



**Cuyahoga County Board of Control Agenda
Monday, August 5, 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 – 7/29/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-561

Department of Public Works, recommending to amend Board Approval No. BC2018-414, dated 7/2/2018, which approved a Preliminary Engineering Agreement with Norfolk Southern Railway Company for the Replacement of Jefferson Avenue Bridge No. 00.57 over Norfolk Southern Railroad in the City of Cleveland by changing the estimated amount from \$20,194.00 to \$80,194.00.

Original Funding Source: Road and Bridge Fund

BC2024-562

Department of Public Works, recommending an award on RQ14548 and enter into Purchase Order No. 24003069 with Ken Ganley Ford Parma (13-2) in the amount not-to-exceed \$69,188.00 for (1) new, never titled 2024 Ford F-450 4x2 Chassis w/Welder Bed for the Fleet Division.

Funding Source: Road and Bridge Fund

BC2024-563

Department of Public Works, recommending an award on RQ14482 and enter into Purchase Order No. 24003070 with ALT Sales Corp. (10-1) in the amount not-to-exceed \$85,202.00 for (1) new, never titled Landoll Trailer Model 345F-38 for use by the Road and Bridge Division.

Funding Source: Road and Bridge Fund

BC2024-564

Department of Public Works submitting an amendment to Contract No. 1126 with Union Industrial Contractors, Inc. for rehabilitation of Cedar Point Bridge No. 00.49 over the Rocky River located in the Cleveland Metropolitan Park District in the City of North Olmsted for additional funds in the amount not-to-exceed \$200,400.00.

Funding Source: Road and Bridge Fund

BC2024-565

Department of Public Works, submitting an amendment to Contract No. 4136 (fka Contract No. 3686) with RGT Services LLC dba The Fowler Company for lighting of Veterans Memorial Bridge No. 84 for the period 10/18/2023 – 12/31/2026 effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$105,000.00.

Funding Source: Road and Bridge Fund

BC2024-566

Department of Information Technology on behalf of the Department of Communications,

- a) Submitting an RFP exemption, which will result in an award recommendation to B&H Foto and Electronics dba B&H in the amount not-to-exceed \$21,227.60 for a joint cooperative purchase of multimedia production equipment, various accessories and supplies.
- b) Recommending an award on Purchase Order No. 24003042 to B&H Foto and Electronics dba B&H in the amount not-to-exceed \$21,227.60 for a joint cooperative purchase of multimedia production equipment, various accessories and supplies.

Funding Source: General Fund

BC2024-567

Department of Information Technology and behalf of the Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$5,214.40 for a state contract purchase and installation of (2) Schlage 8208 remote monitor and control consoles to replace the existing unit to operate the doors on the 3rd Floor of the Justice Center.
- b) Recommending an award on Purchase Order No. 24003057 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$5,214.40 for a state contract purchase and installation of (2) Schlage 8208 remote monitor and control consoles to replace the existing unit to operate the doors on the 3rd Floor of the Justice Center.

Funding Source: General

BC2024-568

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$44,792.00 for renewal of (75) various Adobe software license subscriptions.

- b) Recommending an award on Purchase Order No. 24003064 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$44,792.00 for renewal of (75) various Adobe software license subscriptions.

Funding Source: General Fund

BC2024-569

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$252,889.64 for a state contract purchase, installation and programming services of an off-site video storage system as replacement for (27) existing backup appliances, retro fit kits for (35) existing Galaxy access control panels, (1) replacement server and (1) Enterprise License for various County Buildings.

- b) Recommending an award on Purchase Order No. 24003084 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$252,889.64 for a state contract purchase, installation and programming services of an off-site video storage system as replacement for (27) existing backup appliances, retro fit kits for (35) existing Galaxy access control panels, (1) replacement server and (1) Enterprise License for various County Buildings.

Funding Source: General Fund

BC2024-570

Department of Human Resources, submitting an amendment to Contract No. 1853 with Worxtime, LLC for Affordable Care Act Third Party Administrator services for the period 5/1/2022 – 4/30/2024 to extend the time period to 9/30/2024; to change the terms, effective 5/1/2024 and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: Self Insurance Fund

BC2024-571

Department of Human Resources, recommending an award and enter into Agreement No. 4665 with The MetroHealth System in the amount not-to-exceed \$87,500.00 for on-site biometric screening services for County employees participating in the Wellness Program, for the period 8/5/2024-12/31/2024.

Funding Source: Wellness Benefits Fund

BC2024-572

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Callyo 2009 Corp. in the amount not-to-exceed \$6,216.00 for renewal of (12) Callyo Standard licenses and purchase of additional lines for (1) user for the period 9/1/2024 – 8/31/2025 for use by the Internet Crimes Against Children Task Force.
- b) Recommending an award on Purchase Order No. 24002025 to Callyo 2009 Corp. in the amount not-to-exceed \$6,216.00 for renewal of (12) Callyo Standard licenses and purchase of additional lines for (1) user for the period 9/1/2024 – 8/31/2025 for use by the Internet Crimes Against Children Task Force.

Funding Source: General Fund

BC2024-573

Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$40,747.58 for a joint cooperative purchase of various laboratory equipment, general supplies and chemicals for the Toxicology Department.
- b) Recommending an award on Purchase Order No. 24003055 to Fisher Scientific Company LLC in the amount not-to-exceed \$40,747.58 for a joint cooperative purchase of various laboratory equipment, general supplies and chemicals for the Toxicology Department.

Funding Source: General Fund

BC2024-574

Medical Examiner’s Office, submitting an amendment to Contract No. 2504 with Alere San Diego Inc. dba Immunalysis for purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagent Kits and Tecan EVOware software maintenance for the Toxicology Department for the period 6/28/2022 - 6/27/2024 to extend the time period to 12/27/2025 and for additional funds in the amount not-to-exceed \$130,000.00, effective upon signature of all parties.

Funding Source: General Fund

BC2024-575

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award on Alternative Procurement BC2024-355 approved 5/6/2024 and enter into Contract No. 4677 with The Cleveland Society for the Blind dba Cleveland Sight Center in the amount not-to-exceed \$250,000.00 for Enhancing Independence for Blind or Visually Impaired in connection with the Healthy Aging Grant Program for the period 5/6/2024 to 9/30/2024.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

BC2024-576

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award on Alternative Procurement BC2024-355 approved 5/6/2024 and enter into Contract No. 4680 with Greater Cleveland Neighborhood Centers Association, Inc. in the amount not-to-exceed \$150,000.00 for the IConnect Program in connection with the Healthy Aging Grant Program for the period 5/6/2024 to 9/30/2024.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

BC2024-577

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award on Alternative Procurement BC2024-355 approved 5/6/2024 and enter into Contract No. 4681 with The Cleveland Music School Settlement dba The Music Settlement in the amount not-to-exceed \$43,125.00 for the Creating Aging Department in connection with the Healthy Aging Grant Program for the period 5/6/2024 to 9/30/2024.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

C. – Consent Agenda

BC2024-578

Department of Public Works, submitting an amendment to Contract No. 2405 with Tri Mor Corporation for resurfacing of Ridge Road from Pearl Road to Flowerdale Avenue in the Cities of Brooklyn, Cleveland and Parma in connection with the 2021 – 2024 Transportation Improvement Program for a decrease in the amount of (\$19,913.42); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 63% Federal, 20% Ohio Public Works Commission, 8.5% Road and Bridge Fund and 8.5% municipalities.

