performance in our case management.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway, Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Purchased through State Contract #534354 *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534354 expiring December 19, 2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase
How did pricing compare among bids received	<input type="checkbox"/> Alternative Procurement Process
	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

HISTORY (see instructions):

BC2024-519

Title	The Medical Examiner’s Office plans to contract with Cleveland Laundry Service for the period 7/1/2024 thru 12/31/2027 for laundry services in the amount not to exceed \$87,500.00.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM#4588	Cleveland Laundry Service	7/1/2024 – 12/31/2027	\$87,500.00	Pending	Pending

Service/Item Description (include quantity if applicable).
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement
Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3):

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Laundry Service 4934 Turney Road Garfield Heights, OH 44125	Gauntlett Eldemire III Managing Partner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. RFP exemption request Request for RFP Exemption due to the nature of the service; lack of qualified vendor response to RFP#14304. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Dept. delay with processing RFP exemption for qualified vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	RFP#14304 released 4/2/2024, closed May 2, 2024. No proposal submitted/evaluated met the criteria for the service. Quote was requested from a local vendor and the response resulted in this RFP exemption request
Date documents were requested from vendor:	6/10; 6/13 signed contract received 6/18/2024
Date of insurance approval from risk manager:	MED-0454 Ins. Review 6/16/2024
Date Department of Law approved Contract:	MED-0451 Contract – final 6/13/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: NA	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-520

Title	The Medical Examiner's Office plans to contract with Alexa Rae Oehlers, for the period 6/17/2024 thru 12/31/2024 for Pathology Assistant services in the amount not-to-exceed \$1,000.00 per week or \$25.00 per hour.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM#4653	Alexa Rae Oehlers	6/17/2024 – 12/31/2024	\$28,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Services, per the contract and Cuyahoga County Medical Examiner's Office Pathology Assistants Standard Operating Procedures Manual. Pathology Assistants will provide the highest quality, professional autopsy assistance possible. The P.A.'s will provide professional, ethical, and timely services to the decedents, their families, survivors, and law enforcement.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Insure accurate and reliable assistance to the Cuyahoga County Medical Examiner, Chief Deputy Medical Examiner, Deputy Medical Examiners and Fellows in all phases of the autopsy.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Alexa Rae Oehlers 621 S Depeyster St. Kent, Ohio 44240	Sole Proprietor
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Late Dept. notification of contracted individual; documents request and return;	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/7/2024 Name, contact info of contractor given to staff for processing. Request for documents made same day.
Date documents were requested from vendor:	6/10/2024 response from contractor to forward documents; 6/15/2024 signed contract and documents received.
Date of insurance approval from risk manager:	5/22/2024 Waivers rec'd from Jerad Zibritosky
Date Department of Law approved Contract:	MED-0452 Final 6/14/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: NA	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Contracted services began 6/17/2024.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-521

Title	DCFS 2024 Downtown Cleveland Alliance Contract for the Family Fun Day
Department or Agency Name	Division of Children and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4658	Downtown Cleveland Alliance	07/31/2024 – 08/06/2024	\$10,037.84	Needs Approval	Needs Approval

Service/Item Description (include quantity if applicable).
 The Family Fun Day at Public Square to be held August 6th, 2024, is to provide for fun activities, great resources from our county agencies and partners, and backpacks with schools supplies to families. The resource fair aligns with the county strategy goals of providing superior customer service, making it possible for county services to be accessible to all, highlight county programs, raise public awareness and understanding about the various services provided to the community, and engage in a positive, and relaxed environment.

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):

1. It will increase access to programs, and we are looking at outcomes based on key performance indicators including residents satisfied with county services,
2. increasing the number of presentations and outreach activities, and customers getting what they need,
3. co-create system level solutions by driving collaboration among regional partners who will be participants of the event.

