



**Cuyahoga County Board of Control Agenda
Monday, July 22, 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 – 7/15/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-541

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$37,440.00 for the purchase of (30) each Skill Drive and Business Plan Enterprise Training Platforms for the period 10/30/2024-10/29/2025.
- b) Recommending an award on Purchase Order No. 24002867 to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$37,440.00 for the purchase of (30) each Skill Drive and Business Plan Enterprise Training Platforms for the period 10/30/2024-10/29/2025.

Funding Source: General Fund

BC2024-542

Department of Information Technology, submitting an amendment to Agreement No. 4513 with Cuyahoga County Board of Developmental Disabilities for Voice Over Internet Protocol (VOIP) services for the period 1/1/2018 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms, effective upon contract signatures of all parties and for additional revenue in the estimated amount of \$17,760.00.

Funding Source: Revenue Generating

BC2024-543

Department of Human Resources, submitting an amendment to Contract No. 1175 (fka Contract No. AG1800067) with The MetroHealth System for the MetroHealth Select Network health benefit plan for County employees and their eligible dependents for the period 1/1/2016 – 6/30/2024 to extend the time period to 6/30/2025; to change the terms effective 1/1/2024; no additional funds required.

Funding Source: Self-Insurance Fund

BC2024-544

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3936 with The Musketeer Association for positive youth development services for Court referred youths ages 12 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to change the terms effective 7/1/2024, and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: RECLAIM Grant

BC2024-545

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to MST Group LLC, dba MST Services in the amount not-to-exceed \$21,300.00 for licensures for Multi-Systemic Therapy services for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into Contract No. 4688 with MST Group LLC, dba MST Services in the amount not-to-exceed \$21,300.00 for licensures for Multi-Systemic Therapy services for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

C. – Consent Agenda

BC2024-546

Fiscal Department, presenting proposed travel/membership requests for the week of 7/22/2024:

Dept:	Department of Health and Human Services/Division of Children and Family Services							
Event:	The Youth Villages Site Visit							
Source:	The Youth Villages							
Location:	Memphis, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

David Merriman	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$309.67	\$770.00	\$1,502.67	50% HHS Levy and 50% State and Federal Reimbursement
Rachel Benders	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	50% HHS Levy and 50% State and Federal Reimbursement
Jacqueline Fletcher	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	66% HHS Levy and 34% Title IV-E Funds
Karen Stormann	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	66% HHS Levy and 34% Title IV-E Funds

*Paid to host

**Staff reimbursement

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

****David Merriman’s transportation is higher due to renting a vehicle.

Purpose:

Cuyahoga County senior leadership are scheduled to visit and tour The Youth Villages in Memphis, Tennessee, July 29th and July 30th. This visit is to help facilitate the Child Wellness Campus in Cuyahoga County. Staff will be visiting several facilities, but they all are within 5-15 minutes for The Youth Villages Operations Center.

Dept:	Sheriff’s Department							
Event:	Republican National Convention							
Source:	City of Milwaukee							
Location:	Milwaukee, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Reese	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Kozub	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

Thomas Ostrowski	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Matt Massey	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Terricko Marshall	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Cody Hutchison	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Isen Vajusi	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Adam Babics	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Cepik	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Darryl Day	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Holmes	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Dave Thomas	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Eric Enk	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

Eric Mahon	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
James McClary	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Jule Hall	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Marilyn Browski	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

**** Late-Write-Up: Waiting on approval from the Executive Office.

***** All Expenses will be reimbursed by the City of Milwaukee through Ohio’s Emergency Management Agency

Purpose:

To provide mutual aid to the Milwaukee Police Department during the Republic National Convention.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood							
Event:	Zero to Three Learn Conference 2024							
Source:	Zero to Three							
Location:	Long Beach, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alyssa Swiatek	7/30/2024 – 8/2/2024	\$515.00	\$180.00	\$604.12	\$209.15	\$519.00	\$2,027.27	Health and Human Services Levy

*Paid to host

**Staff reimbursement

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

Purpose:

The Zero to Three conference will be presenting cutting-edge information and research, discussions focused on innovations in the field and a chance to share insights on where this group is heading. Also, the opportunity to

meet and connect with various professionals in the early childhood field. Speakers at the event are some of early childhood's most inspiring thinkers, leaders, researchers and doers.