BC2024-579

Fiscal Department, presenting proposed travel/membership requests for the week of 8/5/2024:

Dept:	Department of Information Technology							
Event:	PASS Data Community Summit 2024							
Source:	Redgate							
Location:	Seattle, WA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Jonathan Po	11/3/2024 – 11/9/2024	\$3,285.00	\$341.00	\$1,816.14	\$296.03	\$650.00	\$6,388.17	General Fund
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*Paid to host

**Staff reimbursement

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

Purpose:

PASS Data Community Summit is the go-to conference for data professionals to connect, share, and learn with peers and industry leaders, and covers topics such as Analytics, Architecture, Database Management, Development and Professional Development on a variety of data platforms, including Microsoft, AWS, Google, PostgreSQL, and more.

BC2024-580

Department of Purchasing, presenting proposed purchases for the week of 8/5/2024:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24003082	Emergency veterinary services for the Animal Shelter for July, 2024*	Department of Public Works	VCA Great Lakes Veterinary Specialists	\$8,428.88	Dick Goodard Best Friends Fund
24003150	Factory Authorized – Purchase and installation of replacement parts for the Creekside Pump Station**	Department of Public Works	The Craun Liebing Company	\$33,880.00	Sanitary Fund
24003056	Law Enforcement Automated Data System (LEADS) access fee for the period 7/1/2024 – 6/30/2025***	Sheriff’s Department	Ohio State Highway Patrol	\$7,200.00	General Fund

*Approval No. BC2023-453 dated 7/17/2023, which approved an alternative procurement process, which will result in purchase orders to various providers in the total amount not-to-exceed \$400,000.00 for medical, surgical and animal care services for the period 7/1/2023 – 6/30/2025.

**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. BC2021-249 dated 5/24/2021, which approved an updated Administrative List of Procurement Exemptions in accordance with County Code Section 501.12(D), effective 5/24/2021.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services, submitting an amendment to the Notice of Award and Grant Agreement with Ohio Department of Public Safety, Emergency Management Agency for FY2022 Urban Area Security Initiative Grant Program for the period 9/1/2022 – 12/31/2024, to extend the time period to 6/30/2025; no additional funds.

Funding Source: FY2022 Urban Area Security Initiative Grant Program

Item No. 2

Department of Health and Human Services/Office of the Director, terminating Purchase Order No. 24002565 with Basheer Jones in the amount of \$4,950.00 for the purchase of (100) books “A Journey to Leadership” and graduation speaker facilitation fees which was on the Purchases Processed Not-to-Exceed \$5,000.00 for the period 6/1/2024 – 6/30/2024 list, posted with the 7/29/2024 Board of Control Agenda.

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

Item No. 3

LPA Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0106	Rehabilitation of Lee Road Bridge No. 00.77 over Mill Creek in the City of Maple Heights – Council District 8	\$4,892,500.00	\$5,481,750.00	\$3,914,000.00 – Federal Fund \$978,500.00 – Road and Bridge Fund	7/25/2024 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, July 29, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:02 a.m.

Attending:

Erik Janas, Chief of Staff (Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay (Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Joseph Nanni, County Council (Alternate for Dale Miller)
Councilmember Meredith Turner

II. – REVIEW MINUTES – 7/22/2024

Michael Chambers motioned to approve the minutes from the July 22, 2024, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written. Erik Janas commented that the spelling of his name was not accurate and asked if it could be corrected.

III. – PUBLIC COMMENT

No public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-548

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to APG Office Furnishings in the amount not-to-exceed \$10,690.51 for a joint cooperative purchase and installation of various furniture and fixtures for the construction of (1) workstation and (8) replacement chairs for the County Animal Shelter.
- b) Recommending an award on Purchase Order No. 24003033 to APG Office Furnishings in the amount not-to-exceed \$10,690.51 for a joint cooperative purchase and installation of various furniture and fixtures for the construction of (1) workstation and (8) replacement chairs for the County Animal Shelter.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-548 was approved by unanimous vote.

BC2024-549

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Great Lakes Truck Driving School, Inc. in the amount not-to-exceed \$100,000.00 for Class B CDL Skills Training and Testing services for Department of Public Works employees effective upon contract signatures of all parties for a period of 2 years.
- b) Recommending an award and enter into Contract No. 4713 with Great Lakes Truck Driving School, Inc. in the amount not-to-exceed \$100,000.00 for Class B CDL Skills Training and Testing services for Department of Public Works employees effective upon contract signatures of all parties for a period of 2 years.

Funding Source: Sanitary Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-549 was approved by unanimous vote.

BC2024-550

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in a payment to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$17,868.29 as final payment for armed guard and armored truck services for various County Departments for the period 5/1/2024 – 5/31/2024.
- b) Recommending a payment on Purchase Order No. 24002688 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$17,868.29 as final payment for armed guard and armored truck services for various County Departments for the period 5/1/2024 – 5/31/2024.

Funding Source: 64% General Fund, 16% Other Health & Safety and 20% Cuyahoga Support Enforcement

Paul Porter, Department of Purchasing, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-550 was approved by unanimous vote.

BC2024-551

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Ohio Legal Help in the amount not-to-exceed \$54,000.00 for annual software license subscription, maintenance and support, development of auto purge functionality and implementation of the ChatBot feature for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform effective upon contract signatures of all parties through 12/31/2025.
- b) Recommending an award and enter into Contract No. 4101 with Ohio Legal Help in the amount not-to-exceed \$54,000.00 for annual software license subscription, maintenance and support, development of auto purge functionality and implementation of the ChatBot feature for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform effective upon contract signatures of all parties through 12/31/2025.

Funding Source: 50% General Fund and 50% and Title IV-D Fund

Susan Sweeney, Court of Common Pleas/Domestic Relations Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2024-551 was approved by unanimous vote.

BC2024-552

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2996 with Gracehaven, Inc. for Safe Space Housing services for Court referred youth for the period 7/1/2022 – 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 \$50,000.00.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-552 was approved by unanimous vote.

BC2024-553

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Spread the Love Foundation in the amount not-to-exceed \$400,000.00 for educational and vocational services for Court referred youths ages 13 to 18 with high risk for recidivism for the period 6/1/2024 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 4666 with Spread the Love Foundation in the amount not-to-exceed \$400,000.00 for educational and vocational services for Court referred youths ages 13 to 18 with high risk for recidivism for the period 6/1/2024 – 6/30/2026.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-553 was approved by unanimous vote.