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

Vendor Name and address:	Owner, executive director, other (specify):
Downtown Cleveland Alliance 1010 Euclid Avenue Cleveland OH 44115	Hannah Gall Senior Director of Parks & Public Spaces
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Public Square – Cleveland, OH 44115 - Gund Foundation Green

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

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. <i>100% Health and Human Services Levy</i>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100 55130 UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. To be held August 6 th , 20024
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3401	Group Plan Commission	08/01/2023	\$6,968.00	06/12/2023	BC2023-380

BC2024-522

Title	DCFS 2024: Laptops and Ipad for Graduation Seniors
Department or Agency Name	Division of Children and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
		MNJ Technologies Direct		\$80,380.00		

Service/Item Description (include quantity if applicable).
85 Microsoft Surface Go 4 Tablet 85 Microsoft Type Cover Keyboard/Cover Case 85 Kingston DataTraveler Max USB 3.2 Gen 20 Apple iPad (10th Generation) 85 V7 Essential Carrying Case
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The goal of this purchase is to equip children transitioning out of care with the necessary technology to support their education, personal development, and successful transition to independent living on their way to self-sufficiency. Three Goals: 1. Educational Advancement: Providing laptops and iPads ensures that children have access to online learning resources, educational software, and virtual classrooms, helping them to stay on track academically. 2. Skill Development: These devices enable children to develop essential digital skills that are crucial for future employment and daily life in a technology-driven world. 3. Facilitating Independence: Access to technology helps children manage their personal affairs, such as online banking, job applications, and communication, fostering a smoother transition to independent living.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: MNJ Technologies 1025 Busch Parkway Buffalo Grove, IL 60089	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Jimmy Lochner
Vendor Council District:	Project Council District:

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. We will pay upfront through 70% Health and Human Services Levy and 30% Title IV-E. Then will receive 100% Reimbursement through TANF-Independent Living Funds.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): _____
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS215100/56010/UCH05613
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): _____

Provide status of project. Nothing purchased yet, Waiting on BOC approval	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: _____	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	_____
Date documents were requested from vendor:	_____
Date of insurance approval from risk manager:	_____
Date Department of Law approved Contract:	_____

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-523

Title	2024 -The Osgood Group, LLC - Strategic Planning Consultant
Department or Agency Name	Cuyahoga County Office of Early Childhood/Invest in Children
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM3961	The Osgood Group, LLC	Upon Signature - 12/31/2024	\$70,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase.</p> <p>The Osgood Group shall provide strategic planning consultant services to lead the development of a three-year strategic plan that guides with a refreshed vision and course for its leadership role and position of influence in the early childhood community in Cuyahoga County.</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement N/A Age of items being replaced: _____ How will replaced items be disposed of? _____</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. Research the history and status and work of the Office of Earl Childhood and Invest in Children and evolution over time. 2. Research and understand the impetus for creating these structures, as well as past areas of focus and stakeholder involvement (and how they have changed). 3. Research and understand OEC’s position within Cuyahoga County and Department of Health and Human Services. 4. Gather significant input from early childhood key stakeholders and county leadership and synthesize these perspectives into a three-year strategic plan for Invest in Children. <p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Osgood Group, LLC 731 47 th Street Sarasota, Florida 34234	Nancy Osgood, Owner
Vendor Council District: N/A	Project Council District: County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption IRFB 4767
Number of Solicitations (sent/received) / 51 potential vendors were sent the RFP. 7 actually submitted a proposal.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain:</i> The bids received ranged from \$59,000 to more than \$130,000. We scored all proposals against objective criteria and selected three to interview. The interviews included the lowest bidder. Following the interviews, it was clear to us that the selected vendor was the most qualified and prepared to do the work we needed, and for only marginally more than the lowest bidder – yet much less than the highest bidders.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? <i>See above answer.</i>	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source.
100% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Invoices shall be submitted to the County at least 15 days prior to the payment due dates listed in Section 2.2. The County will review such invoices for completeness/correctness and any information necessary before making payment after receipt of an accurate invoice.

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

HISTORY (see instructions):
N/A

C. –Exemptions

BC2024-524

TITLE	Department of Public Works – 2024/2025 Salt Season – City of Brecksville Purchasing Consortium
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	6/20/23	BC2023-393
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting approval to participate in the City of Brecksville Purchasing Consortium for the purchase of Sodium Chloride (Salt) for the 2024/2025 winter season. The primary goal is to use the consortium purchasing leverage to purchase salt from one vendor for the period of 11/1/24 - 10/31/25. By having a vendor in place that can provide salt, County building and parking areas will be treated accordingly so the risk of tumbling and accidents is reduced during the winter season. This participation agreement will result in a not-to-exceed purchase order in the amount of \$30,000.00	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. General Fund – 100%