BC2024-547

Department of Purchasing, presenting proposed purchases for the week of 7/22/2024:

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
24002887	(7) Clean screens for use by the Toxicology Lab	Medical Examiner’s Office	UCT, LLC	\$7,994.87	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002925	Factory Authorized – Repairs of Vactor S-226*	Department of Public Works	Jack Doheny Company	\$15,505.09	General Fund
24002955	Out-of-home care placement services for the period 6/4/2024, 6/7/2024 and 6/13/2024**	Division of Children and Family Services	Secure Transportation Services	\$19,985.00	66% Health and Human Services Levy and 34% Title IV-E reimbursement

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

**Approval No. BC2024-77, dated 1/29/2024, which amended BC2023-561, dated 9/5/2023, which amended Approval No. BC2022-767, dated 12/12/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers in the total amount not-to-exceed \$250,000.00 for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a Memorandum of Understanding with the Board of Park Commissioners of the Cleveland Metropolitan Park District to outline the roles and responsibilities of the parties for the development of a new lakefront trail and linear park in connection with Beulah-Euclid Beach Connector Project effective upon signatures of all parties through 12/31/2025.

Item No. 2

Fiscal Office, on behalf of the Department of Regional Collaboration, submitting a grant award from the Cleveland Foundation in the total amount of \$240,000.00 for (4) Public Service Fellows for the period 7/1/2024 – 8/31/2025.

Funding Source: Cleveland Foundation

Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting a Sub-Recipient Agreement with Cuyahoga County District Board of Health in the total amount not-to-exceed \$55,471.00 for various services in connection with the FY2024 Ryan White HIV/AIDS Treatment Extension Act Part A Program A and Minority Aids Initiative for the period 3/1/2024 – 2/28/2025.

- a) Home and Community Health Care \$43,705.00
- b) Home Health Care \$11,766.00

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

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
No RQ	Amend Contract No. 3152	Family First Childcare Center dba Family First Village	Planning and coordinating structured age-appropriate activities, 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	\$-0-	Department of Health and Human Services/Division of Children and Family Services	1/1/2023 – 6/30/2024 to extend the time period to 12/31/2024	(Original) Health and Human Services Levy Fund	7/1/2024 (Executive) 7/2/2024 (Law Dept.)
No RQ	Agreement No. 4673	City of Newburgh Heights	Provision of local non-federal matching funds for the Operations and Safety Program in connection with the FY2024	\$2,087.39	Department of Public Safety and Justice Services	Effective upon contract signature of all parties – 11/30/2024	General Fund	7/10/2024 (Executive) 7/11/2024 (Law)

			Assistance to Firefighters Grant Program					
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, July 15, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I. – CALL TO ORDER

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

Attending:

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

II. – REVIEW MINUTES – 7/8/2024

Leigh Tucker motioned to approve the minutes from the July 8, 2024, meeting; Mellany Seay 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

BC2024-529

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to River City Furniture LLC dba RCF Group in the amount not-to-exceed \$179,235.04 for the purchase and installation of various office furnishings to outfit the Central Booking Unit at the Justice Center.
- b) Recommending an award on Purchase Order No. 24002677 to River City Furniture LLC dba RCF Group in the amount not-to-exceed \$179,235.04 for the purchase and installation of various office furnishings to outfit the Central Booking Unit at the Justice Center.

Funding Source: FY2022 Byrne Discretionary Funding Grant Program

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-529 was approved by unanimous vote.

BC2024-530

Department of Public Works, submitting an amendment to Contract No. 3705 (fka Contract Nos. CE2000504, 80, 2360, 2535, and 2728) with Great Lakes Petroleum Co. for the purchase of fuel for various County facilities for the period 4/1/2020 – 6/30/2024 to extend the time period to 7/31/2024 and for additional funds in the amount not-to-exceed \$65,000.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-530 was approved by unanimous vote.