BC2024-554

Department of Public Safety and Justice Services, recommending an award on RQ14228 and enter into Contract No. 4696 with Howse Solutions, LLC (13-1) in the amount not-to-exceed \$99,900.00 for assessment of County programs related to childhood exposure to violence, effective upon signatures of all parties through 11/30/2024.

Funding Source: Health and Human Services Levy Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-554 was approved by unanimous vote.

BC2024-555

Department of Health and Human Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to R-CAP Security, LLC in the amount not-to-exceed \$49,800.00 for fingerprinting services and background checks for employees in various Department of Health and Human Services agencies effective upon contract signatures of all parties through 9/30/2024.
- b) Recommending an award and enter into Contract No. 4727 with R-CAP Security, LLC in the amount not-to-exceed \$49,800.00 for fingerprinting services and background checks for employees in various Department of Health and Human Services agencies effective upon contract signatures of all parties through 9/30/2024:
 - 1) Department of Health and Human Services/Cuyahoga Job and Family Services
 - 2) Department of Health and Human Services/Division of Children and Family Services
 - 3) Department of Health and Human Services/Office of Child Support Services

Funding Source: 66% Federal/State and 44% Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2024-555 was approved by unanimous vote.

C. – Exemptions

BC2024-556

Department of Information Technology, requesting an alternative procurement process, which will result in award recommendation(s) and issuance of Purchase Order(s) to one or more State Term and/or Joint

Cooperative Purchasing vendors who are authorized providers or resellers of VMware Products, Licenses and Supportive Services in the total amount not-to-exceed \$250,000.00 for a period of 1 year.

Funding Source: General Fund

Jeremy Mio, Department of Information Technology, presented and Matthew Hrubey, Department of Information Technology, supplemented. Trevor McAleer ASKED do you think you're going to utilize the whole not-to-exceed \$250k or do you just want to have enough authority to be able to go in and enter into an agreement or purchase order on/or before August 1, just curious because you said currently we pay approximately \$67k so ultimately what you think it'll end up being; asked with this being the last meeting obviously until after August 1st you believe \$250k is sufficient to be able to enter into something on August 1st; asked since the prior Purchase Order of approximately \$67k was rejected by the Reseller at some point will this be retroactive or how are we going to handle payment for the service that's been provided. Paul Porter commented we worked with law on the language around this resolution to ensure because it's a purchase order it doesn't have to have specific dates listed so we left it open-ended so it could be one award or multiple awards depending on negotiations with the resellers; commented he believes that the language here kind of gives us enough latitude to enter into any purchase orders up to that amount to make sure we're covered for services whether it's retroactive or whether it starts August 1. Trevor McAleer commented he gets multiple awards and stuff but asked whether you're comfortable that it could be retroactive under this current language. Paul Porter commented that's correct and further added we do not have specific language with dates on it so as long as it doesn't go over one year this would cover that, so if it was calendar year 2024 for instance that would still fall within the language here. Joseph Nanni requested that just so we have an idea on the retro can it be reported back what that ultimate number is. Michael Chambers commented that these will show up again before the Board as Purchase Orders. Joseph Nanni commented they will. Michael Chambers confirmed they will and that you'll see the numbers. Joseph Nanni commented he is just curious on what the retro will be. The Department will report back. Trevor McAleer asked to that point for when it comes back for actual award can we note that it's retroactive with a start date. The Clerk commented that we have it for one year but if it's going to go back retroactive we're looking at February of 2024 when it started so maybe a year is not going to be sufficient enough so maybe we need to amend it here for a longer term. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-556 was approved by unanimous vote.

BC2024-557

Department of Health and Human Services/Division of Senior and Adult Services, requesting approval of an exemption from aggregation of contracts pursuant to County Code 501.05(C), Cuyahoga County Board of Control, Contracting and Purchasing Ordinance No. O2012-0015, Section 3.5.b. with various providers selected through an alternative procurement process which was approved by Board of Control BC2024-355, dated 5/6/2024 in the total amount of \$1,062,324.00 for various services in connection with implementing the Healthy Aging Grant Program for the period 5/6/2024 to 9/30/2024.

- a) The Cleveland Society for the Blind dba Cleveland Sight Center in the amount of \$250,000.00 for Enhancing Independence for Blind or Visually Impaired.
- b) Greater Cleveland Neighborhood Centers Association, Inc. in the amount of \$150,000.00 for the IConnect Program.
- c) Community Housing Solutions in the amount of \$499,999.00 for Home Repair to Facilitate Aging in Place.

- d) Fairhill Partners in the amount of \$119,200.00 for Adult Development Programs.
- e) The Cleveland Music School Settlement dba The Music Settlement in the amount of \$43,125.00 for the Creating Aging Department.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

Marcos Cortes, Department of Health and Human Services, presented. Joseph Nanni requested the presenter to send him information on what services the Cleveland Society for the Blind provides. The Presenter will follow-up on the request. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-557 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on Consent Agenda items. Trevor McAleer motioned to approve Consent Agenda Item No. BC2024-558 through BC2024-560; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-558

Department of Public Works, submitting an amendment to Agreement No. 1773 with Lutheran Metropolitan Ministry for food service operations at the Virgil E. Brown Building, incorporating culinary training, work experience and wraparound therapeutic programming services to incarcerated individuals enrolled in the Culinary Arts Training and Chopping for Change Programs for the period 7/1/2021 – 6/30/2024 to extend the time period to 12/31/2024, to change the scope of services and terms, effective upon contract signatures of all parties.

Funding Source: Revenue Generating

BC2024-559

Fiscal Department, presenting proposed travel/membership requests for the week of 7/29/2024:

Dept:	Medical Examiner’s Office							
Event:	NAME 58 th Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Denver, CO							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alison Krywanczyk	9/19/2024 – 9/23/2024	\$975.00	\$123.00	\$958.44	\$120.00	\$450.95	\$2,627.39	FY2023 Coverdell Grant

Joseph Felo	9/18/2024 – 9/24/2024	\$950.00	\$223.00	\$1,382.10	\$265.84	\$268.95	\$3,089.89	FY2023 Coverdell Grant
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*Paid to host

**Staff reimbursement

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

Purpose:

Attendance at the annual National Association of Medical Examiner's Conference in Denver, Colorado to obtain continuing medical education credits which are needed to retain my board certification status and Ohio medical license. During the conference I will also be attending the annual Editorial Board meeting for the American Journal of Forensic Medicine and Pathology as a member of the board and supervising a research presentation by one of our medical residents.