D. – Consent Agenda

BC2024-525

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2019	\$195,000.00	1/7/2019	BC2019-08
A - 1	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2020	\$0.00	11/12/2019	ION on BOC Agenda
A - 2	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2021	\$0.00	9/14/2020	ION on BOC Agenda
A - 3	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2022	\$0.00	9/13/2021	ION on BOC Agenda
A - 4	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2023	\$0.00	10/17/2022	BC2022-616
A - 5	1388	Chagrin Valley Dispatch Council	1/8/2019 – 9/30/2024	\$0.00	TBD	TBD

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

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

This contract with Chagrin Valley Dispatch Center is for the design, building, testing, and implementation of a Protection Order Registry within the existing Cuyahoga County Criminal Justice Information Sharing (CJIS) Data Warehouse. The implementation of a central data repository allows all users of the system to enter, track, and remove active protection orders. The system is available to all law enforcement partners throughout the county, and it communicates directly with the state where original protection orders must be filed.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is for Chagrin Valley Dispatch to host the central data repository that allows access to the Protection Order Registry.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
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Chagrin Valley Dispatch Council 88 Center Road, Suite B100 Bedford, Ohio 44146	The director for the contractor is Nick DiCicco
Vendor Council District: Council District 9	Project Council District: All; County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The project is not eligible for a competitive bid process. Funding is provided by the U.S. Dept. of Justice, Office on Violence Against Women's Act Grant Award Improving Criminal Justice Responses and is conditional, insofar as the Chagrin Valley Dispatch Center (CVDC) was included in the initial grant fund application specifically as a project partner. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment CM 1388 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 11/28/2019
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Provide status of project.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: PSJS could not begin extending this contract until the time extension was approved by the funder. The approval was received on 9/20/2023. The Board of Control approved the extension on 10/2/2023. In addition, there were several delays in getting the amendment signed.		
Timeline: Project/Procurement Start Date (date your team started working on this item):	9/29/2023	
Date documents were requested from vendor:	10/5/23, 10/25/23 - Followed up 11/13/23- Received reply, amendment not signed 12/7/23, Followed up 12/11/23, Followed up 12/13/23, Followed up 1/9/24, Followed up 1/18/24, Followed up 1/30/24 – Vendor sent the 4 th amendment executed in 2022, not the 5 th amendment, informed Vendor 2/6/24 – Followed up, received notice that a full COG meeting is needed for approval and signature, date of meeting undetermined at this time 2/29/24, Followed up 3/8/24, Followed up 3/13/24 Followed up 3/13/24 – Notified COG meeting are only held twice a year 4/9/24 Followed up 4/30/24 – Vendor notified us of May 13 th COG meeting 5/21/24 – Followed up 5/28/24 – Signed Amendment received	
Date of insurance approval from risk manager:	11/19/2023	
Date Department of Law approved Contract:	9/29/2023	
Date item was entered and released in Infor:	12/7/2023	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A		
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) - This is an amendment to extend time, the services continued as the amendment to continue services is being processed		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

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

BC2024-526

Title	Contract, JANUS Associates; Cuyahoga County Board of Health Cybersecurity Assessment
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	4229	Janus Associates	3/18/2024 – 6/14/2024	54,927.50	3/18/2024	BC2024-222
A	4229	Janus Associates	3/18/2024 – 8/14/2024	0.00		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. RFP conducted to provided a cybersecurity assessment for the Cuyahoga County Board of Health. This request is to extend the contract term, originally ended on 6/14/2024 – through 8/14/2024. Vendor was unable to complete all deliverables by the original end date due to faulty cyber testing hardware.

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

Project Goals, Outcomes or Purpose (list 3): The primary goals of the FY21 SHSP project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.

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

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

Vendor Name and address: JANUS Software Inc. d/b/a JANUS Associates	Owner, executive director, other (specify): Patricia Fisher, President
2 Omega Drive, Stamford, CT 06907	
Vendor Council District: NA	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 55,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 90 / 16	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. Federal grant, no DEI	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: selected vendor scored the highest overall upon RFP evaluation. Vendor was not the lowest cost, but the cost was factored in the evaluation total. Vendor's cost was competitive	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Low- \$22,972.80 high - \$62,205. Seven were between \$50,000 and \$55,000.	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe: _____

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. FY21 State Homeland Security Grant program 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Amendment is requested after the contract ended on 6/14/2024. Vendor and CCBH did not notify PSJS until 6/14/24 that an extension was needed to complete the contract deliverables. All parties agree to extend the time period though 8/14/2024 with ZERO added value to the contract.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	01.27.2023
Date documents were requested from vendor:	2/7/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	2/15/2024
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Vendor will continue services when contract time period is approved.	
Have payments be made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) All payments have been made though the original time period.	