BC2024-531

Fiscal Office on behalf of Department of Information Technology, submitting an amendment to Contract No. 3823 with Catalis Tax & CAMA, Inc. for consultant services for evaluation of the Land Record Process and Business Plan workflows and recommend changes for improvement for the period 10/11/2023 - 10/10/2024 to extend the time period to 12/31/2025, to change the terms, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$398,750.00.

Funding Source: Real Estate Assessment Fund

Domonique Tatum, Fiscal Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2024-531 was approved by unanimous vote.

BC2024-532

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$23,404.00 for the purchase of (1) Palo Alto firewall and 3 years of premium support for use by the County Jail.
- b) Recommending an award on Purchase Order No. 24002750 to Nexum, Inc. in the amount not-to-exceed \$23,404.00 for the purchase of (1) Palo Alto firewall and 3 years of premium support for use by the County Jail.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-532 was approved by unanimous vote.

BC2024-533

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4307 (fka Contract No. 4118) with Esperanza, Incorporated for mentoring and positive youth development services for court referred youth ages 14 to 17 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to change the terms, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$128,920.00.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-533 was approved by unanimous vote.

BC2024-534

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics LLC in the amount not-to-exceed \$9,160.00 for the renewal of various software subscription licenses (4) Magnet Griffey Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2024 – 8/9/2025.
- b) Recommending an award on Purchase Order No. 24002472 to Magnet Forensics LLC in the amount not-to-exceed \$9,160.00 for the renewal of various software subscription licenses (4) Magnet Griffey Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2024 – 8/9/2025.

Funding Source: General Fund

David Frattare, Prosecutor’s Office Internet Crimes Task Force, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-534 was approved by unanimous vote.

BC2024-535

Sheriff’s Department, recommending a payment on Purchase Order No. 24002752 to the City of Cleveland in the amount not-to-exceed \$26,700.00 for reconciliation of 2023 invoices for use of the City of Cleveland’s 800 MHz P25 Digital Trunked Radio System for the period 1/1/2023 - 12/31/2023.

Funding Source: Federal Equitable Sharing Account

Karen DiCarlo, Sheriff’s Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-535 was approved by unanimous vote.

BC2024-536

Medical Examiner’s Office, submitting an amendment to Contract No. 2734 with Thermo Electron North America, LLC for a purchase of a 2 year service plan for (2) Nicolet is320 Mid-Infrared FT-IR Spectrometers for the period 11/21/2022 – 6/15/2024 to extend the time period to 11/23/2024 and for additional funds in the amount not-to-exceed \$4,011.44.

Funding Source: General Fund

Mary Beth Vaughn, on behalf of the Medical Examiner’s Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2024-536 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-537 through BC2024-540; Joseph Nanni seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-537

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the State of Ohio/Office of the Attorney General in the total amount not-to-exceed \$261,181.00 for various FY2025 grant program activities for the period 10/1/2024 – 9/30/2025:

- a) Victims of Crime Act Defending Childhood Initiative Intake, Assessment and Treatment services in the amount of \$246,151.00.
- b) Juvenile Court Advocacy Project in connection with the State Victims Assistance Act Grant Program in the amount of \$15,030.00.

Funding Source: Victims of Crime Act Defending Childhood - 80% Federal grant funds passed through Ohio Attorney General’s Office with a 20% In-Kind Match provided through services rendered in the Children Who Witness Violence contract funded by Health and Human Services Levy Funds; and Juvenile Court Advocacy Project – State Funds (no match required).

BC2024-538

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 Coordinated Entry System services 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.

BC2024-539

Fiscal Office, presenting proposed travel requests for the week of 7/15/2024:

Dept:	Department of Information Technology							
Event:	IMUG GLUG Mega Event 2024							
Source:	Infor Midwest User Group							
Location:	Northfield, MN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Robert Noll	8/13/2024 – 8/16/2024	\$200.00	\$178.00	\$600.00	\$500.00	\$750.00	\$2,228.00	General Fund
Kristen Nagy	8/13/2024 – 8/16/2024	\$200.00	\$178.00	\$600.00	\$500.00	\$750.00	\$2,228.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Great Lakes User Group in partnership with the Infor Midwest User Group holds a conference yearly that allows for Infor and various vendors to demonstrate the latest offerings and upcoming functionality in ERP. This will allow us to network with Infor Support and various other Infor vendors that the County could partner with in the future. The agenda for the conference contains speakers for Finance, Human Capital Management, Supply Chain, General Topics and Technology. As the agenda covers multiple disciplines, it would be best to send the Subject matter of those areas to learn as much as possible from the Experts presenting information over the 3-day Conference.