BC2024-560

Department of Purchasing, presenting proposed purchases for the week of 7/29/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002933	(31) Wireless temperature monitoring units for laboratory refrigerators and freezers for use by the Medical Examiner’s Office	Department of Public Safety and Justice Services	Computer Aided Solutions LLC dba CAS Datalogger	\$9,255.00	American Rescue Plan Act (ARPA) Fund Crime Lab Backlog Grant Fund
24002040	Purchase and installation of (3) prisoner transport camera video system and accessories	Sheriff’s Department	Hall Public Safety Upfitters	\$21,961.50	General Fund
24003058	Replacement (200) inmate mattresses	Sheriff’s Department	Victory Supply LLC	\$13,190.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24003045	Emergency veterinary services for the Animal Shelter for July, 2024*	Department of Public Works	VCA Great Lakes Veterinary Specialists	\$5,932.60	General Fund
24002977	Out-of-home placement services for the period 6/4/2024 – 6/30/2024*	Division of Children and Family Services	Keystone Memphis LLC dba McDowell Center for Children	\$27,000.00	66% Health and Human Services Levy Fund and

					34% Title IV-E Reimbursement Fund
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*Approval No. BC2023-453 dated 7/17/2023, which approved an alternative procurement process, which will result in purchase orders to various providers in the total amount not-to-exceed \$400,000.00 for medical, surgical and animal care services for the period 7/1/2023 – 6/30/2024.

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

V- OTHER BUSINESS

Meredith Turner asked in relation to the Sheriff’s Department Travel Request to City of Milwaukee approved by the Board of Control on July 22, 2024, whether we provided the same services to the City of Cleveland in 2016. Michael Chambers stated that it is kind of a reciprocation because a lot of people came, and we are obviously reciprocating now. Meredith Turner asked do we know what the selection process was for these officers to travel to Milwaukee and assuming they were paid what their rate of pay was. Michael Chambers stated that we are hoping it will be covered, that’s kind of the intention. Erik Janas stated that it was left to the discretion of the Sheriff and the Chief Deputy in terms of who was going and secondly it is his understanding that no matter who we sent, we would be reimbursed for their expenses. Meredith Turner asked whether the cost reimbursement will be made by the City of Milwaukee. Erik Janas stated I think it’s the Federal government. Trevor McAleer stated that in 2016 many people from different jurisdictions came here and we were reimbursed by the feds.

Item of Note (non-voted)

Item No. 1

Purchases Processed Not-to-Exceed \$5,000.00 for the period 6/1/2024 – 6/30/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “07/29/24 – Board of Control Meeting”.

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

Trevor McAleer asked whether he can ask a question related to Purchase Order No. 24002565 on the PO list and whether we have someone here that can speak on this item; asked of the two lines, one for Basheer Jones to be the graduation speaker and the other for the purchase of some books when it says Office of the Director is that HHS and is that funded by Health and Human Services or is Office of Director different funding. Marcos Cortes responded that the PO came out of the Office of the Director and has been cancelled. Trevor McAleer inquired if he spoke at the graduation event. Marcos Cortes commented that the graduation is in August, and we are not going forward with him as the speaker and further commented we will not be purchasing the books. Joseph Nanni asked do we need to make some sort of

announcement here that it will be amended. Paul Porter commented we talked about this before the meeting and I think we're going to put in a future agenda item under Items of Note that it's been cancelled; I want to ensure you know and look in the system to verify that it's been cancelled, so it will likely be either next week or the week after. Trevor McAleer commented he knows it's been cancelled but asked what the process was to determine he was going to speak at the graduation and purchase of the books. Marcos Cortes will provide the information requested.

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

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

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-561

Title	Amendment to the estimated amount for Preliminary Engineering services from Norfolk Southern Railway Company for the Replacement of Jefferson Avenue Bridge No. 00.57 in the City of Cleveland approved by BC2018-414.
Department or Agency Name	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/Council Approved	Approval No.
O		Norfolk Southern Railway Company		\$20,194.00	07.02.2018	BC2018-414
A1		Norfolk Southern Railway Company		\$60,000.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>Amendment to the estimated amount for Preliminary Engineering services from Norfolk Southern Railway Company for the Replacement of Jefferson Avenue Bridge No. 00.57 in the City of Cleveland approved by BC2018-414.</p> <p>The Preliminary Engineering Agreement contained an estimated amount of \$20,194.00 and although it contained an estimated amount per Article 1 of the agreement the County agrees to reimburse the actual cost of preliminary engineering review necessary in connection with the project, necessitating this amendment.</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>
--

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): Preliminary Engineering Services

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):
Norfolk Southern Railway Company 1200 Peachtree Street Atlanta, GA 30309	E.W. Chambers, Engineer – Public Improvements
Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Cleveland

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 County contracts with the railroads for inspections, flagging, design review, encroachment, etc. every time a road or bridge construction project intersects with a railroad right-of-way. As such the County is not in a position where it can competitively select a railroad or award a contract to a railroad. These contracts are basically payments to the railroad that, depending on the amount, are approved by BOC or Council. Furthermore, the railroads are not an extension of the County staff for performing the work of the County. The independent contractor form and non-competitive bid form are waived.” *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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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 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. County Road & Bridge 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. PW270205; 73300
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. Bridge replacement project is currently under design.	
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): see chart above

BC2024-562

Title	Public Works-Fleet RBR- one (1) Ford F-450 4x2 Chassis w/Welder Bed
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	24003069	KG Cleveland, LLC	Execution	\$69,188.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Cuyahoga County's Fleet Division is in search of a vendor who can supply one (1) Ford F-450 4x2 Chassis w/Welder Bed. This is to replace current vehicle that is 18 years old, via Gov deals website.
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 checked="" type="checkbox"/> Replacement Age of items being replaced: 18 years How will replaced items be disposed of? Gov Deals
Project Goals, Outcomes or Purpose (list 3): Cuyahoga County's Fleet Division is in search of a vendor who can supply one (1) Ford F-450 4x2 Chassis w/Welder Bed. This is to replace the current vehicle that is 18 years old, via Gov deals website.

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):
KG Cleveland, LLC 8383 Brookpark Rd.	Ken Ganley, President/Owner

Parma, Ohio 44129	
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. NA *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 13/2	<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. NA If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% R&B

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.

PW755105-70100-PW-Fleet-RBR

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):	5.6.24
Date documents were requested from vendor:	6.10.24 prebid
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA

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

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

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

HISTORY (see instructions):

BC2024-563

Title	Public Works-R&B- ALT Sales-One (1) Landoll Trailer Model 345F-38 – RQ14482
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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(O)	24003070	ALT Sales Corp.	Execution	\$85,202.00	PENDING	PENDING
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Service/Item Description (include quantity if applicable).
This request is for (1) Landoll Trailer Model 345F-38 to be used by the County's Road & Bridge division to transport heavy machinery.

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):
Cuyahoga County's Fleet R&B Division is in search of a vendor who can supply one (1) Landoll Trailer Model 345F-38. This will be used to transport multiple heavy machinery for large projects.

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):
ALT Sales Corp. 4945A Brecksville Rd. Richfield, Ohio 44286	Michael Liptak, President
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14482</u> (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 6/10/24	Provide a short summary for not using competitive bid process. NA *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10/1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. NA	<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 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? Low bidder	<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% - Road & Bridge 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. PW755105-70100
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):	2.23.24
Date documents were requested from vendor:	3.13.24 1 st prebid no responses, rebid 4.13.24
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA
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):

BC2024-564

Title	Cedar Pt. Rd. Bridge AMD #4
Department or Agency Name	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/Council Approved	Approval No.
0	1126	Union Industrial Contractors, Inc.	N/A	\$3,055,480.60	May 11 th , 2021	R2021-0114
A-1	1126	Union Industrial Contractors, Inc.		\$2,026.85	June 21 st , 2022	Item No. 4
A-2	1126	Union Industrial Contractors, Inc.		\$2,274,161.73	May 23 rd , 2023	R2023-0134
A-3	1126	Union Industrial Contractors, Inc.		\$208,161.43	February 12 th , 2024	BC 2024-97
A-4	1126	Union Industrial Contractors, Inc.		\$200,400.00	PENDING	

Service/Item Description (include quantity if applicable).
<p>“The project consisted of rehabilitation of the existing structure over the Rocky River by replacing the bridge deck, sidewalks, railings and exterior beams, patching the interior beams and substructures, replacing the approach slabs and realigning the adjacent roadway.”</p>
<p>There is one large increased item - Class QC2 Concrete with QC/A, Superstructure” (\$180,400.00 increase). There were 82 Cubic Yards of this item not accounted for in the plans (plan omission). The plans called for the</p>

beams and diaphragms to be replaced but did not contain enough quantity to do so. The work was performed as required per the plans.
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): See Above Service Description

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):
Union Industrial Contractors, Inc. 1800 East 21 st Street Ashtabula, OH 44004	Ryan Cochran
Vendor Council District: N/A	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___4874___ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input 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: \$3,055,480.60	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 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 (%): (%10) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <ul style="list-style-type: none"> The additional costs added in this amendment are 100% Cuyahoga County Road & Bridge Budget 1 <p>The project is funded 80% Federal Funds and 20% County Funds.</p>	
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. PW605100	
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): See Chart Above

BC2024-565

Title	Public Works /RGT Services LLC dba The Fowler Company / Contract Amendment/ RQ #12733 / Veteran's Memorial Bridge lighting #84		
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	CM4136	RGT Services LLC dba The Fowler Company	10.18.2023 – 12.31.2026	\$345,775.00	9.25.2023	BC2023-582
A	CM4136	Same as above	10.18.2023 – 12.31.2026	\$105,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Public Works is requesting approval of a contract, per the chart above, to add \$105,000 to this contract. This contract is for the PM and maintenance of the Veterans Memorial Bridge lighting.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This amendment will add an additional \$105,000.00 to the contract for the lighting of the Veteran's Memorial Bridge #84. The new funds will allow older, obsolete lights and fixtures to be replaced. To pay outstanding invoices.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
RGT Services LLC dba The Fowler Company 26185 Broadway Avenue	Owner, executive director, other (specify): Richard G. Trela, Principle/Owner

Oakwood Village, Ohio 44146	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This contract is still active was previously competitively bid. Public Works is requesting authorization to amend the contract by adding an additional \$105,000.
	*See Justification for additional information.
The total value of the solicitation: \$105,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Formal Bid <input type="checkbox"/> Other Procurement Method, please describe:

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
 Road & Bridge Funds – PW270205 / 73300

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

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

Provide status of project.

New Service or purchase Recurring service or purchase

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

Reason:

Timeline:

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

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

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

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

HISTORY (see instructions): see chart above

BC2024-566

Title	PO24003042JCOP-2024- B&H Photo-purchase order- Multimedia Production Equipment		
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.
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	PO24003042JCOP	B&H Photo	2024	\$21,227.60	PENDING	PENDING
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Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with B&H Photo for Multimedia Production Equipment in the amount of \$21,227.60, on behalf of Department of Communications.

Requested multimedia production and event equipment include: new press audio box, wireless and podium microphones, 2 portable lights, Sony camera lens and miscellaneous cables and accessories.

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 provide Multimedia team with various production equipment including but not limited to: new Press audio box, wireless and podium microphones, 2 portable lights, Sony camera lens and miscellaneous cables and accessories.

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):
B&H Photo 420 9 th Avenue, New York, NY 10001	Elizabeth Mejia 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. B&H Photo is able to provide Cuyahoga County joint cooperative purchasing pricing through contract R201202 with OMNIA Partners, which expires March 31, 2025. *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 R201202 with OMNIA Partners, expires March 31, 2025.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, 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: CTO approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. EX100105
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):	6.11.2024
Date documents were requested from vendor:	7.5.2024
Date of insurance approval from risk manager:	N/A
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 type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-567

Title	Two Schlage Intercom Door Release Consoles for the 3 Floor of the Couty Justice Center
Department or Agency Name	Department of Information Technology on behalf of the County Sheriff
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	24003057 STAC	Integrated Precision Systems, Inc.		\$5,214.40	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology on behalf of the County Sheriff plans to contract with Integrated Precision Systems, Inc., for the purchase of Two Schlage Intercom Door Release Consoles for the 3rd Floor of the Couty Justice Center in the amount of \$5,214.40.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" 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): This request is for the procurement, installation, and programming of two Schlage intercom/door release consoles to replace existing intermittently functioning equipment that is in nearly twenty years old.</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):
Integrated Precision Systems Valley View Ohio	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. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 10018, effective through 01/31/2025. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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:
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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% General Fund SH100140
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 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): n/a

BC2024-568

Title	Adobe Creative Cloud Master Collection Licenses	
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.
	24003064 EXMT	MNJ Technologies Direct	07/15/2024 – 07/14/2025	\$44,792.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the purchase of Adobe Creative Cloud Master Collection Licenses in the amount of \$44,792.00.