HISTORY (see instructions): CCBH has been satisfied with the services to this point in time. Delay caused by a faulty piece of hardware that needed replacing before necessary cyber testing could be completed.

BC2024-527

(See related items for proposed travel for the week of 7/8/2024 in Section D. above).

BC2024-528

(See related items for proposed purchases for the week of 7/8/2024 in Section D. above).

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Probate Court Text Interface
DEPARTMENT OR AGENCY NAME	Cuyahoga County Probate Court

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i></p> <p><input checked="" type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i></p> <p style="padding-left: 20px;">➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i></p> <p><input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i></p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i></p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Probate Court Text Interface	7/1/2024 – 7/1/2025	\$29,274		
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	See the attachment-Appendix A
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	See the attachment-Appendix A

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<i>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</i>	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	Cuyahoga County Probate Court
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1 Lakeside Avenue Cleveland, Ohio 44113 Attn: Courtney Verardi
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant. The Supreme Court of Ohio
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

Item No. 2

TITLE	Sheriff's Department FY21 Operation Stonegarden Grant Extension
DEPARTMENT OR AGENCY NAME	Sheriff

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i>
	<input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i> ➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i> <input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i> <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Operation Stonegarden	9/1/2021 – 3/31/2024	\$100,913.00	1/24/2022	CON2022-05
AMENDMENT (A-1)	Operation Stonegarden	9/1/2021- 8/15/2025	No additional funds		

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Operation Stonegarden is from the US. Department of Homeland Security, Federal Emergency Management Agency and the U.S. Customs and Border Protection for the purpose of detecting, deterring, preventing and preparing for, and responding to threatened or actual terrorist events, and other situations that require law enforcement involvement, to enhance the security and protection of Ohio's northern border. Operation Stonegarden (OPSG) grant reimburses for overtime of the deputies, maintenance for the Sheriff's Boat, and Boat Fuel.</p> <p>The Sheriff's Department is requesting an Amendment to the Original Grant Award to extend for time. No additional funding.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Detecting, deterring, preventing and preparing for, and responding to threatened or actual terrorist events, and other situations that require law enforcement involvement, to enhance the security and protection of Ohio's northern border.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<i>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</i>	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	<p>City of Lakewood 12650 Detroit Avenue Lakewood, OH 44107 Mayor, Meghan George</p> <p>City of Cleveland 601 Lakeside Avenue, Room 230 Cleveland, OH 44114 Chief of Police, Dornat A. Drummond</p>
SUBRECIPIENT’S COUNCIL DISTRICT:	Districts 1,2,7
DOLLAR AMOUNT ALLOCATED:	Grant Total Remaining: \$40,469.70 Grant Remaining for Subrecipients: \$3,454.49

PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY21 Operation Stonegarden
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

Item No. 3

The Department of Public Safety & Justice Services on behalf of the County Executive – 2024 George Gund Foundation Grant Award – Justice and Health Equity Officer

Scope of Work Summary

The Department of Public Safety & Justice Services on behalf of the County Executive is requesting authority to accept a grant award from the George Gund Foundation. This award in the amount of \$300,000.00 is for the period March 6, 2024-March 5, 2025 and will be used to support the newly designated position of Justice and Health Equity Officer for Cuyahoga County.

The Justice and Health Equity Officer will spearhead initiatives aimed at addressing disparities in access to justice and healthcare services, including a direct role in the creation of the county’s Central Services Campus in Garfield Heights. Through strategic partnerships and innovative approaches, the officer will work to dismantle systemic barriers and promote fairness, dignity, and wellness for all residents of Cuyahoga County.

Procurement - Grant Award

Contractor and Project Information -

The George Gund Foundation
45 W. Prospect Ave. #1845
Cleveland, OH 44115

Project Status and Planning

This is a new award from the Gund Foundation in the amount of \$300,000.

Item No. 4

(See related list of Contracts \$0.00 – \$4,999.99 – processed and executed for the week of 7/8/2024 in section V. above.)

VI. – PUBLIC COMMENT

VII. – ADJOURNMENT