Dept:	Public Defender’s Office							
Event:	We the Defenders							
Source:	National Association for Public Defense							
Location:	Detroit, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Taylor Dietz	8/12/2024 – 8/15/2024	\$645.00	\$172.00	\$495.00	\$0.00	\$0.00	\$1,312.00	General Fund 78% reimbursed by Office of the Ohio Public Defender

Samantha Rohrs	8/12/2024 – 8/15/2024	\$595.00	\$172.00	\$495.90	\$0.00	\$0.00	\$1,262.90	General Fund 78% reimbursed by Office of the Ohio Public Defender
Danielle Metcalf	8/12/2024 – 8/15/2024	\$595.00	\$172.00	\$495.90	\$0.00	\$0.00	\$1,262.90	General Fund 78% reimbursed by Office of the Ohio Public Defender
Estacia Borally	8/11/2024 – 8/15/2024	\$595.00	\$172.00	\$495.90	\$238.91	\$0.00	\$1,501.81	General Fund 78% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

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

**** Travelers are carpooling – only one employee submitting mileage

Purpose:

Our social work and trial paralegals have become an integral part of our litigation teams for the Public Defender Offices. This seminar is designed to help develop skills and provide training for non-attorney staff in their specialties.

Dept:	Sheriff’s Department							
Event:	2-Day Cell Extraction							
Source:	Centre County Correctional Facility							
Location:	Bellefonte, PA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Damein Bodeker	9/4/2024 – 9/6/2024	\$450.00	\$82.00	\$270.06	\$330.65	\$0.00	\$1,132.71	General 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 training to become a certified instructor for Cell Extractions in the Corrections Center.

Dept:	Department of Public Safety and Justice Services							
Event:	APCO 2024							
Source:	APCO International							
Location:	Orlando, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Lisa Raffurty	8/4/2024 – 8/8/2024	\$575.00	\$192.00	\$768.12	\$93.19	\$300.00	\$1,928.31	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Public Safety and Justice Services is seeking approval to attend the APCO 2024, August 4-7, 2024, at the Orange County Convention Center in Orlando, Florida. Attending this conference will benefit our department with the relevant educational sessions and networking opportunities with colleagues from across the nation.

Dept:	Department of Health and Human Services/Division of Senior and Adult Services							
Event:	NAPSA Conference 2024							
Source:	National Adult Protective Services Association							
Location:	Albuquerque, NM							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Natasha Pietrocola	9/15/2024 – 9/19/2024	\$0.00	\$210.00	\$689.12	\$100.00	\$361.96	\$1,361.08	Health and Human Services Levy
Kelly Clemings	9/15/2024 – 9/19/2024	\$500.00	\$210.00	\$689.12	\$100.00	\$361.96	\$1,861.08	Health and Human Services Levy
Sylvia Pla-Raith	9/15/2024 – 9/19/2024	\$0.00	\$210.00	\$689.12	\$100.00	\$361.96	\$1,361.08	Health and Human Services Levy

*Paid to host

**Staff reimbursement

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

**** Natasha Pietrocola and Sylvia Pla-Raith are presenting at the conference and have no registration fee

Purpose:

NAPSA’s Financial Exploitation Summit, organized by NAPSA’s Financial Exploitation Advisory Board (FEAB). This event unites professionals from APS, researchers, bankers, law enforcement, investors, regulatory agencies, government, and other stakeholders dedicated to combating financial exploitation.