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

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):
 Qty. 36 Adobe Creative Cloud Renewal Licenses
 Qty. 14 Adobe Acrobat Pro Renewal Licenses
 Qty. 16 Adobe Stock for Teams Renewal Licenses
 Qty. 1 Adobe Photoshop Renewal Licenses
 Qty. 1 Adobe Premiere Pro Renewal Licenses
 Qty. 7 Adobe Captivate Licenses

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 Buffalo Grove, IL	Jimmy Lochner, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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 renewal was started later than usual because HHS IT merged their enterprise agreement with the county's enterprise agreement without providing any prior notification 1 month prior. They were not able to collaborate on our shared excel order form due to organizational security limitations regarding Microsoft Office documents being opened outside of the organization which caused delays in gathering index codes and processing the order. We took this opportunity, as we do every year to ensure we completed a review of licenses to make sure these licenses are assigned to a current employee who uses the software and we do not have a license shortage or excess. During this process we were able to save some money by identifying that the HHS training team were not using Captivate any more. *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 Yes 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% General Fund IT100110
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: The renewal was started later than usual because HHS IT merged their enterprise agreement with the county's enterprise agreement without providing any prior notification 1 month prior. They were not able to collaborate on our shared excel order form due to organizational security limitations regarding Microsoft Office documents being opened outside of the organization which caused delays in gathering index codes and processing the order. We took this opportunity, as we do every year to ensure we completed a review of licenses to make sure these licenses are assigned to a current employee who uses the software and we do not have a license shortage or excess. During this process we were able to save some money by identifying that the HHS training team were not using Captivate any more.
Timeline
Project/Procurement Start Date (date your team started working on this item): 06/27/2024
Date documents were requested from vendor: 07/16/2024 (final license count determined)
Date of insurance approval from risk manager: n/a
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Vendor did not lapse service
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	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-#)						
	23002815 STAC	MNJ Technologies Direct	07/15/2023 – 07/14/2024	\$19,014.00	07/05/2023	BC2023-413

BC2024-569

Title	PO24003084- 2024- IPS- Procurement of Video Management Systems for Multiple Locations
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.
	PO24003084	IPS- Integrated Precision Systems	2024	\$252,889.64	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of information technology plans to contract with Integrated Precision Systems to purchase, install and program video management systems, storage servers and access control panels with related components in multiple locations in the amount of \$252,889.64.

This request is for the procurement, installation, and programming of replacement video management and storage servers that have reached end-of-life. The replacement will include a combination of on-site and off-site storage. In addition, access control panels and related components in multiple locations have reached end-of-life and will be replaced. For both sets of items, these represent a partial replacement plan with additional procurement and work to be done in 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):
 1. Procure, install and program video management systems and storage servers.
 2. Procure access control panels and related components for multiple locations.

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 Dr. Suite B. Valley View, OH 44125	Rob Jackson President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. IPS is able to provide Cuyahoga County the requested hardware using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award: IPS Ohio State Term Contract #: 010018 Contract end date: 1/31/2025 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date IPS Ohio State Term Contract #: 010018 Contract end date: 1/31/2025 <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 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% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT600100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7.15.2024
Date documents were requested from vendor:	7.12.2024
Date of insurance approval from risk manager:	7.16.2024
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 type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-570

Title	Human Resources; 2024; 1 st Amendment with Worxtime, LLC (Equifax) for Affordable Care Act Filing Services to change terms, extend the period to 9/30/2024, and for additional funds not-to-exceed \$40,000.00.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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	1853	Worxtime, LLC (Equifax), formerly TALX Corporation.	5/1/2022-4/30/2024	\$143,115.00	11/8/2021	BC2021-631
A	1853		5/1/2022-9/30/2024	\$40,000.00		PENDING

Service/Item Description (include quantity if applicable).
 Worxtime will continue to provide the County with third party administration services handling our Affordable Care Act reporting requirements. This amendment runs through September 30th to allow the County to process and implement a replacement agreement resulting from an RFP. ACA reporting is required to ensure compliance with the IRS.

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 the project are to remain in compliance with Federal Law by reporting ACA data as required. Utilizing a third-party administrator provides the County with an expert party that is up-to-date on changes with the law and ensures the County maintains compliance.

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):
Worxtime, LLC 360B Quality Circle NW, Suite 220 Huntsville, Alabama 35806	Tearl Bagwell, CEO
Vendor Council District:	Project Council District:

N/A	County-wide
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 County conducted an RFP process for these services to begin in October, 2024. This amendment is needed to span the gap before those services can begin. *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 RFP <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 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. These services are ongoing from Worxtime to ensure there are no gaps in data recording for reporting requirements.
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: During the amendment process, it was discovered that the original agreement lacked any insurance requirements. Extensive negotiations took place to agree to acceptable levels of coverage between the vendor and the County’s Risk Management team.
Timeline
Project/Procurement Start Date (date your team started working on this item): 1/22/2024
Date documents were requested from vendor: 4/12/2024
Date of insurance approval from risk manager: 7/9/2024
Date Department of Law approved Contract: 7/9/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Contract required insurance to be added which then required extensive negotiations for compliance.
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

Amendment 1 Timeline:

1/22/2024 – Request to amend sent to vendor.
1/31/2024 – Call with vendor to discuss renewal options.
2/1/2024 – Draft amendment received from vendor.
3/22/2024 – Discussion with vendor on contract terms.
3/26/2024 – Redlines received from vendor.
4/1/2024 – County redlines sent back to vendor.
4/10/2024 – Redlines received back from vendor.
4/12/2024 – Contract sent for review by vendor.
4/25/2024 – Revised agreement with insurance sent to vendor.
5/8/2024 – Insurance redlines received from vendor.
5/21/2024 – Redlines sent back to vendor.
6/11/2024 – Meeting with vendor and Risk regarding insurance.
6/12/2024 – Redlines received from vendor.
6/17/2024 – Further discussion on insurance terms.
6/21/2024 – Final draft sent for signature by vendor.
7/15/2024 – Signed amendment received from vendor.

7/16/2024 – Requested vendor renew IG registration.

HISTORY (see instructions): see chart above

BC2024-571

Title	Human Resources; 2024 Agreement with The MetroHealth System for biometric screenings for the County Wellness program for the period 8/5/2024 - 12/31/2024 in the amount not-to-exceed \$87,500.00.
Department or Agency Name	Human Resources
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	CM4665	The MetroHealth System	8/5/2024-12/31/2024	\$87,500.00		PENDING

Service/Item Description (include quantity if applicable).

Human Resources requesting approval of an agreement with The MetroHealth Systems for biometric screenings for the County Wellness program for the anticipated cost not-to-exceed \$87,500.00.

This has been an annual contract as part of the County's Wellness incentive program. The previous contract for 2023 biometric screening was approved under BC2023-480 on 7/31/2023 and ran through 12/31/2023.

MetroHealth will provide on-site biometric screenings for County employees participating in the Wellness Incentive Program to be conducted at County buildings through the end of 2024.

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

This is for the annual biometric screenings for County employees in support of the Wellness Program.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to enable employees easier access to obtain their biometrics for the purpose of the Wellness Incentive Program. This furthers the overall mission of the Wellness Incentive Program by informing employees of their current health details in hopes of catching concerns before they become health issues.

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:
07	County-wide
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. MetroHealth is the County's hospital system and the currently Wellness Program provider. *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 checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

Are 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% Self-Insurance Fund (Wellness)

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.

HR765120

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

Provide status of project.

The screening dates and locations have been arranged and set with the fist screening planned July 16th.

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): 6/3/2024

Date documents were requested from vendor: 6/6/2024

Date of insurance approval from risk manager: Pending

Date Department of Law approved Contract: 6/6/2024

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)

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.
O	3616	The MetroHealth System	8/1/2023-12/31/2023	\$52,000.00	7/31/2024	BC2023-480

BC2024-572

Title	Request for PO#24002025 EXMT for 1yr renewal of Callyo software subscription from Callyo 2009 Corp. in the amount of \$6,216.00
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/Council Approved	Approval No.
0	24002025 EXMT	Callyo 2009 Corp.	9-01-2024 – 8-31-2025	\$6,216.00	pending	pending

Service/Item Description (include quantity if applicable).
 Callyo is a web-based platform that manages the text and phone conversations that our undercover officers have with potential child exploitation suspects. Callyo allows us to generate random, fictitious phone numbers to use in our investigations and officers use these numbers to engage in online conversations with suspects. The Callyo system manages and records all conversations and phone calls into a system that allows us to disseminate the entire conversation to our prosecutors for review and charging. The Callyo system also has the capability to turn our phones into body bugs and surveillance platforms for field work and includes a feature that allows for supervisor review during and after operations and investigations.

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

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 in the investigation of internet crimes against children

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):
Callyo 2009 Corp. PO Box 843539 Dallas, TX 75284-3539	Ray DiMatteo, Renewal Specialist
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 is an annual renewal of existing software 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, 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 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 checked="" 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. 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):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

PS100100
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. This is a recurring purchase	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	23002832 EXMT	Callyo 2009 Corp.	9-01-2023 – 8-31-2024	\$6,324.00	July 17, 2023	BC2023-446

BC2024-573

Title	Medical Examiner’s Office request approval of Purchase Order No. 24003055-JCOP in the amount of \$40,747.58 to Fisher Scientific Company LLC as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for various supplies for Medical Examiner’s Toxicology Lab.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO#24003055- JCOP	Fisher Scientific Company LLC		\$40,747.58		

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

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):
 Procurement of Toxicology Lab general supplies, chemicals routinely used for day to day operations for testing, analysis.

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

Vendor Name and address:	Owner, executive director, other (specify):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Omnia Partners/Fisher Scientific General Lab Supplies Contract Number: 2021002889 Initial Term: June 15, 2021 through June 30, 2025 Renewal Options: Option to renew for two (2) additional two-year periods through June 30, 2029
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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. ME105105 ME-Coroner Lab
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.
	24000419	Fisher Scientific Company LLC		\$49,320.21	2/5/2024	BC2024-85

BC2024-574

Title	The Medical Examiner's Office plans to amend Contract No. CM#2504 with Alere San Diego, Inc. dba Immunalysis Corporation, to extend time period thru 12/31/2025 for the purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagents Kits and preventative maintenance, support of Tecan EVO 100 software services in the amount not to exceed of \$130,000.00.
Department or Agency Name	Medical Examiner's Office
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.
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A-1	CM#2504	Alere San Diego, Inc. dba Immunalysis Corporation	6/28/2022-6/27/2024	\$130,000.00	Pending	Pending
O	CM#2504	Alere San Diego, Inc. dba Immunalysis Corporation	6/28/2024 - 12/27/2025	\$150,000.00	6/27/2022	BC2022-397

Service/Item Description (include quantity if applicable).
Purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagents Kits and preventative maintenance, support of Tecan EVO 100 software 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):
The ELISA reagent kits are used in every Toxicology case screening. This is the first step in the toxicology process to determine what the results show and next steps for further research.

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):
Alere San Diego, Inc. dba Immunalysis Corporation 829 Towne Center Dr Pomona, CA 91767	Christopher Scoggins CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. Original Sole Source contract award; this is a 1 st amendment. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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) Original contract was awarded Sole Source on RQ9662 approved 6/27/2022 BC2022-397 <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. ME105105 / 52250 / ME-Coroner Lab
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: County Law Dept. delay in processing slow return of documents from vendor; negotiations with quote/amendment language between vendor and County Law Dept.; Dept. funding decision.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/1/2024
Date documents were requested from vendor:	5/1/2024 Request for quote/pricing from vendor; received 5/20/2024
Date of insurance approval from risk manager:	Matrix MED-0450 opened 5/23/2024; insurance waived by Awatef Assad-Closed 6/4/2024
Date Department of Law approved Contract:	Matrix MED-0449 initiated 5/23/2024; review did not begin until 6/11/2024; Vendor approved Law Dept. redlines 7/3/2024
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): see chart above

BC2024-575

Title	HHS: Division of Senior and Adult Services contract with The Cleveland Society for the Blind dba Cleveland Sight Center for the Healthy Aging Grant
Department or Agency Name	Division of Senior and Adult 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	4677	The Cleveland Society for the Blind dba Cleveland Sight Center	5.6.2024-9.30.2024	\$250,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
CSC provides support for older Northeast Ohioans with vision impairments who are facing potential loss of identity and independence. With a range of programs, CSC works with clients to restore daily living activities,

boost confidence, and improve mobility. The programs listed below will serve approximately will serve approximately 1,000 unique adults aged 60+ in 2024:

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):
Case Management/Support Groups–Social workers will assess client needs, develop Individualized Service Plans (ISPs), and support clients throughout their engagement with CSC. CSC will also offer peer-to-peer mentoring for new clients, where they receive one-on-one support, encouragement, and insights for life after vision loss. Finally, CSC will offer support groups that help clients address depression, anger, anxiety, and stress related to their vision loss.
Vision Rehabilitation Services–Specialized staff members will teach daily living skills by visiting clients in their homes or working with them on-site at CSC. Clients will learn how to utilize assistive technology, which are tools people with vision loss use to overcome barriers they may face in navigating a sighted world and to help them maintain or restore independence.
Financial Assistance– CSC’s donor-funded Empowerment Fund, a transformative lifeline for low-income clients, will provide clients access to essential assistive technology that help them navigate their environment at no cost to them. From handheld magnifiers and digital screen readers to specialized eyeglasses and innovative 'talking' technologies, these tools can be the keys to unlocking a more independent and fulfilling life.

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 Cleveland Society for the Blind dba Cleveland Sight Center 1909 East 101 st Street Cleveland, OH 44106	Larry Benders, President and CEO
Vendor Council District:	Project Council District:
District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. State Grant Dollars that are time limited *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 checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. State of Ohio Healthy Aging Grant 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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. New 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:

We received notice of the available grant dollars and we had to process the grant award. At the same time we sought proposals and also an alternative procurement process so we could make awards on this time limited grant dollars. We received approval of the alternative procurement on 5.6.2024 and we began processing these contracts at that time.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.6.2024
Date documents were requested from vendor:	5.6.2024
Date of insurance approval from risk manager:	5.22.2024
Date Department of Law approved Contract:	7/23/2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: As usual it took time to gather documents and get appropriate insurance limits.

If late, have services begun? No Yes (if yes, please explain) time limited grant dollars so we started when we received alternative procurement approval.

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

HISTORY:
 Original alternative procurement BC2024-355 approved 5/6/2024
 Alt Procurement and Exemption from Aggregation approved by BC2024-557 on 7/29/2024

BC2024-576

Title	HHS: Division of Senior and Adult Services contract with Greater Cleveland Neighborhood Centers Association, Inc. for the Healthy Aging Grant
Department or Agency Name	Division of Senior and Adult 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	4680	Greater Cleveland Neighborhood Centers Association, Inc	5.6.2024-9.30.2024	\$150,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

GCNCA will expand IConnect, a service providing digital tech training/support and connecting older adults age 60+ to experiences and opportunities to decrease social isolation and loneliness.

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):

Goal 1: Increase Digital Tech Skills: NCA will provide digital tech training and support to older adults to develop or improve digital tech skills at 15 additional sites with monthly services.

Goal 2: Decrease Social Isolation: IConnect services will increase socialization of individuals in shared experiences connected via digital device, telephone or in-person at “Pop Up” sites to decrease social isolation and loneliness of older adults,

Goal 3: Reduce Ageism: NCA will develop an intergenerational exchange once per month to bring multi-generations together in a shared space, interacting and learning from one another that helps create a higher functioning civil society.

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):
Greater Cleveland Neighborhood Centers Association, Inc 1814 E. 40 th Street Cleveland, OH 44103	Allison Wallace, Executive Director
Vendor Council District:	Project Council District:
District 9	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. State Grant Dollars that are time limited *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 checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. State of Ohio Healthy Aging Grant 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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. New 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:
We received notice of the available grant dollars and we had to process the grant award. At the same time we sought proposals and also an alternative procurement process so we could make awards on this time limited

grant dollars. We received approval of the alternative procurement on 5.6.2024 and we began processing these contracts at that time.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.6.2024
Date documents were requested from vendor:	5.6.2024
Date of insurance approval from risk manager:	5.22.2024
Date Department of Law approved Contract:	7.23.2024

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

If late, have services begun? No Yes (if yes, please explain) time limited grant dollars so we started when we received alternative procurement approval.

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

HISTORY:
 Original alternative procurement BC2024-355 approved 5/6/2024
 Alt Procurement and Exemption from Aggregation approved by BC2024-557 on 7/29/2024

BC2024-577

Title	HHS: Division of Senior and Adult Services contract with Cleveland Music School Settlement for the Healthy Aging Grant
Department or Agency Name	HHS: Division of Senior and Adult 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	4681	The Cleveland Music School Settlement dba Cleveland Music Settlement	5.6.2024-9.30.2024	\$43,125.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 Through the Music Settlement newly established Creative Aging Department they will focus on the beneficial and powerful role of the arts in enhancing quality of life for older adults by creating sustainable arts education programming designed specifically for people aged 55+. They seek to increase civic and community engagement of retired professionals with the arts and culture sector.

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: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • Providing encore career opportunities for arts professionals • Promoting activities that support brain health (examples include learning new skills later in life, memory care, and stimulation) • Increasing socialization among older adults • Increasing movement and mobility • Creating meaningful connections and relationships with musicians and members of the arts community

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 Cleveland Music School Settlement dba The Music Settlement 11125 Magnolia Cleveland, OH 44106	Geralyn Presti, President and CEO
Vendor Council District:	Project Council District:
District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. State Grant Dollars that are time limited *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 checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. State of Ohio Healthy Aging Grant 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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. New 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: We received notice of the available grant dollars and we had to process the grant award. At the same time we sought proposals and also an alternative procurement process so we could make awards on this time limited grant dollars. We received approval of the alternative procurement on 5.6.2024 and we began processing these contracts at that time.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.6.2024
Date documents were requested from vendor:	5.6.2024

Date of insurance approval from risk manager:	5.22.2024
Date Department of Law approved Contract:	7.23.2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) time limited grant dollars so we started when we received alternative procurement approval.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY:
Original alternative procurement BC2024-355 approved 5/6/2024
Alt Procurement and Exemption from Aggregation approved by BC2024-557 on 7/29/2024

C. - Consent Agenda

BC2024-578

Title	Ridge Rd. Resurfacing AMD #3 (Final)	
Department or Agency Name	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/Council Approved	Approval No.
0	2405	TRI MOR Corp.	N/A	\$ 4,646,967.30	May 10 th , 2022	R2022-0115
A-1	2405	TRI MOR Corp.		\$102,191.23	April 10 th , 2023	BC2023-202
A-2	2405	TRI MOR Corp.		-\$148,846.66	April 1 st , 2024	BC2024-257
A-3	2405	TRI MOR Corp.		-\$19,913.42	PENDING	

Service/Item Description (include quantity if applicable).
The project consists of resurfacing of 0.44 miles of Ridge Road from Pearl Road to just north of Brookpark Road, and full depth pavement reconstruction of 0.32 miles of Ridge Road from just north of Brookpark Road to just north of Flowerdale Avenue. Project work also includes pavement marking, spot sign improvements and upgrading all curb ramps to be ADA compliant.
Start date is 5/25/2022 and approximate end date is 4/4/2024.

This is a final amendment to balance out the contract. This amendment is a decrease to the contract value.

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): See Above	

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):
TRI MOR Corp. 8530 Boyle Parkway Twinsburg, OH 44087	Neille Vitale
Vendor Council District: N/A	Project Council District: 3, 4 & 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>8923</u> (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input 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: \$5,087,067.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 4 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (%8) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. Funding is 63% Federal, 20% Issue 1, 8.5% County and 8.5% municipality
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. PW605100
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: N/A
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): SEE ABOVE

BC2024-579

(See related items for proposed travel/memberships for the week of 8/5/2024 in Section C above).

BC2024-580

(See related items for proposed purchases for the week of 8/5/2024 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	First Amendment – FY2022 Urban Area Security Initiative (UASI) Performance
DEPARTMENT OR	Public Safety & Justice 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 (for grants with Cash Match and/or Subrecipients). <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 <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" 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)	FY22 Urban Area Security Initiative (UASI)	9/1/2022 – 12/31/2024	\$1,500,000	11/28/2022	CON2022-98
AMENDMENT (A-1)		9/1/2022 – 6/30/2025			
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Urban Area Security Initiative (UASI) grant provides funds for the Cleveland UASI to prepare for, prevent, mitigate, and recover from terrorist events. The grant supports first responder training/exercise, personnel, planning and equipment, as determined by the Cuyahoga County Emergency Services Advisory Board (CCESAB).
	The primary goals of the project are 1) to support county preparedness of first responders to terrorist events through the purchase of equipment, and 2) provide

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	funding and support for training and exercises for first responders preparedness for terrorist events.
	This First Amendment only extends the performance period of the grant to 6/30/2025
	From the original end date of 12/31/2024.

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.
	100% FY2022 Urban Area Security Initiative Grant Program
	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
(See related Non-voted Item above).

Item No. 3
(See related list of LPA Agreements – Processed and executed (no vote required) in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT