



**Cuyahoga County Board of Control Agenda  
Monday, August 12, 2024 – 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 8/5/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-581**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Office Revolution II LLC in the amount not-to-exceed \$7,409.72 for a joint cooperative purchase and installation of modular cabinets for the build-out of a kitchen at the Metzenbaum Center.
- b) Recommending an award on Purchase Order No. 24002723 to Office Revolution II LLC in the amount not-to-exceed \$7,409.72 for a joint cooperative purchase and installation of modular cabinets for the build-out of a kitchen at the Metzenbaum Center.

Funding Source: General Fund

**BC2024-582**

Department of Public Works, recommending awards on RQ14159 and enter into contracts with various providers (98-7) each in the amount not-to-exceed \$250,000.00 for construction material testing and adjunct services for various construction projects, effective upon signatures of all parties, for a period of 3 years.

- a) Contract No. 4518 with DLZ Ohio, Inc.
- b) Contract No. 4519 with Resource International Inc

Funding Source: Road and Bridge Fund

**BC2024-583**

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 \$15,394.35 as final payment for armed guard and armored truck services for various County Departments for the period 6/1/2024 – 6/30/2024.
- b) Recommending an award on Purchase Order No. 24003139 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$15,394.35 as final payment for armed guard and armored truck services for various County Departments for the period 6/1/2024 – 6/30/2024.

Funding Source: 64% General Fund, 17% Other Health & Safety Fund and 19% Cuyahoga Support Enforcement Fund

**BC2024-584**

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 \$410,660.00 for a state contract purchase of (14) replacement Cisco Catalyst 9500 switches and related accessories and licenses for use at various County facilities.
- b) Recommending an award on Purchase Order No. 24003052 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$410,660.00 for a state contract purchase of (14) replacement Cisco Catalyst 9500 switches and related accessories and licenses for use at various County facilities.

Funding Source: General Fund

**BC2024-585**

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 \$98,505.00 for a state contract purchase of (9) replacement Cisco Catalyst 9300L ethernet network switches and related accessories and licenses for use at various locations within the Justice Center.
- b) Recommending an award on Purchase Order No. 24003096 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$98,505.00 for a state contract purchase of (9) replacement Cisco Catalyst 9300L ethernet network switches and related accessories and licenses for use at various locations within the Justice Center.

Funding Source: General Fund

**BC2024-586**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$14,265.00 for a joint cooperative purchase for the renewal of (1) PatchMyPC Enterprise Plus software subscription renewal for the period 12/16/2024 – 12/15/2025.
- b) Recommending an award on Purchase Order No. 24003200 to SHI International Corp. in the amount not-to-exceed \$14,265.00 for a joint cooperative purchase for the renewal of (1) PatchMyPC Enterprise Plus software subscription renewal for the period 12/16/2024 – 12/15/2025.

Funding Source: General Fund

**BC2024-587**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Crown Castle Fiber, LLC in the amount not-to-exceed \$11,796.00 for a joint cooperative purchase for the renewal of dedicated internet access subscription services for the period 1/1/2025 – 12/31/2025.
- b) Recommending an award on Purchase Order No. 24003215 to Crown Castle Fiber, LLC in the amount not-to-exceed \$11,796.00 for a joint cooperative purchase for the renewal of dedicated internet access subscription services for the period 1/1/2025 – 12/31/2025.

Funding Source: General Fund

**BC2024-588**

County Council,

- a) Submitting an RFP exemption, which will result in a grant award to Milestones Autism Resources in the amount of \$100,000.00 for operational support for the Helpdesk Capacity Building Initiative for the period 1/1/2024 – 12/31/2025.
- b) Recommending an award on Purchase Order No. 24003149 to Milestones Autism Resources in the amount of \$100,000.00 for operational support for the Helpdesk Capacity Building Initiative for the period 1/1/2024 – 12/31/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-589**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4308 (fka Contract No. 4046) with Girl Scouts of Northeast Ohio for educational and vocational services for females ages 12 to 17 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$38,905.00.

Funding Source: RECLAIM Grant Fund

**BC2024-590**

Sheriff’s Department, recommending an award on Purchase Order No. 24003112 to Geauga County Sheriff’s Department in the amount not-to-exceed \$90,000.00 for outsourcing prisoner board and care services to reduce the daily population in the Cuyahoga County Jail for the period 8/19/2024 - 12/31/2024.

Funding Source: General Fund

**BC2024-591**

Department of Public Safety and Justice Services, recommending an award on RQ14045 and enter into Contract No. 4685 with Advanced Server Management Group, Inc. (ASMGi) (72-1) in the amount not-to-exceed \$116,400.00 for migration to .gov domain for local government websites, effective upon signatures of all parties, for a period of 6 months.

Funding Source: 85% FY2021 State Homeland Security Grant Fund and 15% FY2022 Urban Area Security Initiative Grant Fund

**BC2024-592**

Department of Health and Human Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to MobileMed 1, Inc. dba MedWorks in the amount not-to-exceed \$90,648.00 for administration, outreach, enrollment and coordination services for the Cuyahoga Health Access Partnership (CHAP) Program for the period 7/1/2024 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 4309 with MobileMed 1, Inc. dba MedWorks in the amount not-to-exceed \$90,648.00 for administration, outreach, enrollment and coordination services for the Cuyahoga Health Access Partnership (CHAP) Program for the period 7/1/2024 – 6/30/2026.

Funding Source: Health and Human Services Levy Fund

**BC2024-593**

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. 4678 with Community Housing Solutions in the amount not-to-exceed \$499,999.00 for Home Repair to Facilitate Aging in Place in connection with the Healthy Aging Grant Program for the period 5/6/2024 – 9/30/2024.

Funding Source: Ohio Department of Aging – Healthy Aging Grant Fund

**BC2024-594**

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. 4679 with Fairhill Partners in the amount not-to-exceed \$119,200.00 for Adult Development Programs in connection with the Healthy Aging Grant Program for the period 5/6/2024 – 9/30/2024.

Funding Source: Ohio Department of Aging - Healthy Aging Grant Fund

**C. – Consent Agenda**

**BC2024-595**

Department of Public Works, submitting an amendment to Contract No. 2450 with Fabrizi Recycling, Inc. for the 2022 Sewer Repair Program for various County Sewer Districts for the period 6/29/2022 – 6/28/2024 to extend the time period to 12/31/2024, effective upon signatures of all parties; no additional funds required.

Funding Source: Sewer District Fees

**BC2024-596**

Department of Public Works, submitting an amendment to various contracts with Priemer Investment Co., LLC for the assignment and assumption of various leases to 4209 Euclid, LLC assumed in November 2023, to change the terms, effective upon contract signature of all parties:

- a) Contract No. 3405 (fka Contract Nos. 1014, 976 and CE0800729) nka Contract No. 4655 for lease of approximately 128 parking spaces located at 4209, 4213 and 4415 Euclid Avenue in the City of Cleveland for use by the Department of Health and Human Services/Division of Children and Family Services for the period 5/1/2008 – 4/30/2028.
- b) Contract No. 877 (fka CE0600297) nka Contract No. 4656 for lease of 150 parking spaces located on the north side of Euclid Avenue near the Intersection of East 40th Street and Euclid in the City of Cleveland for use by the Department of Health and Human Services/Division of Children and Family Services for the period 1/1/2006 – 12/31/2025.

Funding Sources:

- a) 66% Health and Human Services Levy Fund and 34% Title IV-E Admin Fund
- b) 71% Health and Human Services Levy Fund and 29% Title IV-E Admin Fund

**BC2024-597**

Fiscal Department, presenting proposed travel/membership requests for the week of 8/12/2024:

Dept:	Department of Public Works							
Event:	Airport Fire Fighter 40-Hour Course							
Source:	Allegheny County Airport Authority							
Location:	Imperial, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Joshua McCue	9/23/2024 – 9/27/2024	\$950.00	\$140.00	\$442.50	\$171.58	\$0.00	\$1,704.08	County Airport Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This class meets or exceeds required topics for airport firefighters training outlines in the FAA part 139.319 (j)(2). This course is designed to provide the skills and knowledge required to prepare students to work in the airport environment safely and competently.

Dept:	Department of Information Technology							
Event:	Building a Lean Organization							
Source:	Global Lean Summit							
Location:	Columbus, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Edie Cooksey	9/16/2024 – 9/19/2024	\$2,195.00	\$178.00	\$462.00	\$443.54	\$0.00	\$3,278.54	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Embark on a transformative journey into building a Lean Management System, where actionable results set a new standard in conference excellence. Bring your challenges, and let our expert speakers, dedicated staff, and fellow participants guide you towards the solutions you seek. Rooted in Lean principles, our focus is to ensure an unparalleled customer experience, empowering you to achieve the results you truly deserve:

IMMERSIVE TOUR OF A TOYOTA PLANT  
 CREATIVE PROBLEM-SOLVING  
 INNOVATIVE PRESENTATIONS  
 INTERACTIVE NETWORKING  
 PERSONALIZED ROADMAP  
 INDUSTRY EXPERTS

Dept:	Sheriff’s Department							
Event:	36 <sup>th</sup> Annual Crimes Against Children Conference							
Source:	Dallas Children’s Advocacy Center							
Location:	Dallas, TX							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Hadam	8/11/2024 – 8/15/2024	\$895.00	\$273.00	\$1,280.00	\$140.00	\$601.00	\$3,189.00	Ohio University Grant Fund
John Morgan	8/11/2024 – 8/15/2024	\$895.00	\$273.00	\$1,280.00	\$140.00	\$601.00	\$3,189.00	Ohio University Grant Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Late Write-Up: Waiting on approval and funding verification

Purpose:

To travel to Dallas, TX to attend the Crimes Against Children's Conference. The mission of the conference is to provide a national forum to disseminate the highest level of training, information and strategies to professionals who are responders and advocates to victims of the many and varied forms of crimes against children including domestic violence, human trafficking sexual assault and strangulation.

Dept:	Sheriff's Department							
Event:	Spear System: Defense Tactics Instructor Certification Course							
Source:	Tony Blauer and Blauer Tactical Systems, Inc.							
Location:	Cary, IL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brandon Jones	8/11/2024 – 8/16/2024	\$750.00	\$278.00	\$600.00	\$0.00	\$0.00	\$1,628.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\*Late Write-Up: Waiting on approval

Purpose:

To travel to Cary, IL to attend Spear System Instructor training. The course is designed to help law enforcement and other public safety professionals become safer and more effective in both their personal and professional lives.

Dept:	Sheriff's Department							
Event:	Democratic National Convention							
Source:	City of Chicago							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Tim Coyne	8/18/2024 – 8/21/2024	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Chris Kozub	8/18/2024 – 8/21/2024	\$0.00	\$240.00	\$1,614.00	\$0.00	\$0.00	\$1,854.00	Law Enforcement Trust Fund



\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Chicago, IL to observe and learn from Law enforcement Operations of the Chicago Police Department during the Democratic Nation Convention a National Special Security Event. To educate and bring back knowledge of large-scale events to better the County for any large-scale events that will be hosted in Cuyahoga County.

Dept:	Sheriff's Department							
Event:	Crowd Management & Mobile Field Force Instructor							
Source:	Defense Technology Training Academy							
Location:	Terre Haute, IN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Ryan Myers	8/18/2024 – 8/24/2024	\$1,095.00	\$250.00	\$1,326.00	\$0.00	\$0.00	\$2,671.00	Continued Professional Training Fund
David Schlegel	8/18/2024 – 8/24/2024	\$1,095.00	\$250.00	\$1,326.00	\$0.00	\$0.00	\$2,671.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Terre Haute, IN to attend Crowd Management Mobile Field Force (MFF) Instructor training. Training opportunity to become certified as a MFF instructor for CCSD. This will enable the department to conduct in-service training to certify deputies in MFF operations and reduce future training costs over the next several years through 2027.

Dept:	Sheriff's Department							
Event:	IAHTI 13 <sup>th</sup> Annual Conference							
Source:	International Association of Human Trafficking Investigators							
Location:	Clearwater, FL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Hadam	9/3/2024 – 9/6/2024	\$499.00	\$209.00	\$435.00	\$140.00	\$300.00	\$1,583.00	Ohio University Grant Fund
John Morgan	9/3/2024 – 9/6/2024	\$499.00	\$209.00	\$435.00	\$140.00	\$300.00	\$1,583.00	Ohio University Grant Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Clearwater, FL to attend the International Association of Human Trafficking 2024 conference. The mission of the conference is to provide a forum to disseminate their highest level of training, information and strategies to professionals who work human trafficking violations.

Dept:	Sheriff's Department							
Event:	Leadership in Crisis Training Program							
Source:	Federal Law Enforcement Training Centers							
Location:	Glynco, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	9/9/2024 – 9/12/2024	\$0.00	\$161.00	\$0.00	\$200.00	\$250.00	\$611.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Glynco, GA to attend the Leadership in Crisis Training. This class is to develop and hone leadership skills. This class would be beneficial not only for small, but large-scale crisis incidents.

Dept:	Sheriff's Department							
Event:	Internal Affairs Conference and Certification							
Source:	Public Agency Training Council							
Location:	Gatlinburg, TN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brian Williams	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00	\$0.00	\$0.00	\$1,550.00	Continued Professional Training Fund
Jamie Bonnette	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00	\$0.00	\$0.00	\$1,550.00	Continued Professional Training Fund
Yashila Ray	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00	\$0.00	\$0.00	\$1,550.00	Continued Professional Training Fund
Julie Coffman	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00	\$0.00	\$0.00	\$1,550.00	Continued Professional Training Fund
Steven Bartczak	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00	\$0.00	\$0.00	\$1,550.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Gatlinburg, TN to attend Internal Affairs Conference and Certification. This is a required training for the current position in the Internal Affairs Unit.

Dept:	Sheriff's Department							
Event:	North American Human Trafficking Conference 2024							
Source:	Law Enforcement Training Academy & Consulting							
Location:	Las Vegas, NV							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Hadam	10/22/2024 – 10/25/2024	\$645.00	\$256.00	\$549.00	\$150.00	\$650.00	\$2,250.00	Ohio University Grant Fund
John Morgan	10/22/2024 – 10/25/2024	\$645.00	\$256.00	\$549.00	\$150.00	\$650.00	\$2,250.00	Ohio University Grant Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To Travel to Las Vegas, NV to attend the North American Human Trafficking Conference. Investigation and prosecuting human trafficking cases are complex and require techniques that carefully balance public safety with the rights of victim-survivors. The commercial sex ecosystem thrives on an unrelenting demand, which fuels the supply and ultimately leads to the prolific distribution of victims. This conference will explore advanced human trafficking investigation and prosecution skills which will aid in successful investigations and ultimately convictions.