The goal of NAPSA is to provide Adult Protective Services (APS) programs a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult mistreatment. Its mission is to strengthen the capacity of APS at the national, state, and local levels, to effectively and efficiently recognize, report, and respond to the needs of elders and adults with disabilities who are the victims of abuse, neglect, or exploitation, and to prevent such abuse whenever possible.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood							
Event:	Zero to Three Learn Conference							
Source:	Zero to Three							
Location:	Long Beach, CA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shawna Rohrman	7/30/2024 – 8/2/2024	\$515.00	\$180.00	\$874.45	\$115.00	\$447.96	\$2,132.41	Health and Human Services Levy

*Paid to host

**Staff reimbursement

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

Purpose:

The Zero to Three conference will be presenting cutting-edge information and research, discussions focused on innovations in the field and a chance to share insights on where this group is heading. Also, the opportunity to meet and connect with various professionals in the early childhood field. Speakers at the event are some of early childhood's most inspiring thinkers, leaders, researchers and doers.

BC2024-540

Department of Purchasing, presenting proposed purchases for the week of 7/15/2024:

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
24002843	(2) Vapor total encapsulating suits for	Department of Public Safety and Justice Services	All Safe Industries, Inc.	\$5,380.94	FY2021 State Homeland

	the Lake County Type 1 HazMat Response Team				Security Grant Fund
24002773	(1) New, never titled 2024 Chevrolet Equinox	Department of Public Works	Dave Hallman Chevrolet, Inc.	\$28,668.91	General Fund
24002776	(170) Various sizes of secure shower curtain systems	Sheriff's Department	Lakeside Supply Company	\$9,360.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002801*	Factory Authorized – (1) Variable frequency drive	Department of Public Works	Direct Air Systems, Inc.	\$14,984.00	General Fund
24002803**	Various genetic consumable products	Medical Examiner's Office	Life Technologies Corporation	\$10,208.05	FY2023 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. BC2024-369, dated 5/13/2024, 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 in the amount not-to-exceed \$281,394.00 to procure genetic testing kits and other consumable supplies for the period 10/1/2023 – 9/30/2025.

V. – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting an amendment to a Cooperative Agreement among the Cities of Cleveland and Lakewood to define and set forth guidelines and responsibilities and to coordinate participation of all parties during the 2022 boating season for the Operation Stonegarden Project, to add City of Bay Village, effective upon agreement signature of all parties.

Funding Source: N/A

Item No. 2

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 11438	Amend Contract No. 3597	JANUS Software, Inc. dba JANUS Associates	County IT Risk Assessment services	\$-0-	Department of Internal Audit	9/20/2023 – 6/30/2024 to extend the time period to 9/30/2024	(Original) General Fund	7/1/2024 (Executive) 7/10/2024 (Law)

VI. – PUBLIC COMMENT

There was no public comment.

VII. – ADJOURNMENT

Leigh Tucker motioned to adjourn; Trevor McAleer seconded. The motion to adjourn was unanimously approved at 11:11 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-541

Title	INE Training Platform		
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.
	24004867 EXMT	INE Holdings	10/30/2024 – 10/29/2025	\$37,440.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with INE Holdings, LLC., for INE Training Platform in the amount of \$37,440.00.</p> <p>The Department of Information Technology uses the INE Training Platform for employees to access educational related topics such as Cybersecurity, Firewalls, and Cloud based Hosting.</p> <p>One-year subscription, October 30, 2024 – October 29, 2025.</p>
<p>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)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The staff is currently enrolled in various training lessons which are custom designed by INE.</p>

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

INE Holdings 575 New Wavery Place, Suite 2101 Cary, NC 27518	Carly Cantarini
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. The staff is currently enrolled in various training lessons which are custom designed by INE. To bid out the product and select an alternative would lose the saved work and progress made by the employees. *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 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? 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 IT100140

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):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	23004606 EXMT	INE Holdings	10/30/2023 – 10/29/2024	\$29,970.00	11/27/2023	BC2023-760

BC2024-542

Title	Voice Over Internet Protocol (VoIP) Services
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): Amendment 1 to revenue-generating MOU

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	AG1800001	Cuyahoga County Board of Developmental Disabilities	01/01/2018 – 12/31/2023	\$88,800.00	01/29/2018	BC2018-59
1 st Amendment	CM4513	Cuyahoga County Board of Developmental Disabilities	01/01/2024 – 12/31/2024	\$17,760.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to amend Contract No. 4513 with the Cuyahoga County Board of Developmental Disabilities, to extend the time period to December 31, 2024 for Voice Over Internet Protocol (VoIP) Services.

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

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

Project Goals, Outcomes or Purpose (list 3):
 This is a revenue generating agreement which is charged to the Cuyahoga County Board of Developmental Disabilities on a monthly usage rate of \$1,480.00. Services are not anticipated to be continued past December 2024.

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):
Board of Developmental Disabilities 1275 Lakeside Avenue East Cleveland, Ohio 44114	Curtis McEwan

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

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

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

100% General Fund IT100180 – Revenue Generating

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:
Determination of VoIP services and length of time needed for BODD to migrate from County servers to other supplier options. Services are not anticipated to be continued past December 2024 per BODD’s request to migrate to a cloud provider.

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/01/2023
Date documents were requested from vendor:	12/01/2023
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	05/15/2024

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

If late, have services begun? No Yes (if yes, please explain) Services have not been interrupted.

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

HISTORY (see instructions): see chart above

BC2024-543

Title	Human Resources; 2024 8 th Amendment with The MetroHealth System for the MetroHealth Select Network and Shared Savings Agreement					
Department or Agency Name	Human Resources					
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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)			1/1/2026 - 12/31/2018	\$1,800,000.00	5/29/2018	R2018-0108
A-1			12/31/2019	\$900,000.00	4/23/2019	R2019-0081
A-2			12/31/2020	\$12,890,904.00	6/9/2020	R2020-0087
A-3			12/31/2021	\$0.00	5/17/2021	BC2021-237
A-4			12/31/2022	\$0.00	7/25/2022	BC2022-458
A-5			06/30/2024	\$1,645,000.00	9/26/2023	R2023-0253
A-6			06/30/2025	\$0.00		PENDING

Service/Item Description (include quantity if applicable).

Requesting approval of an amendment with The MetroHealth System for the 2024 MetroHealth Select Network and Shared Savings agreement which updates terms for 2024 for no additional funds for the period 1/1/2024-6/30/2025.

The MetroHealth Select Network agreement allows the County to offer the MetroHealth Select benefits plan to County employees, one of the County's most popular plans among employees. The County is required to enter into this agreement directly with MetroHealth, though the plan is administered by Medical Mutual as the result of an RFP process. Included in this agreement is an agreement to share savings generated by MetroHealth through their services. Through this shared savings agreement, the County receives a substantial discount on its rates with MetroHealth. This amendment extends this agreement to 6/30/2025.

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 primary goals of this agreement are to continue to offer the MetroHealth Select medical plans to County employees, continue the County's discounted rates, and provide payment for savings incurred but not paid.

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 MetroHealth System 2500 Metrohealth Dr. Cleveland, OH 44109	Dr. Airica Steed, CEO
Vendor Council District:	Project Council District:
District 07	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (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 is an amendment to a government-government agreement as MetroHealth is the County's Hospital System. A replacement agreement is being discussed for 2025 and beyond as the County contracts anew for employee Medical and Prescription benefits. *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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Originally Government-Government Agreement <input type="checkbox"/> Other Procurement Method, please describe:

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

HR765100

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

Provide status of project.

The terms of the agreement are in effect as the County continues to offer the MetroHealth Select medical plans to employees through Medical Mutual, our medical benefits provider.

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

Reason:

Amendments to this agreement have always been late due to the data and calculations necessary to determine the incurred payment and annual calculation for savings. This figure is then reviewed by the County's Benefits Consultant prior to the amendment being processed, typically in late spring/early summer. HR and Law are looking at ways to structure a replacement agreement for 2025 which could reduce or eliminate the need for this amendment to be late each year.

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/11/2024
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Date documents were requested from vendor:	5/30/2024
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Date of insurance approval from risk manager:	N/A
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Date Department of Law approved Contract:	5/30/2024
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

See 'Reason' above.

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

3/11/2024 – Draft agreement received from Benefits

3/18/2024 – Reached out to MetroHealth regarding unneeded additional funds in amendment.