Dept:	Sheriff's Department							
Event:	Court Safety and Security Conference							
Source:	National Criminal Justice Training Center							
Location:	Appleton, WI							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Jerman	3/10/2025 – 3/13/2025	\$325.00	\$200.00	\$340.50	\$195.00	\$600.00	\$1,660.50	Continued Professional Training Fund
Chris Kozub	3/10/2025 – 3/13/2025	\$325.00	\$200.00	\$340.50	\$195.00	\$600.00	\$1,660.50	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Appleton WI to attend Court Safety & Security Conference. Training opportunity at the Court Safety and Security national convention.

Dept:	Medical Examiner's Office							
Event:	NAME 58 <sup>th</sup> Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Denver, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Elizabeth R. Mooney	9/19/2024 – 9/23/2024	\$950.00	\$126.00	\$920.25	\$255.24	\$574.95	\$2,826.44	FY2023 Coverdell Grant

\*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 meeting in order to obtain continuing medical education credits to maintain an Ohio medical license and board certification by the American Board of Pathologists. Also to meet and recruit future potential Forensic Pathology Fellows for the fellowship training program at CCMEO.

Dept:	Medical Examiner's Office							
Event:	International Symposium on Human Identification							
Source:	Promega							
Location:	San Antonio, TX							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jeffrey Oblock	9/22/2024 – 9/26/2024	\$1,365.00	\$172.00	\$847.80	\$164.00	\$503.95	\$3,052.75	FY2023 DNA Backlog Grant Fund
Brittney Svoboda	9/22/2024 – 9/26/2024	\$1,365.00	\$172.00	\$847.80	\$164.00	\$503.95	\$3,052.75	FY2023 DNA Backlog Grant Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

ISHI is the largest annual conference to focus entirely on DNA typing. I had a poster accepted for presentation titled, "ASSESSING THE NECESSITY OF DETERMINING THE EXACT NUMBER OF CONTRIBUTORS IN DNA MIXTURES".

As an attendee of ISHI, I would have access to:

- The General Session talks featuring industry leaders and emerging technologies
- 95+ Scientific Poster presentations over the course of two days
- An exhibit hall featuring vendors in the forensic field
- Networking opportunities and professional development
- Focused topic lunches
- Workshop options

Dept:	Medical Examiner’s Office							
Event:	Postmortem Toxicology for Forensic Pathology Fellows and Toxicologists Training							
Source:	The Center for Forensic Science Research & Education							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Samantha Delor	10/6/2024 – 10/10/2024	\$1,800.00	\$188.00	\$1,250.85	\$131.20	\$393.95	\$3,764.00	FY2023 Coverdell Grant Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Traveling to Philadelphia to attend a postmortem toxicology training course. The course features sections on involvement in drug related deaths of opioids, CNS depressants, stimulants, antidepressants and antipsychotics, novel psychoactive substances including hallucinogens, opioids and cannabinoids, anticonvulsants, alcohol and ketoacidosis, and other topics. Each session is structured to review the basics of the pharmacology, adverse effects, and guidance to interpretation of drug concentrations, and concludes with the perspectives of a leading forensic pathologist who will present examples of cases in each of the drug classes covered. The program also includes an in-depth consideration of postmortem redistribution, and other factors that affect interpretation.

**BC2024-598**

Department of Purchasing, presenting proposed purchases for the week of 8/12/2024:

**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
24003161	(52) Pairs of HazProof boots in various sizes for the Lake County HazMat Response Team	Department of Public Safety and Justice Services	Safeware, Inc.	\$5,380.00	FY2021 State Homeland Security Program Grant Fund
24002960	(40) Lighting packages for use at the County Airport	Department of Public Works	Professional Electric Products Co., LLC dba Pepco	\$7,308.40	General Fund
24003202	(24) Water-fillable barrier walls	Department of Public Works	A&A Safety, Inc.	\$7,459.20	Road and Bridge Fund
24003049	Various promotional items for various events	Division of Family and Children First Council	Promo Solutions	Not-to-exceed \$25,000.00	Health and Human Services Levy Fund
24003213	(300) Home Health Aides (HHA) uniforms for Home Support Unit	Division of Senior and Adult Services	Shuttler's Uniform, Inc.	Not-to-exceed \$5,999.99	Health and Human Services Levy Fund

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24003140	Out-of-home placement services for the period 6/12/2024 – 6/28/2024*	Division of Children and Family Services	Alliance Summit Group LLC	\$19,463.88	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24003227	Disposal of clean fill**	Department of Public Works	P&P Valley View Holdings dba Boyas Excavating	Not-to-exceed \$42,000.00	95% Sanitary Fund and 5% Road and Bridge Fund

\*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.

\*\*Approval No. BC2024-92, dated, which approved an alternative procurement process, which will result in various award recommendations to P&P Valley View Holdings dba Boyas Excavating in the total amount not-to-exceed \$200,000.00 for disposal of clean fill for the period 2/5/2024– 2/4/2026.

## **V. – OTHER BUSINESS**

### **Time Sensitive/Mission Critical**

#### **BC2024-599**

Department of Public Works, recommending an award on Purchase Order No. 24002818 to Resa Power, LLC aka Resa Service, LLC in the amount not to-exceed \$10,000.00 for emergency service call on the transformer, fan and controller located in Jail II of the Justice Center.

Funding Source: General Fund

### **Item of Note (non-voted)**

#### **Item No. 1**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a subgrant agreement with Ohio Department of Job and Family Services for reimbursement of Title IV-E eligible expenses for foster care placement and maintenance for the period 7/1/2023 – 6/30/2025, to change the terms, effective upon signatures of all parties; no additional funds required.

Funding Source: Title IV-E Foster Care Program

#### **Item No. 2**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to a grant award with Cleveland Foundation for Improving the Linguistic Environment in Infant and Toddler Classrooms in connection with LENA Grow Program for the period 7/1/2023 – 6/30/2024 to extend the time period to 12/31/2024; no additional funds required.

Funding Source: Cleveland Foundation

#### **Item No. 3**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting a grant award from the Cleveland Foundation in the amount of \$1,200,000.00 for Universal Pre-Kindergarten Programs, effective 6/21/2024.

Funding Source: High Quality Pre-Kindergarten Education Fund



**Item No. 4**

**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
R2012-0023 R2012-0087	Replacement of Rockside Road Bridge Nos. 3.23 and 3.32 over the Cuyahoga River in the City of Independence and Village of Valley View – Council District 6	\$12,000,000.00	\$22,597,108.00	\$9,600,000.00 – Federal Fund \$2,400,000.00 – Road and Bridge Fund	8/5/2024 (Executive)

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, August 5, 2024 – 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

**I. – CALL TO ORDER**

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

Attending:

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers), serving as Chairwoman  
Nichole English, Administrator, Planning and Programming, Department of Public Works (Alternate for Michael Dever)  
Anitra Curry (Alternate for Paul Porter)  
Joseph Nanni (Alternate for Purnell Jones Jr.)  
Levine Ross, County Council (Alternate for Meredith Turner)  
Councilmember Dale Miller

**II. – REVIEW MINUTES – 7/29/2024**

Leigh Tucker motioned to approve the minutes from the July 29, 2024, meeting; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-561**

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

Nichole English, Department of Public Works, presented. Joseph Nanni asked who is responsible for the upkeep of this bridge. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-561 was approved by unanimous vote.

**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

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-562 was approved by unanimous vote.

**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

Thomas Pavich, Department of Public Works, presented. Dale Miller asked what the projected estimate of this bid was. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-563 was approved by unanimous vote.

**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

Nichole English, Department of Public Works, presented Dale Miller stated that he was pleased to hear the progress of this project getting closer to completion. Dale Miller motioned to approve the item; Joseph Nanni seconded. Item BC2024-564 was approved by unanimous vote.

**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

Thomas Pavich and Nichole English, Department of Public Works, presented. Joseph Nanni asked if the lights being replaced are the existing or part of the new project renovation of the bridge. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-565 was approved by unanimous vote.

**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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-566 was approved by unanimous vote.

**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 3<sup>rd</sup> 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 3<sup>rd</sup> Floor of the Justice Center.

Funding Source: General

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-567 was approved by unanimous vote.

**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

Levan Egriselashvili and Dennis Sullivan, Department of Information Technology, presented. Joseph Nanni asked how Council can obtain a license to use this software. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2024-568 was approved by unanimous vote.

**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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-569 was approved by unanimous vote.

**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

Stephen Witt, Department of Human Resources, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-570 was approved by unanimous vote.

**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

Stephen Witt and Alida Moonen, Department of Human Resources presented. Dale Miller asked what the projected timeframe is when this service will be provided. Dale Miller motioned to approve the item; Joseph Nanni seconded. Item BC2024-571 was approved by unanimous vote.

**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

David Frattare, County Prosecutor’s Office/Internet Crimes Against Children Taskforce, presented. Dale Miller asked what guarantees are in place from entrapment of otherwise innocent bystanders; stated support initiatives to reduce and prevent criminal activity but still have some questions regarding the use of this software but will trust those who have the knowledge to use the software safely and wisely. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-572 was approved by unanimous vote.

**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

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-573 was approved by unanimous vote.

**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

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-574 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. Levine Ross asked what the reason is as to why these contracts do not align with the existing master contract. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-575 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-576 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-577 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-578 through BC2024-580; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

**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



\*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**

There was no public comment.

**VII – ADJOURNMENT**

Leigh Tucker motioned to adjourn; Dale Miller 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**

**BC2024-581**

Title	Public Works: Office Revolution; 2024 Cooperative Purchase; Modular cabinets for the kitchen at the Metzenbaum Building.
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	24002723	Office Revolution	NA	7,409.72	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval to purchase off the joint cooperative Teknion Omnia Contract – modular cabinets for the kitchen as part of the capital project renovation of the Metzenbaum building.

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

Project Goals, Outcomes or Purpose (list 3):

- To have a vendor in place that can furnish kitchen cabinetry that will be a part of the capital project at the Metzenbaum Building.
- This material is required for the capital project renovation.

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):
Office Revolution 275 Half Day Road, Ste 100 Bannockburn, IL 60015	Jim Van Overmeiren

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 Teknion Omnia contract #R191816 – expires 4/30/2025
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 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.
--

General Fund – PW600120 / 52500 / CFMTZ0000101 / 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
-----------------------------

**BC2024-582**

Title	Public Works / DLZ Ohio, Inc. and Resource International Inc. / Contract / RQ14159 / 3-year contract for Construction Material Testing Services for the Construction Division of Public Works
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM4518	DLZ Ohio Inc.	Effective date – 3-years from effective date	\$250,000.00	Pending	Pending

O	CM4519	Resource International Inc	Effective date – 3-years from effective date	\$250,000.00	Pending	Pending
---	--------	----------------------------	--	--------------	---------	---------

Service/Item Description (include quantity if applicable).  
Public Works is requesting approval of a contract, per the chart above, to secure a 3-year contract for Construction Material Testing Services for various County Construction project.

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 secure a 3-year contract for each vendor for Construction Material Testing 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: DLZ Ohio Inc. 4208 Prospect Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Michael Ohanian – Project Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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: Resource International Inc. 9885 Rockside Road, Suite 145 Cleveland, Ohio 44125	Owner, executive director, other (specify): Matthew Heater – Project Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14159</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: May 3, 2024	Provide a short summary for not using competitive bid process. These service contracts are being procured through a formal Request for Qualifications and the selected vendors were the two top scoring teams.  *See Justification for additional information.
The total value of the solicitation: \$500,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 99 / 7	<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 (%): ( 15 ) DBE ( 2 ) SBE ( 12 ) MBE ( 1 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. DIV-2 for WBE not submitted in original SOQ. Since been submitted.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Road & Bridge
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.  
 Accounting Unit: PW600100; Account: 55200; Activity: CFCWP0000101.

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

Provide status of project.

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

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3480	Resource International Inc.	8.28.2019-8.27.2022	\$245,000.00	8.27.2019	BC2019-628
A1	3480	Resource International Inc.	9.22.2022-12.31.2024	Time Extension	4.11.2023	BC2023-214

**BC2024-583**

Title	RFP Exemption / Brink's PO 24003139 EXMT
Department or Agency Name	Department of Purchasing



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	24003139 EXMT	Brink's U.S., a Division of Brink's, Incorporated		\$15,394.35	Pending	pending

Service/Item Description (include quantity if applicable). Armed guard and armored truck services for June 2024.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. Pickup from locations. 2. Deliver for deposit to bank/vault. 3. Delivery of cash to Treasurer.

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):
Brink's U.S. a Division of Brink's Incorporated 1422 Superior Ave. E., Cleveland, Ohio 44114	David Schultz Business Development Director
Vendor Council District:	Project Council District:
7	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Various County locations

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

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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.
Is funding for this included in the approved budget? <input 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.  64% General Fund 17% Other health & safety 19% Cuyahoga Support Enforcement
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: Invoice submitted for services rendered June 2024. Received invoice from vendor 7/11/2024. Purchasing-completed verification of payment amount occurred on 7/24/2024. Purchasing Manager returned signed justification 8/1/2024.	
There were delays in getting a new contract with this vendor starting July 1, 2024 and a secondary contract with a new vendor. Rather than amend an expired contract, we are paying the current invoices on purchase order during on-going negotiations. We cannot forgo deposits into County accounts should the vendor choose to stop service until payments made. A request for PO for services for July will be submitted at a later date to include only those non-contract locations during start-up time for new vendor's contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/2023
Date documents were requested from vendor:	12/5/2023
Date of insurance approval from risk manager:	3/27/2024
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 checked="" type="checkbox"/> Yes (if yes, please explain) Director of Purchasing advised vendor via e-mail on 12/18/2023 to continue current services during contract negotiations. Justification sent to Director on July 24 <sup>th</sup> and signed document received on August 1 <sup>st</sup> . This is required in order to move forward with request.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	2400268 8EXMT	Brink's U.S., a Division of Brink's, Incorporated		\$17,868.29	7/29/2024	BC2024-550

**BC2024-584**

Title	PO24003052STAC-2024- Procurement of Fourteen Cisco 9500 Switches
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.
	PO240030 52STAC	MNJ Technologies Direct	2024	\$410,660.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of: 14 (Fourteen) Cisco 9500 Switches for the Juvenile Justice Center, Justice Center, Old Court House, Headquarters, Domestic Relations and Probate Court in the amount of \$410,660.00.

This purchase is for cores for various County buildings that have reached the end of their 10-year lifespan. A core is a main distribution network point in a building and it is essential to replace them to ensure continued reliable network performance.

This purchase is part of the broader capital projects acquisitions and will be the main network distribution point for the facilities.

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:

1. Cisco Catalyst C9500 Switch: Quantity 14
2. Cisco Success Tracks service: Quantity 14
3. Cisco Customer experience: Quantity 14
4. Cisco Network architecture: Quantity 14
5. Cisco Power supply: Quantity 14
6. Cisco Solid state drive: Quantity 14
7. Cisco Optical cable: Quantity 18

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc.  1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested hardware equipment 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. OH STS contract # STS 534612 expires on 6/30/2025. All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS 534612 expires on 6/30/2025.  *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 534612 expires on 6/30/2025.  <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 ( ).
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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 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):	6.25.2024
Date documents were requested from vendor:	7.7.2024
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):

**BC2024-585**

Title	PO24003096STAC-2024- Procurement of Nine Cisco 9300 Switches		
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.
	PO24003096STAC	MNJ Technologies Direct	2024	\$98,505.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of: 9 (Nine) Cisco 9300 Switches for the Justice Center, the Clerk of Courts 2nd floor mezzanine area, as well as the Sheriff 3rd floor Datacenter in the amount of \$98,505.00.

This purchase is to replace two switch stacks at the Justice Center that have been troublesome with some failures. These failures have necessitated replacement of the oldest aged Chassis style switches in the fleet. Based on the progress of the new Justice Center building, the existing equipment is not expected to last 2-3 additional years until a new facility is built.

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:

1. Cisco Catalyst C9300L Ethernet Switch Quantity: 9.
2. Cisco Digital Network Architecture Advantage Quantity: 9
3. Cisco Power Supply Quantity: 9
4. Cisco 240 GB Solid State Drive Quantity:9.
5. Cisco Catalyst 9300L Stacking Kit Quantity:9.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc.  1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested hardware equipment 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. OH STS contract # STS 534612 expires on 6/30/2025. All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS 534612 expires on 6/30/2025.  *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 534612 expires on 6/30/2025.  <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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).



If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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 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):	6.25.2024
Date documents were requested from vendor:	7.7.2024
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?  No  Yes (if yes, please explain)

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

HISTORY (see instructions):

**BC2024-586**

Title	PatchMyPC Software Renewal
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.
	24003200 JCOP	SHI International Corp	12/16/2024 – 12/15/2025	\$14,265.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
The Department of Information Technology plans to contract with SHI International Corp, for the purchase of a Renewal Subscription of PatchMyPC Software in the amount of \$14,265.00. PatchMyPC Software is used by the Department of Information Technology to simplify the way the department creates, manages, updates, and deploys third-party applications within Microsoft Configuration Manager. One-Year Subscription 12/16/2024 – 12/15/2025.

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

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):  
PatchMyPC Software is used by the Department of Information Technology to simplify the way the department creates, manages, updates, and deploys third-party applications within Microsoft Configuration Manager.

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

Vendor Name and address:	Owner, executive director, other (specify):
--------------------------	---

SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Erica Flint Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A competitive process was completed. All approved joint cooperative purchasing contracts have gone through a competitive process and have been vetted prior to award. JCOP contract processes offer Cuyahoga County the opportunity to piggyback off the lowest and best pricing awarded under the contract. This contract was reviewed and awarded by the City of Mesa, Arizona. *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 Contract #2018011-02 expires February 28, 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  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 IT100140
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	23004874 JCOP	SHI International Corp	12/16/2023 - 12/15/2024	\$14,106.52	11/06/2023	BC2023-6945

**BC2024-587**

Title	Dedicated Internet Access 1Gbps
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.
	24003215 JCOP	Crown Castle Fiber, LLC	01/01/2025 – 12/31/2025	\$11,796.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
 The Department of Information Technology plans to contract with Crown Castle Fiber, LLC, for Dedicated Internet Access 1Gbps S129430 in the amount of \$11,796.00. Subscription renewal time period 01/01/2025 – 12/31/2025.

Indicate whether:  New service/purchase  Existing service/purchase  Replacement for an existing service/purchase (provide details in Service/Item Description section above)  
 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):  
 Provide the County with internet access for the County’s Public Wireless Internet Offering.

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):
Crown Castle Fiber LLC 350 North Orleans Street, Suite 620 Chicago, IL 60654	Julia Goralka Client Services Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	<p>Crown Castle is the current and historical provider of this subscription for internet access for the Public Wireless internet offering. For the County to remain diverse in its internet offerings for Disaster Recovery related scenario, the County IT Department prefers to use different vendors who offer an internet service. Within the past 12 months, the monthly reoccurring rate for this service was reduced by 45% and is the County's lowest monthly cost internet service currently in-place today.</p> <p>*See Justification for additional information.</p>
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  Crown Castle is the vendor who currently provides internet access for the County's Public Wireless Internet Offering. Additionally, Crown Castle is providing the County with GSA pricing which saves the County an additional \$517.00 each month. GSA GS-35F-465DA expires on August 17, 2036.
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

Is the item ERP related?  No  Yes, answer the below questions.

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

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

100% General Fund IT100165

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

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

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	23000880 EXMT	Crown Castle Fiber LLC	03/06/2023 – 03/05/2024	\$11,796.00	03/06/2023	BC2023-142

**BC2024-588**

TITLE	Milestones Helpdesk Capacity Building Initiative 2-year grant for \$100,000.
DEPARTMENT OR	County Council

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 checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Milestones Helpdesk	2020-2021	\$100,000.00	11/20/2020	BC2020-642
(O)		2022-2023	\$100,000.00	12/06/2022	BC2022-738
(O)		2024-2025	\$100,000.00		PENDING
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>With more than 1,400 resources, frequently asked questions and tool kits, <a href="http://www.milestones.org">www.milestones.org</a> is a one-stop hub for essential autism information. More than 100,000 unique visitors access the site each year.</p> <p>Autism Helpdesk: The no-cost Helpdesk guides families to vital autism services and providers. From the parent in crisis who needs an immediate doctor’s referral to one who is looking for a social opportunity for their child, the Helpdesk is the first call for personalized assistance. Approximately 500 people contact the Helpdesk each year.</p> <p>Annual Conference: Milestones' annual conference brings together more than 1,000 parents, professionals, and self-advocates to share evidence-based practical strategies, learn about best practices, and network. Attendees hear from nationally known speakers and can choose from more than 100 workshops.</p>			



	<p>Consultation and Agency Services: Milestones provides fee-based consultations to families needing more personalized guidance. Milestones also provides customized training to school districts, agencies, and professional organizations to ensure that they have the best practices and tools needed to effectively serve those with autism. Milestones also provides consultation and training to police and first responders, educators, health care providers, and others to ensure they have the resources they need to serve autistic individuals. Approximately 1,550 people attend agency training each year.</p>
<p>PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):</p>	<ul style="list-style-type: none"> <li>• To empower parents to successfully advocate on behalf of their children with autism.</li> </ul>
	<ul style="list-style-type: none"> <li>• To increase access and information for diverse, underserved clients.</li> </ul>
	<ul style="list-style-type: none"> <li>• To support professionals to better intervene in challenging situations.</li> </ul> <p>To achieve these goals, the primary activity is to operate a no-cost Helpdesk and fee-based Consultation services (with financial aid available) to provide support, information, and referrals to those affected by autism. Because autism is more likely to be identified in white children than in black or Hispanic children—even though rates are the same across racial/ethnic groups—Milestones will intentionally market the Helpdesk and Consultation services to communities of color to ensure that these populations receive early intervention and support. Our goal is to serve demographics parallel to those of NEO. Our most recent Helpdesk demographics indicate the clients who chose to identify are: 59% White; 12% Black; 5% Hispanic; 3% Asian.</p>

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

<p>PROJECT COUNCIL DISTRICT:</p>	<p>District 9</p>
----------------------------------	-------------------

PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Milestones Autism Resources 4853 Galaxy Pkwy, Ste A Warrensville Heights, Ohio 44128-5939
---	---

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	The project is funded 100% by the Health and Human Services Levy.
	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.

**BC2024-589**

Title	AMENDMENT FOR EDUCATIONAL/VOCATIONAL SERVICES GIRL SCOUTS OF NORTH EAST OHIO POSITIVE YOUTH DEVELOPMENT SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	4046	Girl Scouts of Northeast Ohio	7/1/2023- 6/30/2024	\$19,462.50	1/8/2024	BC2024-36
(A-1)	4308	Girl Scouts of Northeast Ohio	7/1/2024- 6/30/2026	\$38,905.00	PENDING	

Service/Item Description (include quantity if applicable). This is a contract amendment to extend the time period of the contract from June 30, 2024, through June 30, 2026, increase the funds in the amount of \$38,905.00 through June 30, 2026. A total of \$19,452.50 is to be allocated from July 1, 2024, through June 30, 2025. This changes the not-to-exceed value of the contract from \$19,462.50 to \$58,367.50.
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: N/A	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goal of this program is to engage youth in pro-social activities and career development.	

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: Girl Scouts of North East Ohio One Girl Scout Way Macedonia, Ohio 44056	Owner, executive director, other (specify): Jane Christyson, Chief Executive Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

n/a- Contract Amendment	<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% by the RECLAIM grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the notification of the RECLAIM Grant, the award process, and the vendor's delay in returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/16/2024
Date documents were requested from vendor:	6/12/2024
Date of insurance approval from risk manager:	5/29/2024
Date Department of Law approved Contract:	6/11/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <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
---

**BC2024-590**

Title	2024 GEAUGA COUNTY; EXEMPTION FOR NOT-TO-EXCEED PURCHASE ORDER FOR PRISONER BOARD AND CARE SERVICES
Department or Agency Name	SHERIFF'S- CORRECTIONS
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	24003112	GEAUGA COUNTY	8/19/24-12/31/24	\$90,000		

Service/Item Description (include quantity if applicable).  
 The Cuyahoga County Sheriff's Department (CCSD) is requesting approval for a Not-To-Exceed (NTE) purchase order (PO) exemption to Geauga County Sheriff's Department through December 31, 2024. The NTE PO will be for prisoner board and care (PB&C) services provided to the Cuyahoga County inmates on an as needed basis when the Cuyahoga County jail's Average Daily Population (ADP) needs to be reduced. The amount will not exceed a total of \$90,000.00. Previous PO (24000280) may not cover all charges through December 31, 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):  
 The primary goal of the project is to continue offsite prisoner board and care services provided by Geauga County Sheriff's Department pursuant to Ohio Revised Code (ORC) 341.12 through December 31, 2024. The daily rate per inmate shall not exceed rates established by ORC 341.12.

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):
Geauga County Sheriff's Department 12450 Merritt Drive Chardon, Ohio 44024	Kathy Rose, Jail Administrator
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. Services unable to be competitively bid.  *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe: _____

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  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.  SH100140/ 55130

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: N/A

Timeline

Project/Procurement Start Date (date your team started working on this item): 7/23/24

Date documents were requested from vendor: N/A

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: N/A

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

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

HISTORY (see 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	24000280	GEAUGA COUNTY	1/1/24 – 12/31/24	\$450,000.00	2/12/24	BC2024-109

**BC2024-591**

Title	PSJS; Advanced Server Management Group, Inc. "ASMGi"; Contract for Migration to .gov Domain for Local Government Websites; Not to exceed \$116,400.00 for a period of 6 months
Department or Agency Name	Public Safety & Justice 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	4685	ASMGi	Upon execution for 6 months	\$116,400.00	Pending	Pending
---	------	-------	-----------------------------	--------------	---------	---------

Service/Item Description (include quantity if applicable).

Requesting approval of a contract with ASMGi in the amount not to exceed \$116, 400.00 for the period of 6 months upon execution. ASMGi will assist up to 33 municipalities in Ohio FEMA Region 2 (Ashtabula, Cuyahoga, Geauga, Lake and Lorain Counties) with migrating their websites to the .gov domain. The primary objective of this migration is to enhance the security, accessibility, and trustworthiness of Local Government online presence to better serve constituents.

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):

- Migrate participating municipalities websites to a .gov domain
- Increase cyber security measures through this migration

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):
Advanced Server Management Group, Inc. "ASMGi" 800 Superior Ave., E. Suite 1050 Cleveland, OH 44114	Steven H. Roesing President, 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.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __14045__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" 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) 66 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date



	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. N/A, grant funded  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?  Only one bid received after two solicitation efforts	<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:
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. State Homeland Security Grant FY21 – 85% Urban Area Security Initiative Grant FY22 – 15%	
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. PJ280135 (PJ-21-SHSP) – \$98,400.00      PJ280125 (PJ-22-UASI) – \$18,000.00	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	

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

HISTORY (see instructions):

**BC2024-592**

Title	Department of Health and Human Services, MobileMed 1, Inc. dba MedWorks, RFP Exemption Contract, 2024, Cuyahoga Health Access Partnership (CHAP) Program	
Department or Agency Name	Department of Health and Human Services – Health Policy	
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	CM4309	MobileMed 1, Inc. dba MedWorks	7/1/2024 to 6/30/2026	\$90,648.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Department of Health and Human Services is requesting approval of a two-year contract with MobileMed 1, Inc., dba Medworks, for the anticipated cost of \$90,648.00 from 7/1/2024 through 6/30/2026.

The Cuyahoga Health Access Partnership Program (CHAP) will educate and enroll qualifying adults in Medicaid, the Health Insurance Marketplace, and other government health insurance programs serving Cuyahoga County including the Cuyahoga County Justice Center and Jail population. CHAP reviews financial eligibility as part of the Access Plan to enroll uninured individuals that do not qualify for Medicaid or assistance through the Health Insurance Marketplace and need access to primary and specialty care. The CHAP program will continue to lead the Northeast Ohio Outreach & Enrollment Council bringing together enrollment partners for regional outreach and coordinated Medicaid troubleshooting.

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? \_\_\_\_\_ N/A

Project Goals, Outcomes or Purpose (list 3):

- To connect Cuyahoga County residents to access to healthcare through insurance enrollment or the CHAP Access Plan.
- To transform our county into a model of health and wellness.

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):
MobileMed 1, Inc. 1400 E. 105 <sup>th</sup> Street Cleveland, Ohio 44106	Jennifer Andress, Executive Director
Vendor Council District: 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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 checked="" type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. An RFP exemption is being sought for this award due to the unique nature of the services provided by the CHAP.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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. (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. This project is funded 100% by Health and Human Services Levy 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.
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. The contract is in the processing stage.
---

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: There was a break in the processing of this contract due to an intended merger with MedWorks dba MobileMed 1, Inc. and MedWish that was due to be completed in June 2024, which we were made aware of later in the contract's processing stage. All documents needed updating with the vendor's new name. We were then informed the merger will not be completed until September 2024. So as not to interrupt the contract (due to begin July 1, 2024), it was decided to continue the processing of the contract with the vendor's current name and complete an amendment with the new name once the merger is completed. We began re-requesting documentation on April 29, 2024. The contract was sent to the agency on June 10. We met with the agency's rep., Ms. Latz, on June 20 to discuss plans to move forward relating to the company merger. The signed agreement was received on July 1 <sup>st</sup> . The updated COI was received on July 3 <sup>rd</sup> . The updated BWC was sent July 7 <sup>th</sup> .

Timeline	
Project/Procurement Start Date (date your team started working on this item):	3/7/2024
Date documents were requested from vendor:	3/14/2024
Date of insurance approval from risk manager:	3/13/2024
Date Department of Law approved Contract:	7/10/2024
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM2093	Mobilmed 1, Inc. dba Medworks	7/1/2022 – 6/30/2024	\$90,648.00	12/20/2021	BC2021-765

**BC2024-593**

Title	HHS: Division of Senior and Adult Services contract with Community Housing Solutions for the Healthy Aging Grant
Department or Agency Name	
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	4678	Community Housing Solutions	5.6.2024-9.30.2024	\$499,999.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>CHS will serve older adults in Cuyahoga County with the goal of helping them stay independent and safely in their homes. Specifically, the following criteria will be required: age 60+, living in a traditionally underserved community and having an income at or below 50% of AMI.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Provide home repair assistance to low-income homeowners so that they can live in a safe, healthy, and well-maintained environment.</p> <p>Help ensure that the homes of low-income families remain a financial asset to the owners as well as an asset in their communities.</p> <p>Empower seniors to continue living in their homes, rather than being forced to look for other housing because they are unable to maintain their properties.</p>
---

Facilitate aging in place by modifying the home to meet the homeowner's specific needs and critical home repairs.

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):
Community Housing Solutions 12114 Larchmere Blvd Cleveland, OH 44120	Pam Schuellerman, 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: 7.26.2024
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 (see instructions):
-----------------------------

**BC2024-594**

Title	HHS: Division of Senior and Adult Services contract with Fairhill Partners for the Healthy Aging Grant		
Department or Agency Name			
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	4679	Fairhill Partners	5.6.2024-9.30.2024	\$119,200.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Fairhill Partners will provide Adult Development programs, which include health workshops, fitness programs, and benefit support services:          Physical: Take Charge of Your Health, Matter of Balance, Chair yoga, line dancing, walking, and stretching</p> <p>Cognitive: Card playing, book club, reminiscing, current events, Family Feud, Bible study, computer class, Bingo, Connect Four, and community services.</p> <p>Spiritual: Spiritual session, Faith- based groups          Cognitive/Recreational: Knitting, sewing, Arts and Crafts, Bingo, computer instruction, online communities,</p> <p>Socialization: Field Trips, interacting with peers, holiday celebrations, volunteer opportunities, mentorships, social clubs, Peer support groups, Interest based groups.</p> <p>Special Events: Holiday and cultural events, Mother’s and Father’s Day, Valentine’s Day, Christmas, Kwanza, summer concert series, and Halloween</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles:   <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> <li>1. To avoid or reduce isolation experienced by participants.</li> <li>2. To increase or maintain modified physical activities</li> <li>3. To maintain participant cognitive ability with weekly and daily offerings.</li> </ol>
--



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):
Fairhill Partners 12200 Fairhill Road Cleveland, OH 44120	Lisa Clark, 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 4.6.2024 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 (see instructions):
-----------------------------

**C. - Consent Agenda**

**BC2024-595**

Title	2022 Sewer Repair Program AMD #1
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	2450	Fabrizi Recycling, Inc.	N/A	\$2,818,140.00	June 21 <sup>st</sup> , 2022	R2022-0147
A-1	2450	Fabrizi Recycling, Inc.		\$0- Time Extension Only	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>“performing the various repair task orders to the sewer system including open cut of sanitary and/or storm sewer piping, manhole or catch basin replacement, lateral repair, pavement and site restoration work, maintaining the flow in the existing sewers and protecting the integrity of the existing sewers and any other work necessary to complete the work shown.”</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>See Above</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Fabrizi Recycling, Inc. 6751 Eastland Rd. Middleburg Hts., OH 44130	Maria Fearer
Vendor Council District: 4	Project Council District: ALL

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>8818</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: \$2,818,140.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 3 / 3	<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 ( 3% ) SBE ( 20% ) MBE ( 17% ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input 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?  This was 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.  The project is funded 100% by the sewer district fees
---

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.  
PW715200

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: 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?  No  Yes (if yes, please explain)

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

HISTORY (see instructions):

SEE ABOVE

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

This is a \$0 amendment to extend the contract time only thru 12/31/24

**BC2024-596 a)**

Title	Public Works; Assignment of Lease from Priemer Investment Co., LLC to 4209 Euclid, LLC; 128 parking lot spaces located at 4209 Euclid Avenue
Department or Agency Name	The Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Assignment and Assumption

Original (O)/Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE0800729	Priemer Investment Co., LLC	5/1/2008 - 4/30/2013	\$ 351,422.40	11/6/2008	R#084625
A	CM 976	Priemer Investment Co., LLC	Extend to 4/30/2018	\$ 341,236.80	6/11/2013	R2013-0113
A	CM 1014	Priemer Investment Co., LLC	Extend to 4/30/2023	\$ 415,644.00	4/24/2018	R2018-0082
A	CM 1014/3405	Priemer Investment Co., LLC	Extend to 4/30/2028	\$ 455,200.00	4/25/2023	R2023-0107
A	CM 4655	4209 Euclid, LLC	4/30/2028	\$0.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).          Lease of 128 parking spaces, for Cuyahoga County Employees, located at 4209 Euclid Avenue in Cleveland.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):          The original property owner of the parking spaces has entered into an Assignment &amp; Assumption agreement with a new owner. This Assignment of Lease document recognizes the new owner as the lessor and that the lease agreement with the County will continue without a change to the term or dollar amount.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
4209 Euclid, LLC The Signet Centre 19 North High Street Akron, OH 44308	Vice President Kevin T. Belt Sr.

Attn: Signet Management, LLC	
Vendor Council District:	Project Council District:
N/A	Council District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>8817</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

N/A - No additional funds are requested. New contract in INFOR will take over the remaining balance of previously approved funds - HS260130 100%.

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

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

N/A - No additional funds are requested. New contract in INFOR will take over the remaining balance of previously approved funds - HS260130 100%..

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

**BC2024-596 b)**

Title	Public Works; Assignment of Leases from Priemer Investment Co., LLC to 4209 Euclid, LLC; 150 parking lot spaces located at 4209 Euclid Avenue
Department or Agency Name	The 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 checked="" type="checkbox"/> Other (please specify): Assignment and Assumption



Original (O)/ Amendme nt (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE0600297	Priemer Investment Co., LLC	1/1/2006 – 12/31/2010	\$390,150.00	12/08/2005	Resol#054862
A	CE0600297	Priemer Investment Co., LLC	Extend to 12/31/2015	\$441,000.00	6/13/2011	BC2011-11
A	CE0600297	Priemer Investment Co., LLC	Extend to 12/31/2020	\$477,730.80	1/25/16	BC2016-51
A	CE0600297 -01 CONV / CM 877	Priemer Investment Co., LLC	Extend to 12/31/2025	\$507,600.00	5/25/21	R2021-0128
A	CM 4656	4209 Euclid, LLC	12/31/2025	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
Lease of 150 parking spaces, for Cuyahoga County Employees, located at 4209 Euclid Avenue in Cleveland.

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 original property owner of the parking spaces has entered into an Assignment & Assumption agreement with a new owner. This Assignment of Lease document recognizes the new owner as the lessor and that the lease agreement with the County will continue without a change to the term or dollar amount.

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):
4209 Euclid, LLC The Signet Centre 19 North High Street Akron, OH 44308 Attn: Signet Management, LLC	Vice President Kevin T. Belt Sr.
Vendor Council District:	Project Council District:
N/A	Council District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___ 4285___ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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.  N/A - No additional funds are requested. New contract in INFOR will take over the remaining balance of previously approved funds - HS260145 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.

N/A - No additional funds are requested. New contract in INFOR will take over the remaining balance of previously approved funds - HS260130 100%..

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

**BC2024-597**

(See related items for proposed travel/memberships for the week of 8/12/2024 in Section C above).

**BC2024-598**

(See related items for proposed purchases for the week of 8/12/2024 in Section C above).

**V – OTHER BUSINESS**

**Time Sensitive/Mission Critical**

**BC2024-599**

Title	Public Works / RESA Service LLC dba Resa Power LLC / Purchase Order / Justice Center Electrical Evaluation and Repair / Mission Critical	
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	24002818	RESA Service LLC dba Resa Power LLC	NA	\$10,000.00 NTC	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Public Works is requesting approval of a mission critical purchase order, per the chart above, for the evaluation and repair to the transformer fan controller at Jail 2. We're anticipating more repairs tied to the same job, it's all high voltage electrical work.

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:

Project Goals, Outcomes or Purpose (list 3):  
 1. The goal of the project was to secure a purchase order for the evaluation and repair as described above.  
 2. To pay for the services already rendered via mission-critical authorized repair.  
 3. To obtain the NTE amount of \$10,000 in the event there are additional repairs necessary tied to this same job

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: RESA Service LLC dba Resa Power LLC. 8300 Cypress Creek Parkway, Suite 225 Houston, TX 77070	Owner, executive director, other (specify):  Kelli Sylvester, Accounting 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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:  N/A	Due to the nature of the repair required, Time Sensitive/Mission Critical procurement was director approved and followed.  *See Justification for additional information.
The total value of the solicitation: \$10,000.00	<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 ( 10% ) SBE ( 0% ) MBE ( 0% ) 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: Mission Critical – Director Approved

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.  
 PW750100

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

**Item of Note (non-voted)**

**Item No. 1**

TITLE	Title IV-E Subgrant Agreement Amendment
DEPARTMENT OR	Juvenile Court

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Title IV-E ODJFS	7/1/23-6/30/25	\$3,000,000.00	07/24/2023	CON2023-80
AMENDMENT (A-1)	Title IV-E ODJFS	7/1/23 – 6/30/25	-	Pending	Pending
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		This is Subgrant Agreement between the Court and the Ohio Department of Job and Family Services.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Fund Court Administration of Title IV-E FCM services.			
		Fund multiple staff salaries			
		Fund Title IV-E related youth programming			

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	Ohio Department of Job and Family Services Matt Damschroder, Director
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.
	Title IV-E Foster Care 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**

TITLE	Office of Early Childhood/Invest in Children 2024 Cleveland Foundation for Grant
DEPARTMENT OR	Office of Early Childhood/Division of Invest in Children

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)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	LENA Grow Program	07/01/2023-6/30/2024	\$91,029.00	CON2023-88	8.7.2023
AMENDMENT (A-1)	LENA Grow Program	6/30/2024-12/31/2024	Time Ext.	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Improving the Linguistic Environment in Infant and Toddler Classrooms with LENA Grow. Invest in Children's partner on the LENA project, Starting Point, has been working diligently on integrating LENA across more organizations and has leveraged state level funding with a short timeline to serve additional sites. As that project recently completed, Invest in Children and Starting Point are seeking a slightly longer timeline for these funds to ensure that more legacy programs and new types of programs (Family Child Care programs, particularly) have access to the LENA program. This extension will allow more programs to be served and ensure fidelity to the model's implementation and timeline.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>. Improve language environment in classrooms, as measured by the number of conversational turns between children and teachers.</p> <p>. Provide coaching and support to caregivers in the infant toddler classrooms to improve the classroom's language environment and quality of care.</p>



	Increase equity in teacher-child conversational opportunities through data-informed coaching that shows teachers how their interactions are distributed among children in the classroom.
--	--

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	Kathleen Hallissey The Cleveland Foundation 1422 Euclid Avenue Suite 1300 Cleveland, Ohio 44113
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	\$91,029.00

PROJECT COUNCIL DISTRICT:	County Wide
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.
	LENA Grow 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. The project is funded 100% grant from the Cleveland Foundation

**Item No. 3**

TITLE	Office of Early Childhood/Invest in Children 2024 Cleveland Foundation for Grant Acceptance
DEPARTMENT OR	Office of Early Childhood/Division of Invest in Children

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 checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Cleveland Foundation	6/21/2024- No end date	\$1,200,000.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	High-Quality Pre-Kindergarten Education Fund Funds should be used for the Universal Pre-K Program Any funds not expended for the purpose agreed to, must be returned to the Foundation.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<ol style="list-style-type: none"> <li>1. Improve quality of child care and early learning through quality enhancement funds</li> <li>2. Increase affordability of child care by providing scholarships to families under 400% of federal poverty level</li> <li>3. Increase number of child care providers who can participate in UPK</li> </ol>				
	A full copy of The Cleveland Foundation's Terms and Conditions of Grant can be found on our website <a href="http://clevelandfoundation.org">clevelandfoundation.org</a>				

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	Grants Management The Cleveland Foundation 6601 Euclid Avenue Cleveland, OH 44103
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	\$1,200,000.00

PROJECT COUNCIL DISTRICT:	County Wide
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.
	High Quality Pre-Kindergarten Education Fund
	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.
	High Quality Pre-Kindergarten Education Fund of the Cleveland Foundation

**Item No. 4**

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

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**