3/21/2024 – Draft requested from Law

4/25/2024 – Reviewed draft received from Law

5/2/2024 – Redlined draft received from MetroHealth, sent to Law

5/17/2024 – New redlines received from MetroHealth, sent to Benefits consultant for review

5/22/2024 – Redlines sent to Law

5/30/2024 – Redlines approved by Law. Signed copy requested from MetroHealth

6/7/2024 – Signed copy received from MetroHealth

7/8/2024 – Infor Release

HISTORY (see instructions): see chart above

BC2024-544

Title	AMENDMENT FOR POSTIVE YOUTH DEVELOPMENT SERVICES THE MUSKETEER ASSOCIATION, LLC
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	3936	The- Musketeer Association, LLC	7/01/2023- 6/30/2024	\$45,000.00	BC2023-802	12/11/2023
Amendment (A-# 1)	3936	The- Musketeer Association, LLC	7/1/2024- 6/30/2026	\$40,000.00	pending	

Service/Item Description (include quantity if applicable). This is a contract amendment for the vendor to engage youth in community service with restorative justice approach in building empathy and accountability for their actions. The amendment is to extend the time- period through June 30, 2026, increase the funds in the amount of \$40,000. A total of \$20,000. of the not-to-exceed amount is to be allocated from July 1, 2024, through June 30, 2025, and replace the insurance requirements of the contract. This contract shall not exceed \$85,000.

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: N/A How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Community outreach, engage youth in empathy building skills activities, and participate in community gatherings and workshops.

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: Musketeer Association 14305 Shaw Rd. East Cleveland, Ohio 44112	Owner, executive director, other (specify): Rukiye Z. Abdul-Mutakallim, CEO & Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is the item ERP related? 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% funded by the RECLAIM 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.

JC330100

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: The delay is due to the RECLAIM grant notification and award process.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5/16/2024
Date documents were requested from vendor:	6/12/2024
Date of insurance approval from risk manager:	5/29/2024
Date Department of Law approved Contract:	6/11/2024

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

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

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

HISTORY (see instructions): see chart at above

BC2024-545

Title	MST GROUP LLC, DBA MST SERVICES MULTISYSTEMIC THERAPY® (MST) LICENSURE CONTRACT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	4688	MST Group LLC, dba MST Services	7/1/2024- 6/30/2026	\$21,300.00	pending	

Service/Item Description (include quantity if applicable).
 This contract allows for the MST licensure for Juvenile Court in the treatment of individuals with severe clinical problems for a term starting July 1, 2024, until June 30, 2026. The not to exceed amount of the contract \$21,300.00.

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):

 MST will provide manuals and training materials for mandatory licensure for Juvenile Court. This is required to conduct treatment.

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input 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% Funded by the RECLAIM 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. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" 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: The delay is due to the RECLAIM grant notification and award process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/7/2024
Date documents were requested from vendor:	6/28/2024
Date of insurance approval from risk manager:	6/18/2024
Date Department of Law approved Contract:	6/28/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <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.
(O)	CE1600204	MST Services	7/1/2016-6/30/2017	\$14,000.00	9/19/2016	BC2016-706
(A-1)	CE1600204	MST Services	7/1/2016-6/30/2018	\$14,000.00	8/07/2017	BC2017-581
(A-2)	CE1600204	MST Services	7/1/2016-6/30/2019	\$14,000.00	6/25/2018	BC2018-398
(A-3)	CE1600204	MST Services	7/1/2016-6/30/2020	\$15,400.00	10/7/2019	BC2019-728
(A-4)	CE1600204	MST Services	7/1/2016-6/30/2021	\$15,400.00	11/23/2020	BC2021-621
(A-5)	697	MST Services	7/1/2016-6/30/2022	\$15,400.00	11/29/2021	BC2021-689
(A-6)	697	MST Services	7/1/2016-6/30/2024	\$15,400.00	10/17/2022	BC2022-610
(A-7)	3804	MST Services	7/1/2020-6/30/2024	\$16,125.00	4/15/2024	BC2024-291

C. - Consent Agenda

BC2024-546

(See related items for proposed travel/memberships for the week of 7/22/2024 in Section C above).

BC2024-547

(See related items for proposed purchases for the week of 7/22/2024 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Memorandum of Understanding Required for Grant Agreement for the Land and Water Conservation Fund/Outdoor Recreation Legacy Partnership (LWCF-ORLP) Program through the National Park Service
DEPARTMENT OR AGENCY NAME	Public Works

<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 (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</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)					
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	\$1,719,341.50 grant for the new lakefront trail in Euclid Beach through the National Park Service. Memorandum of Understanding/Agreement needed between public agencies.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. Design, engineering, and construction of the new lakefront trail and linear park along Lake Erie in the City of Cleveland.				
	2. Securing the necessary funding and approvals for the Project.				
	3. Completing activities related directly to the completion of the Project, including design/construction of trailheads, interpretive exhibits, right-of-way improvements, shoreline protection, and ecological enhancement work.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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.

SUBRECIPIENT'S NAME AND ADDRESS:	Board of Park Commissioners of the Cleveland Metropolitan Park District 4101 Fulton Parkway, Cleveland, OH 44144
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Brian Zimmerman, CEO
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 3
DOLLAR AMOUNT ALLOCATED:	\$1,719,341.50

PROJECT COUNCIL DISTRICT:	Council District 10
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Beulah Park, Euclid Beach Park, Villa Angela Beach Park and Wildwood Park in Cleveland, OH. The project midpoint is approximately 125 E. 156 th Street, Cleveland, OH 44110

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Land and Water Conservation Fund/Outdoor Recreation Legacy Partnership
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input 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.
	50-50 split. \$1,719,341.50 match required from the County general Fund.

Item No. 2

TITLE	Cleveland Foundation Public Service Fellows
DEPARTMENT OR	Fiscal Department on behalf of Regional Collaboration

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 (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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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)	2024 Cleveland Foundation Public Service Fellows	7/1/2024-8/31/2025	\$240,000.00		

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Cleveland Foundation Fellowship program places new college grads in a 12-month full time paid placement at a selected public sector agency or a nonprofit partner in Cleveland to receive meaningful career-related work experience. The grant will pay for salary and benefits of the Fellows for their one-year placement
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To provide support for Cuyahoga
	To enable the fellows to gain work experience
	To allow the fellows to experience work in the public sector

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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.	
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:	
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.
	The Cleveland Foundation
	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.
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Item No. 3

TITLE	Sub-recipient agreement between CCBH and DSAS for Ryan White Part A Program - Cleveland Transitional Grant Area in the amount of \$55,471.00
DEPARTMENT OR	Division of Senior and Adult Services

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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
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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)	Ryan White Part A	3/1/2024 – 2/28/2025	\$55,471.00	PENDING	PENDING
PRIOR GRANT ORIGINAL (O)	Ryan White Part A	3/1/2022 – 2/28/2023	\$17,512.00	3/14/2022	CON2022-26
AMENDMENT (A-1)	Ryan White Part A	3/1/2023 – 2/29/2024	\$66,082.00	1/2/2024	CON2024-05

DESCRIPTION/ EXPLANATION OF THE GRANT:	<ul style="list-style-type: none"> • To provide home and community-based services to individuals with HIV/AIDS • To provide home health services to individuals with HIV/AIDS
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Make services available to any eligible individual without regard to ability to pay or health condition of the individual. Services will be provided to clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.</p> <p>Provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS. To provide home and community-based services to individuals with HIV/AIDS To provide home health services to individuals with HIV/AIDS</p> <p>Promote consumer-driven access to primary care and other services as appropriate.</p>

	<p>Advertise, promote and market RW Act Part A services to your existing client base and the community for new clients collectively through the Board following HRSA guidelines for targeted advertising.</p> <p>Participate in an HIV community-based continuum of care, to the extent such a continuum exists.</p>
<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.</p> <p>FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</p>	
SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga County Department of Senior and Adult Services 13815 Kinsman Rd, Cleveland, OH 44120
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	<p>Dr. Roderick Harris Cuyahoga County Board of Health</p> <p>5550 Venture Drive</p> <p>Parma, OH 44130</p>
SUBRECIPIENT'S COUNCIL DISTRICT:	County Council District 4
DOLLAR AMOUNT ALLOCATED:	\$55,471.00
PROJECT COUNCIL DISTRICT:	County Council District 4
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.
	The project is funded by the Cuyahoga County Board of Health through the HEALTH RESOURCES AND SERVICES ADMINISTRATION.
	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. 4

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 7/22/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT