



**Cuyahoga County Board of Control Agenda  
Monday, September 16, 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 – 9/9/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-655**

Department of Public Works,

- a) Requesting authority to apply for grant funds from the U. S. Department of Transportation Federal Aviation Administration in the total amount not-to-exceed \$1,025,553.00 as follows:
1. For the reconfiguration of existing Taxiways A and A3 and reconstruction of Taxilane B Connectors at the Cuyahoga County Airport in the amount not-to-exceed \$833,563.00.
  2. For the reconstruction of Taxilane B at the Cuyahoga County Airport in the amount not-to-exceed \$191,990.00.
- b) Submitting grant agreements with the U. S. Department of Transportation Federal Aviation Administration in the total amount not-to-exceed \$1,025,553.00, effective date of signature by the County Executive for a period of four years as follows:
1. For the reconfiguration of existing Taxiways A and A3 and reconstruction of Taxilane B Connectors at the Cuyahoga County Airport in the amount not-to-exceed \$833,563.00.
  2. For the reconstruction of Taxilane B at the Cuyahoga County Airport in the amount not-to-exceed \$191,990.00.

Funding Source:

1) 90% \$726,579.00 U. S. Department of Transportation Federal Aviation Administration and 5% \$40,365.00 State and 5% \$66,619.00 Cash Match (Capital Improvement Project Fund)

2) 90% \$172,791.00 U. S. Department of Transportation Federal Aviation Administration, 5% \$9,599.00 State and 5% \$9,600.00 Cash Match (Capital Improvement Project Fund)

**BC2024-656**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to APG Office Furnishings in the amount not-to-exceed \$53,789.54 for a joint cooperative purchase of various furniture and fixtures, installation and design services for the tear down and relocation of various furniture and buildout of (4) new offices on the seventh floor of the County Administrative Headquarters for the Department of Housing and Community Development.
- b) Recommending an award on Purchase Order No. 24003492 to APG Office Furnishings in the amount not-to-exceed \$53,789.54 for a joint cooperative purchase of various furniture and fixtures, installation and design services for the tear down and relocation of various furniture and buildout of (4) new offices on the seventh floor of the County Administrative Headquarters for the Department of Housing and Community Development.

Funding Source: General Fund

**BC2024-657**

Department of Public Works/Division of Public Utilities, recommending an award and enter into Agreement No. 4797 with City of Euclid in the amount not-to-exceed \$50,000.00 for assistance with the permitting process and facilitating connections with businesses in its industrial core for the Euclid Microgrid Design Project effective upon contract signatures of all parties through 2/28/2026.

Funding Source: U.S. Department of Energy Grant

**BC2024-658**

Department of Public Works, recommending an award on RQ14749 and enter into Contract No. 4819 with Cook Paving & Construction Co. Inc. (4-2) in the amount not-to-exceed \$273,386.00 to construct micromobility parking stations at various locations in the Cities of Cleveland, Cleveland Heights, East Cleveland, South Euclid, and University Heights, Ohio.

Funding Source: Federal Northeast Ohio Areawide Coordinating Agency NOACA (4TA7).

**BC2024-659**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$71,673.54 for the purchase of various Smartsheet project management software subscriptions and support for the period 7/31/2024-8/20/2025.

- b) Recommending an award on Purchase Order No. 24003515 to Carahsoft Technology Corporation in the amount not-to-exceed \$71,673.54 for the purchase of various Smartsheet project management software subscriptions and support for the period 7/31/2024-8/20/2025.

Funding Source: 99% General Fund and 1% Health and Human Services Levy Fund

**BC2024-660**

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 \$10,439.20 for the purchase (116) cables in various types, (1) portable lock box, (6) modules and (1) Cisco voice interface card for installation at 1801 Superior Avenue, Cleveland.
- b) Recommending an award on Purchase Order No. 24003629 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$10,439.20 for the purchase (116) cables in various types, (1) portable lock box, (6) modules and (1) Cisco voice interface card for installation at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

**BC2024-661**

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 \$5,200.00 for a state contract purchase of (4) Meraki Wireless Access Points at 1801 Superior Avenue, Cleveland and (4) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.
- b) Recommending an award on Purchase Order No. 24003631 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,200.00 for a state contract purchase of (4) Meraki Wireless Access Points at 1801 Superior Avenue, Cleveland and (4) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.

Funding Source: General Fund

**BC2024-662**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$362,147.60 for a state contract purchase of (30) each Cisco Catalyst 9300L ethernet network switches, (30) Network Architecture Advantage licenses for a period 3-years, (50) transceivers, and related accessories for use at 1801 Superior Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24003639 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$362,147.60 for a state contract purchase of (30) each Cisco Catalyst 9300L ethernet network switches, (30) Network Architecture Advantage licenses for a period 3-years, (50) transceivers, and related accessories for use at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

**BC2024-663**

Department of Information Technology on behalf of the Public Defender's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$6,074.00 for a state contract purchase of (3) HP Z2 G9 workstations, each to include HP Care Pack hardware support, 5-year extended warranty, HP Absolute Data & Device Security for Education Professional – Subscription Licenses, (3) Samsung monitors and (1) Kingston FURY Renegade Solid State Drive.
- b) Recommending an award on Purchase Order No. 24003678 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$6,074.00 for a state contract purchase of (3) HP Z2 G9 workstations, each to include HP Care Pack hardware support, 5-year extended warranty, HP Absolute Data & Device Security for Education Professional – Subscription Licenses, (3) Samsung monitors and (1) Kingston FURY Renegade Solid State Drive.

Funding Source: General Fund

**BC2024-664**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications Inc. in the amount not-to-exceed \$117,860.00 for a joint cooperative purchase for the renewal of various Google/Mandiant software subscriptions and support effective 9/24/2024 for a period of 12 months.
- b) Recommending an award on Purchase Order No. 24003706 to TEC Communications Inc. in the amount not-to-exceed \$117,860.00 for a joint cooperative purchase for the renewal of various Google/Mandiant software subscriptions and support effective 9/24/2024 for a period of 12 months.

Funding Source: General Fund

**BC2024-665**

Department of Law,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bricker Graydon, LLP in the amount not-to-exceed \$7,000.00 for various legal services related to the tax increment financing program proposed by the City of Cleveland in connection with the Shore-to-Core project and potential revenue sharing agreements for the period 12/8/2023 through project completion.

- b) Recommending an award and enter into Contract No. 4297 with Bricker Graydon, LLP in the amount not-to-exceed \$7,000.00 for various legal services related to the tax increment financing program proposed by the City of Cleveland in connection with the Shore-to-Core project and potential revenue sharing agreements for the period 12/8/2023 through project completion.
- c) Submitting an amendment to Contract No. 4297 with Bricker Graydon, LLP for various legal services related to the tax increment financing program proposed by the City of Cleveland in connection with the Shore-to-Core project and potential revenue sharing agreements for the period 12/8/2023 through project completion, to change the terms of the original contract effective 4/23/2024 by changing the amount of compensation from \$7,000.00 to \$12,0000.00.

Funding Source: General Fund

**BC2024-666**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3007 (formerly Contract No. 1790) with Case Western Reserve University, Mandel School of Applied Sciences for evaluation services of the Safe Harbor Docket Programs for the period 7/1/2021 – 6/30/2024 to extend the time period to 6/30/2026, and replace the insurance requirements, effective 7/1/2024, and for additional funds in the amount-not-to-exceed \$47,840.00.

Funding Source: RECLAIM Grant

**BC2024-667**

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 \$9,077.12 for a joint cooperative purchase of (94) various Class A certified glass flasks for routine testing and analysis.
- b) Recommending an award on Purchase Order No. 24003714 to Fisher Scientific Company LLC in the amount not-to-exceed \$9,077.12 for a joint cooperative purchase of (94) various Class A certified glass flasks for routine testing and analysis.

Funding Source: General Fund

**BC2024-668**

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Kaseware, Inc. in the amount not-to-exceed \$16,650.00 for the purchase of (9) user licenses for a data sharing platform for use by the Ohio Fusion Center Network for the period 10/1/2024 – 9/30/2025.

- b) Recommending an award on Contract No. 4641 to Kaseware, Inc. in the amount not-to-exceed \$16,650.00 for the purchase of (9) user licenses for a data sharing platform for use by the Ohio Fusion Center Network for the period 10/1/2024 – 9/30/2025.

Funding Source: FY2023 State Homeland Security Grant Program

**BC2024-669**

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 3876 with A Place 4 Me Collaborative for independent living skills training for youth and young adults, ages 14-21 for the period 9/30/2023-9/29/2024 to extend the time period to 9/29/2025 and for additional funds in the amount not-to-exceed \$64,000.00.

Funding Source: Temporary Assistance for Needy Families – Independent Living

**BC2024-670**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Haven Child Development and Enrichment Center LLC in the amount not-to-exceed \$9,160.00 for scholarships for students previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.
- b) Recommending an award and enter into Contract No. 4720 with Haven Child Development and Enrichment Center LLC in the amount not-to-exceed \$9,160.00 for scholarships for students previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-671**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Maple Heights City School District in the amount not-to-exceed \$4,902.00 for scholarships for students attending Abraham Lincoln Elementary School and previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.
- b) Recommending an award and enter into Contract No. 4725 with Maple Heights City School District in the amount not-to-exceed \$4,902.00 for scholarships for students attending Abraham Lincoln Elementary School and previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-672**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Kiddie City Child Care Community, Inc. in the amount not-to-exceed \$45,991.00 for scholarships for students previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.
- b) Recommending an award and enter into Contract No. 4726 with Kiddie City Child Care Community, Inc. in the amount not-to-exceed \$45,991.00 for scholarships for students previously enrolled in the Universal Pre-Kindergarten Scholarship Program as of 7/5/2024 for the period 8/1/2024 – 7/31/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-673**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 2995 with Mental Health Services, Inc. for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 – 1/31/2025, to amend the terms of Exhibit II Budget, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$500,000.00.

Funding Source: US Department of Housing and Urban Development Coordinated Entry grant

**BC2024-674**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, Center on Urban Poverty and Community Development in the amount not-to-exceed \$40,000.00 to provide research, data analysis and consultation services in connection with the Continuum of Care competition program and the Income and Stability pilot project for those experiencing homelessness for the period 1/1/2024 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 4188 with Case Western Reserve University, Center on Urban Poverty and Community Development in the amount not-to-exceed \$40,000.00 to provide research, data analysis and consultation services in connection with the Continuum of Care competition program and the Income and Stability pilot project for those experiencing homelessness for the period 1/1/2024 – 12/31/2024.

Funding Source: U.S. Department of Housing and Urban Development – Planning Grant

**BC2024-675**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Joseph’s Home dba Joseph and Mary’s Home in the amount not-to-exceed \$267,547.00 for temporary housing and

supportive services for medically fragile men experiencing homelessness for the period 7/1/2024-6/30/2025.

- b) Recommending an award and enter into Contract No. 4687 with Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$267,547.00 for temporary housing and supportive services for medically fragile men experiencing homelessness for the period 7/1/2024-6/30/2025.

Funding Source: Health and Human Services Levy Fund

**BC2024-676**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, The Begun Center for Violence Prevention Research and Education in the amount not-to-exceed \$190,000.00 for research, planning and independent evaluative services of its Second Chance Act Pay for Success Initiative effective upon contract signatures of all parties through 10/31/2027.
- b) Recommending an award and enter into Contract No. 3908 with Case Western Reserve University, The Begun Center for Violence Prevention Research and Education in the amount not-to-exceed \$190,000.00 for research, planning and independent evaluative services of its Second Chance Act Pay for Success Initiative effective upon contract signatures of all parties through 10/31/2027.

Funding Source: Bureau of Justice Assistance Grant

**C. – Consent Agenda**

**BC2024-677**

Department of Public Works, submitting an amendment to Contract No. 3108 with CATTs Construction, Inc. for resurfacing and rehabilitation of Coventry Road from Fairhill Road to Euclid Heights Boulevard in the City of Cleveland Heights for a decrease in the amount of (\$18,450.54); 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: \$5.00 Motor Vehicle License Tax Fund

**BC2024-678**

Department of Purchasing on behalf of the Department of Public Works, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating



**BC2024-679**

Fiscal Department, presenting proposed travel/membership requests for the week of 9/16/2024:

Dept:	Department of Sustainability							
Event:	2024 Michigan Climate Summit							
Source:	Michigan Climate Action Network							
Location:	Ann Arbor, MI							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Katharyne Starinsky	9/25/2024 – 9/26/2024	\$35.00	\$56.00	\$346.08	\$258.78	\$0.00	\$695.86	General Fund
Brooke Meznarich	9/25/2024 – 9/26/2024	\$35.00	\$56.00	\$346.00	\$258.78	\$0.00	\$695.78	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The goals of this year's gathering include depicting the interlocking crises of democracy and climate justice, educating the populace and empowering lifelong climate voters, and departing with tangible ways to perform our civic duty to our communities.

Dept:	Department of Sustainability							
Event:	Urban Sustainability Directors Network - 2024 Annual Meeting							
Source:	Urban Sustainability Directors Network							
Location:	Minneapolis, MN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jenita McGowan	10/20/2024 – 10/23/2024	\$900.00	\$69.00	\$0.00	\$60.00	\$750.00	\$1,779.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Lodging is included with the registration fee

**Purpose:**

To attend the annual meeting of the Urban Sustainability Directors Network. field and of the meeting is to exchange knowledge and new ideas with fellow practitioners, learn from experts in the field, and build relationships to deepen our work and support each other. While at the meeting, members will also have the opportunity to get out and learn about the local community via immersive tours focused on equitable sustainability.

**BC2024-680**

Department of Purchasing, presenting proposed purchases for the week of 9/16/2024:

**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
24003775	Annual renewal for (10) WorkWave Route Manager 360 and GPS tracking subscription services	Division of Children and Family Services	WorkWave LLC	\$7,812.00	66% Health and Human Services Levy Fund and 34% Title IV-E Fund

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24003728	Out-of-home placement services for the period 8/1/2024 – 8/31/2024*	Division of Children and Family Services	Alliance Summit Group LLC	\$53,268.23	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement 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.

## **V- OTHER BUSINESS**

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

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

Department of Public Works, submitting an amendment to a grant agreement to replace the previously executed amendment approved by BC2024-165 and executed by County Executive on 3/4/2024 with Ohio Department of Natural Resources and the City of Cleveland in the amount of \$150,000.00 for the Beulah Park-Euclid Beach Connector Trail – Phase I Project in connection with NatureWorks Local Assistance Grant Program, effective upon signatures of Ohio Department of Natural Resources through 12/31/2025; no additional funds.

Funding Source: 75% Ohio Department of Natural Resources of Ohio Capital Funds and 25% (Cash Match) – General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

## **VI – PUBLIC COMMENT**

## **VII – ADJOURNMENT**

## Minutes

Cuyahoga County Board of Control  
Monday, September 9, 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 11:03 a.m.

#### Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)  
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)  
Nichole English, Administrator, Planning and Programming, Department of Public Works  
(Alternate for Michael Dever)  
Paul Porter, Director, Department of Purchasing  
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)  
Levine Ross, County Council (Alternate for Meredith Turner)  
Councilmember Dale Miller

### **II. – REVIEW MINUTES – 9/3/2024**

Leigh Tucker motioned to approve the minutes from the September 3, 2024, meeting; Nichole English 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**

##### **BC2024-640**

Department of Public Works, recommending an award and enter into Contract No. 4783 with Zscape LLC (65/2) in the amount not-to-exceed \$20,000.00 for landscaping, snow removal and salting services at the Cuyahoga County Animal Shelter effective upon signatures of all parties for the period 11/11/2024 – 11/10/2025.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-640 was approved by unanimous vote.

### **BC2024-641**

Department of Equity and Inclusion, recommending an award on RQ14044 and enter into Contract No. 4774 with Keen Independent Research LLC (29-5) in the amount not-to-exceed \$392,774.00 for a Disparity Study of Minority and Woman-Owned Businesses in Cuyahoga County and surrounding geographic areas, for the period 9/17/2024 – 12/31/2025.

Funding Source: General Fund

Lenora Lockett, Department of Equity and Inclusion, presented. Dale Miller asked is this the third study under the new government; what were the costs for the two previous studies; asked what accounts for the increase of almost one third over the last one; asked since this was a request for qualifications it was not decided solely based on price; asked was the ranking on a number of criteria. Lenora Lockett commented it was a Request for Proposals so there was a score for the budget that was worth approximately 20 points out of 100 so a fifth of the scoring was related to budget. Trevor McAleer asked whether this vendor did the 2020 study; asked if the not-to-exceed amount is being billed monthly/quarterly on an hourly rate for the number of hours worked or how will the billing work; asked although the contract goes through 12/31/2025 when do you expect the study to be completed. Dale Miller commented I think the County has done very well with the disparity study and we've made progress and it's been a matter of chipping away at it and gradually strengthening the approaches as needed and justified by the studies; asked whether he is correct in his knowledge we've had no litigation based on the disparity studies, which is not true in other jurisdictions so he commended Lenora Lockett for her part in this work and hopes we continue to see good results. Lenora Lockett acknowledged it was a team effort and usually once recommendations are received works closely with the Department of Law to make sure we are implementing the recommendations so that they're narrowly tailored, so again as you know we can get sued for any reason but we try to make sure that we work with the expertise within the County to make sure we're assertive but within compliance with legal requirements. Trevor McAleer asked who the MBE vendor on the project is; asked are they local. Dale Miller commented given the current makeup of the Supreme Court he would not be surprised if the legal architecture we've been working on since about the late 70's got challenged in court it wouldn't be the first time that something that stood for 50 years or so got overturned so hopefully that doesn't happen here, but I think that risk is out there. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-641 was approved by unanimous vote.

### **BC2024-642**

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 \$10,962.95 as final payment for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 7/31/2024.
- b) Recommending an award on Purchase Order No. 24003567 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$10,962.95 as final payment for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 7/31/2024.

Funding Source: 69% General Fund, 1% Other Health & Safety Fund and 30% Cuyahoga Support Enforcement Fund

Paul Porter, Department of Purchasing, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-642 was approved by unanimous vote.

**BC2024-643**

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 \$27,091.34 for a state contract purchase of equipment, installation and programming services for (4) access control devices, (3) door intercoms, and (1) master intercom station and under-the-desk door release for the Cuyahoga County Airport.
- b) Recommending an award on Purchase Order No. 24003167 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$27,091.34 for a state contract purchase of equipment, installation and programming services for (4) access control devices, (3) door intercoms, and (1) master intercom station and under-the-desk door release for the Cuyahoga County Airport.

Funding Source: Airport Operating Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-643 was approved by unanimous vote.

**BC2024-644**

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 \$29,808.00 for a state contract purchase of (81) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.
- b) Recommending an award on Purchase Order No. 24003447 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$29,808.00 for a state contract purchase of (81) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-644 was approved by unanimous vote.

**BC2024-645**

Department of Information Technology on 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 \$5,945.50 for a state contract purchase of equipment, installation and programming services for (5) replacement Axis video converters for Jail II Elevators.
  
- b) Recommending an award on Purchase Order No. 24003503 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$5,945.50 for a state contract purchase of equipment, installation and programming services for (5) replacement Axis video converters for Jail II Elevators.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-645 was approved by unanimous vote.

**BC2024-646**

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 \$110,830.00 for a state contract purchase of (510) Zoom Enterprise Conferencing and Audio Licenses, includes (1) each pay as you go audio conference with overage protection for use by various departments for a period of 12 months.
  
- b) Recommending an award on Purchase Order No. 24003537 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$110,830.00 for a state contract purchase of (510) Zoom Enterprise Conferencing and Audio Licenses, includes (1) each pay as you go audio conference with overage protection for use by various departments for a period of 12 months.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-646 was approved by unanimous vote.

**BC2024-647**

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 \$129,800.00 for a state contract purchase for the renewal of (1,000) Nitro Pro Business licenses for the period 11/13/2024 – 11/12/2025.

- b) Recommending an award on Purchase Order No. 24003539 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$129,800.00 for a state contract purchase for the renewal of (1,000) Nitro Pro Business licenses for the period 11/13/2024 – 11/12/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-647 was approved by unanimous vote.

**BC2024-648**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$41,680.10 for purchase of (110) Slack Enterprise Grid licenses for the period 8/13/2024 – 8/12/2025.
- b) Recommending an award on Purchase Order No. 24003587 to Carahsoft Technology Corporation in the amount not-to-exceed \$41,680.10 for purchase of (110) Slack Enterprise Grid licenses for the period 8/13/2024 – 8/12/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-648 was approved by unanimous vote.

**BC2024-649**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in a payment to Nexum, Inc. in the amount not-to-exceed \$99,782.36 for the purchase of F5 premium support services for (4) firewalls located at the Cleveland and Columbus data centers, for the period 10/21/2024 - 10/20/2025.
- b) Recommending a payment on Purchase Order No. 24003590 to Nexum, Inc. in the amount not-to-exceed \$99,782.36 for the purchase of F5 premium support services for (4) firewalls located at the Cleveland and Columbus data centers, for the period 10/21/2024 - 10/20/2025.

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 BC2024-649 was approved by unanimous vote.



**BC2024-650**

Department of Information Technology, submitting an amendment to Contract No. 4145 (fka Contract No. 863 and 189) with Provato LLC for sourcing of temporary information technology staff augmentation services for the period 12/7/2020 - 12/6/2024 to extend the time period to 12/6/2027, to amend the insurance requirements, and for additional funds in the amount not-to-exceed \$450,000.00, effective upon contract signatures of all parties.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked to what extent is this needed on a regular and ongoing basis or to what extent is it for something we need for a while and then don't need for a while; asked what approximately the staff rate on an hourly basis is. The Presenter will follow up Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-650 was approved by unanimous vote.

**BC2024-651**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2938 (fka Contract No. 1609) with Equius Group, LLC to provide Diversity, Equity and Inclusion training sessions for Court staff for the period 5/1/2021 – 6/30/2024 to extend the time period to 6/30/2026 and for additional funds in the amount of \$173,000.00.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-651 was approved by unanimous vote.

**BC2024-652**

Department of Public Safety and Justice Services, recommending an award on RQ14335 and enter into Purchase Order No. 24002808 with Ameristar Perimeter Security USA, Inc. (12-3) in the amount not-to-exceed \$402,562.15 for the purchase of various bollards for the Huntington Convention Center of Cleveland.

Funding Source: FY2022 Urban Area Security Initiative grant

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Nichole English seconded. Item BC2024-652 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. BC2024-653 through BC2024-654; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2024-653**

Fiscal Department, presenting proposed travel/membership requests for the week of 9/9/2024:

Dept:	Department of Consumer Affairs							
Event:	United States Senate Committee on Banking, Housing, and Urban Affairs Committee							
Source:	United States Senate							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Sheryl Harris	9/12/2024	\$0.00	\$60.00	\$0.00	\$50.00	\$700.00	\$810.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Senator Sherrod Brown's office has invited Cuyahoga County to attend and speak at the Banking, Housing, and Urban Affairs Committee. The Director of Consumer Affairs, Sheryl Harris, will speak to the scams and frauds that are targeting Cuyahoga County seniors.

Dept:	Department of Information Technology							
Event:	Re:Invent Users Conference							
Source:	Versaterm							
Location:	Niagara Falls, Canada							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Sharon Faenza	9/16/2024 – 9/19/2024	\$1,375.00	\$60.00	\$1,076.00	\$326.86	\$0.00	\$2,837.86	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Versaterm holds a conference yearly that allows for Versaterm and various vendors [to demonstrate the latest offerings and upcoming functionality in their Justice Services applications (i.e. JusticeTrax, IPro, etc.). This conference allows us to network with Versaterm support and various other Versa term vendors that the County could partner with in the future. The agenda for the conference contains speakers for Law Enforcement, Crime Labs and Forensic Units, Case and Court Management, General topics and Technology.

Dept:	Department of Information Technology							
Event:	GIS-Pro 2024							
Source:	Urban and Regional Information Systems Association							
Location:	Portland, ME							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Fisher	10/5/2024 – 10/11/2024	\$575.00	\$269.00	\$1,084.60	\$165.37	\$385.00	\$2,478.97	General Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Reimbursement to Tom Fisher from Urban and Regional Information Systems Association

- Lodging - \$500.00

Purpose:

Join the GIS Community in Portland, Maine this October for an enriching experience filled with education, training, connections, and solutions. Engage in discussions, learn from diverse perspectives, and benefit from invaluable peer-to-peer interactions. Our conference content is meticulously curated by a dedicated group of GIS professionals. Through their collaborative efforts, we offer an educational agenda and conference experience that is unparalleled and highly relevant in today's dynamic environment.

Dept:	County Executive’s Office							
Event:	United States Senate Committee on Banking, Housing, and Urban Affairs Committee							
Source:	United States Senate							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

David Razum	9/12/2024	\$0.00	\$60.00	\$0.00	\$50.00	\$700.00	\$810.00	General Fund
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\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Senator Sherrod Brown's office has invited Cuyahoga County to attend and speak at the Banking, Housing, and Urban Affairs Committee. The Director of Consumer Affairs, Sheryl Harris, will speak to the scams and frauds that are targeting Cuyahoga County seniors.

Dept:	County Executive's Office							
Event:	Business of Counties Forum 2024							
Source:	National Association of Counties							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Erik Janas	10/9/2024 - 10/11/2024	\$0.00	\$180.00	\$1,000.00	\$537.30	\$0.00	\$1,717.30	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To attend the 2024 Business of Counties Forum for Major Urban County Administrators organized by NACO. The purpose of the forum is to learn from other top county administrators from major urban areas similar to Cuyahoga County.

**BC2024-654**

Department of Purchasing, presenting proposed purchases for the week of 9/9/2024:

**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
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24003568	Various metal supplies	Department of Public Works	American Timber and Steel Co. Inc.	\$22,847.35	Road and Bridge Fund
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**V- OTHER BUSINESS**

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

**Item No. 1**

Department of Public Works, submitting a Special use Permit with the Cuyahoga Valley National Park for authority to use parcel of land described as NPS Tract 128-06 or facilities in Cuyahoga Valley National Park for construction activities associated with the replacement of Rockside Road Bridge No. 3.23 in the City of Independence; for the period 5/1/2025 – 12/31/2027.

Funding Source: N/A

**Item No. 2**

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office, submitting a Grant application to U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$268,112.00 for (1) full-time Forensic Scientist position for the Cuyahoga County Regional Forensic Science Laboratory in connection with the FY2024 Paul Coverdell Forensic Science Improvement Competitive Grant Program for the period 10/1/2024 to 9/30/2027.

Funding Source: FY2024 Paul Coverdell Forensic Science Improvement Competitive Grant Program

**Item No. 3**

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office, submitting a Grant application to U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$433,508.00 to develop a comprehensive program for reporting, processing, and identification efforts of human remains in connection with the FY2024 Missing and Unidentified Human Remains (MUHR) Program for the period 10/1/2024 to 9/30/2027.

Funding Source: FY2024 Missing and Unidentified Human Remains (MUHR) Grant

**Item No. 4**

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend User License Agreement	Permitium LLC	Sole services for the configuration and implementation of an	\$-0-	Sheriff’s Department	1/1/2022 – 12/31/2024 to <b>extend the</b>	(Original) Revenue Generating	8/29/2024 (Executive) 8/29/2024

	(via Contract No. 3005)		online weapons permit application platform for the Concealed Weapons Licensing Unit			<b>time period to 12/31/2025</b>		(Law)
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**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
R2022-0298	Resurfacing of Clague Road from Lorain Road to Marion Road in the City of North Olmsted – Council District 1	\$892,307.00	\$892,307.00	\$250,000.00 – Road and Bridge Fund \$642,307.00 – City of North Olmsted	11/6/2023

**Item No. 5**

Purchases Processed Not-to-Exceed \$5,000.00 for the period 8/1/2024 – 8/31/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “09/09/2024 – Board of Control Meeting”.

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

**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 11:25 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-655**

TITLE	2024 Public Works requests approval to Apply, Accept, and signature of 2 Federal Aviation Administration (FAA) Grants for Taxiway A realignment/reconstruction, Taxiway B connectors, and Taxilane B Extension at the County Airport.
DEPARTMENT OR	Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input checked="" 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 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 type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O-1)	Airport Infrastructure Grant #3-39-0021-036-2024 Taxiway A, A3, & B connectors	N/A	Project cost: \$833,563.00	N/A	pending
ORIGINAL (O-2)	Airport Infrastructure Grant # 3-39-0021-037-2024 Taxilane B	N/A	Project cost: \$191,990.00	N/A	pending
AMENDMENT (A-1)					

AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	These grants are for the design of reconfiguring existing taxiway A and A3, design of the reconstruction of Taxiway B connectors, and for the design of the reconstruction of taxilane B at the County Airport.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Approval to apply, accept and get signatures on grants.				
	Take advantage of Federal Aviation Administration funding.				
	Continue fulfilling the ongoing County Airport Improvements Plan.				

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

PROJECT COUNCIL DISTRICT:	11
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Richmond Heights directly and Northeast as a whole with the airport being a regional hub.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Department of Public Works – Airport Capital Improvement Plan budget
	1) 90% \$726,579.00 U. S. Department of Transportation Federal Aviation Administration and 5% \$40,365.00 State and 5% \$66,619.00 Cash Match (Capital Improvement Project Fund)
	2) 90% \$172,791.00 U. S. Department of Transportation Federal Aviation Administration, 5% \$9,599.00 State and 5% \$9,600.00 Cash Match (Capital Improvement Project Fund)
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.	



	The County Match share is listed above in the Amount column for each of the 2 grants.
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**BC2024-656**

Title	Department of Public Works: APG Office Furnishings: 2024 Joint Cooperative Purchase; Various types of office furniture for the 7 <sup>th</sup> fl. buildout at the County Administration 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	24003492	APG Office Furnishings	NA	\$53,789.54	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is requesting approval to purchase from the joint cooperative Omnia Contact for various office furniture to be located on the 7<sup>th</sup> floor of the Administration Building in the Community Housing &amp; Development Department.</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 checked="" 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):          To have a vendor in place that can provide needed office furniture for the 7<sup>th</sup> fl. buildout in the Community Housing &amp; Development Department. The furniture will include various types of furnishings as a part of the 7<sup>th</sup> Fl. buildout.</p>
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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):
APG office Furnishings 2516 Detroit Ave. Cleveland, OH 44113	Brandy Goins
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date: Omnia Partners; Omnia partners-Kimball R191811 4/30/25, Sit on It Exemplis R191803 4/30/25, ESI R221001 12/31/2025, Herman Miller 2020000622 12/31/2024, Egan 07-86 9/30/25
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <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.  General Fund
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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.  
PW750100 / 54300 – 100 / UCFAC70000

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):

**BC2024-657**

Title	Euclid Microgrid Customer and Permitting Support		
Department or Agency Name	Department of Public Works/Division of Public Utilities		
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	4797	City of Euclid	Effective Date – 2/28/2026	\$50,000	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works/Division of Public Utilities is requesting approval of a contract with the City of Euclid in the amount not-to-exceed \$50,000 for a period of two (2) years effective upon signature of the County Executive. The City of Euclid's scope of work includes assisting with both the permitting process and facilitating connections with local businesses in Euclid's industrial core as it relates to the Euclid microgrid project.</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):  The goals of this contract are:</p> <ol style="list-style-type: none"> <li>1. Contacting and facilitating conversations with end users in the Euclid microgrid district to confirm interest in joining the microgrid.</li> <li>2. Identify and resolve any city-related permitting issues that may be a barrier to successful completion of the Euclid microgrid project.</li> </ol>

<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):
City of Euclid 585 East 222 <sup>nd</sup> Street Euclid, OH 44123	Patrick Grogan-Myers Director of Planning and Development
Vendor Council District:	Project Council District:
11	11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Euclid

<p><b>COMPETITIVE PROCUREMENT</b></p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p><b>NON-COMPETITIVE PROCUREMENT</b></p> <p>Provide a short summary for not using competitive bid process.</p> <p>The City of Euclid was selected as the vendor because the Euclid microgrid district is taking place within their legal jurisdiction. It is Cuyahoga Green Energy's intent to leverage existing relationships that the City of Euclid has with their local businesses to identify prospective customers for the microgrid.</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 type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

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

**BC2024-658**

Title	CUY- BIKESHARE STATIONS CONSTRUCT MICROMOBILITY PARKING STATIONS AT VARIOUS LOCATIONS IN THE CITIES OF CLEVELAND, CLLEVELAND HEIGHTS, EAST CLEVELAND, SOUTH EUCLID AND UNIVERSITY HEIGHTS, OHIO
Department or Agency Name	Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 4819	Cook Paving & Construction Co. Inc.	N/A	\$273,386.00	Pending	

Service/Item Description (include quantity if applicable). Construction of micromobility parking stations throughout Cleveland, Cleveland Heights, East Cleveland, South Euclid, and University Heights, Ohio in Cuyahoga County to serve bicycles, scooters and other lightweight vehicles. Work to include the installation of bike racks and signage.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?	N/A
Project Goals, Outcomes or Purpose (list 3):		
Construction of micromobility parking stations throughout Cleveland, Cleveland Heights, East Cleveland, South Euclid, and University Heights, Ohio in Cuyahoga County to serve bicycles, scooters and other lightweight vehicles. Work to include the installation of bike racks and signage.		

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):
Cook Paving & Construction Co. Inc. 4545 Spring Rd., Brooklyn Hts, Ohio 44131	Linda Fletcher -President
Vendor Council District:	Project Council District:
District 3	Districts 7, 10, 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland, Cleveland Hts, East Cleveland, South Euclid and University Hts.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14749 (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" 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) 4 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. There was NO goals on this project.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal Northeast Ohio Areawide Coordinating Agency (4T47).
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):	9/30/2024
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	



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

HISTORY (see instructions):

**BC2024-659**

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

Original (O)/Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24003515	Carahsoft Technology Corporation	07/31/2024 – 08/20/2025	\$71,673.54	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with Carasoft Technology Corporation, for the 07/31/2024 – 08/20/2025 for SmartSheet Software Subscription in the amount of \$71,673.54.

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):

Renewal subscription.

- Qty. 34 SmartSheet License Pack B with Professional Support
- Qty. 01 SmartSheet Control Center Module
- Qty. 50 SmartSheet RM per User/YR Qty. -1 Waived Proration SmartSheet

SmartSheet is currently in use by the Department of Information Technology. Smartsheet is a software platform that helps teams and organizations plan, manage, automate, and report on work. It's designed to improve collaboration, decision making, and innovation. Smartsheet's features include:

Task assignment, Project progress tracking, Calendar management, Document sharing, Automation, and Integrations. Smartsheet can help teams: Gain real-time visibility Increase transparency, Improve accountability,

identify delays and bottlenecks, Be more productive, Improve communication, Bring teams together, Manage complex projects, Schedule projects quickly

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is being submitted late, after the subscription period has began. SmartSheet is a Department of Information Technology approved standard used for project management tracking. Additionally, Carahsoft is able to provide government cooperative pricing under GSA schedule number 47QSWA18D008F which expires August 21, 2028. *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 ( ).
	<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 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.  99% General Fund 1% Health & Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  General Fund: IT100110, IT100145, IT100140, IN100100 Health and Human Services Levy: HS206110
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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 Department of Information Technology was working with each requesting department and representatives from Carahsoft and SmartSheet to obtain the correct amount of licensing to meet the needs of Cuyahoga County. It took longer than expected to complete the licensing review and there were delays in receiving the official quote from Carahsoft. The licensing needs have been determined which will make renewing the subscription next year a much more streamlined and on-time process.
Timeline

Project/Procurement Start Date (date your team started working on this item):	Purchasing took over 08/04/2024
Date documents were requested from vendor:	July 23 received
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
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.
	23003558 EXMT	Smartsheet, Inc.	08/21/2023 – 08/20/2024	\$11,712.33	08/14/2023	BC2023-509

**BC2024-660**

Title	PO24003629EXMT -2024-Procurement of Various Cables for 1801 Facility
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.
	PO24003629 EXMT	MNJ Technologies Direct	2024	\$10,439.20	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, for the purchase of Various Cables and Parts for 1801 Superior Project, in the amount of \$10,439.20.</p> <p>This request is for miscellaneous cables and parts for the 1801 Superior Project.</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>
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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): Procurement of various cables and parts:	
<ol style="list-style-type: none"> <li>1. Duplex Multimode PVC Fiber Optic Cable-- quantity 38</li> <li>2. Duplex Single Mode Fiber Cable – quantity 5</li> <li>3. Portable Lock Box—quantity 1</li> <li>4. Horizontal cable MGR—quantity 4</li> <li>5. Horizontal cable MGR—quantity 40</li> <li>6. Cisco transceiver module—quantity 2</li> <li>7. Cisco 10 GBASE Module—quantity 4</li> <li>8. Cisco 100 GBase optical cable 1mtr –quantity 4</li> <li>9. Cisco 100 GBase optical cable 5mtr –quantity 2</li> <li>10. Cisco Voice interface card—quantity 1</li> <li>11. Snagless unshielded ethernet cable—quantity 6</li> <li>12. Snagless unshielded ethernet cable—quantity 17</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):
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.  This procurement qualifies for an RFP exemption as MNJ is the vendor that supplied the hardware for the cables associated with this purchase. Additionally, MNJ can provide components of the quote under the STS pricing schedule, resulting in cost savings for the county. MNJ Technologies Direct is able to provide Cuyahoga County 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.  STS Contracts that are part of this quote:

	<p>STS 534612 expires on 6/30/2025. STS 534354 expires on 12/19/2026</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

**BC2024-661**

Title	PO24003631STAC -2024- Procurement of Four Wireless Access Points
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.
	PO24003631 STAC	MNJ Technologies Direct	2024	\$5,200.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of: 4 (Four) Meraki Catalyst Wireless Access points for the 1801 Superior facility for phase one of the facility project in the amount of \$5,200.00</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</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Procurement of:</p> <ol style="list-style-type: none"> <li>1. Meraki Catalyst Wireless Access Points -- quantity 4</li> <li>2. Meraki Enterprise Cloud Controller License 5 Years -- quantity 4</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):
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):	
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?  No  Yes (if yes, please explain)

HISTORY (see instructions):

**BC2024-662**

Title	Network Switches and Transceivers for the 1801Superior Building Project	
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24003639 STAC	MNJ Technologies Direct		\$362,147.60	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology on behalf of the Department of Public Works plans to contract with MNJ Technologies Direct, Inc., for Network Switches and Transceivers for the 1801Superior Building Project in the amount of \$362,147.60.

- Qty. 30 Cisco Catalyst Network Switches
- Qty. 30 Cisco Digital Network Licenses
- Qty. 30 Cisco Power Supply
- Qty. 30 Cisco Solid State Drive
- Qty. 30 Cisco Catalyst Stacking Kit
- Qty. 10 Cisco Stacking Cable
- Qty. 44 Cisco SR SFP Transceiver
- Qty. 06 Cisco LR SFP Transceiver

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 County IT Department is expected to install a functional network inside of the 1801 Superior Facility by no later than December 31st, 2024 for early election possibilities in 2025.

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, Illinois 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  The County IT Department is expected to install a functional network inside of the 1801 Superior Facility by no later than December 31st, 2024, to allow for an early voting election to occur at this facility at 1801 Superior (if the Board of Elections is ready to perform an election at that facility by that timeframe.) If a County competitive process is used the Department of Information Technology will not meet it's deadline of December 31st, 2024, thus a Spring Election would most likely not be feasible to occur at the 1801 Superior facility. However, all vendors who are 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 #534612 expires June 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 534612 expires June 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 ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund BE100100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): N/A – this is a new purchase for 1801 Superior

**BC2024-663**

Title	PO24003678STAC-2024- Procurement of 3 Desktop Computers, Monitors and a solid-state drive		
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.
	PO24003678 STAC	MNJ Technologies Direct	2024	\$6,074.00	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: Three (3) Desktop PCs, three (3) Computer monitors and one (1) Solid state drive in the amount of 6,074.00 on behalf of the Public Defender’s office.

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

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

Project Goals, Outcomes or Purpose (list 3):  
 Procurement of:

1. HP Z2 G9 Workstation – Quantity 3
2. HP Absolute Data & Device Security -Subscription License 1 License - 5 Year- Quantity 3
3. HP Care Pack Hardware Support – Extended Service - 5 Year- Quantity 3
4. Samsung 32" Class LCD Monitor- Quantity 3
5. Kingston FURY Renegade 4 TB Solid State Drive- Quantity 1

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. HP STS #534486 expires on 9/30/2024 Carahsoft STS #534354 expires on 12/19/2026  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.  *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  HP STS #534486 expires on 9/30/2024 Carahsoft STS #534354 expires on 12/19/2026  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PD100100
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?  No  Yes (if yes, please explain)

HISTORY (see instructions):

**BC2024-664**

Title	PO24003706JCOP - 2024- Procurement of Google/Mandiant Subscription 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.
	PO24003706J COP	TEC Communications INC	2024	\$117,860.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
 The Department of Information Technology plans to contract with TEC Communications, INC for procurement of Google/Mandiant subscription renewal in the amount of \$117,860.00.

Google/Mandiant software is a Department of Information Technology approved standard and is used for cybersecurity, threat detection and incident response. This renewal is purchased with GSA pricing.

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. Base Subscription: access to Ask an Analyst Quarterly Threat Briefings and Daily News Analysis entitlements as part of the Expertise on Demand service - 12 months Start Date: 9/24/2024
2. 4Hour Incident Response Service Level Agreement - 1 Year Start date 9/24/2024
3. Google Expertise On- Demand, per unit - 12 months - IR Response 84 credits

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):
TEC Communications INC.,	Melanie Schilling, Owner



20234 Detroit Road Rocky River, OH 44116	
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.  Google/Mandiant software is a Department of Information Technology approved standard subscription used for Incident Response. TEC Communications Inc is able to provide government cooperative pricing under GSA schedule number 47QSWA18D008F which expires August 21, 2028.  *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  GSA schedule number 47QSWA18D008F which expires August 21, 2028.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input 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. IT100135
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

CM2551	208589-IT-Catalog	TEC Communications INC.	2023	\$117,860.00	Req Date: 9.19.2023	R2022-0250 – Master Contract amount \$3,000,000.00. \$1,500,000.00 was allocated to TEC
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**BC2024-665**

Title	Bricker Graydon, LLP – Shore-to-Core Project	
Department or Agency Name	The Law Department	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O		Bricker Graydon, LLP	12/8/23 – project completion	Not to exceed \$7,000.00	pending	
A-1		Bricker Graydon, LLP	12/8/23 – project completion	Not to exceed an additional \$5,000.00	pending	

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

Assist with analysis and advice with respect to a tax increment financing program proposed by the City of Cleveland for the Shore-to-Core project.

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):  
 Advice on the tax increment financing program for the Shore to Core project.

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

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

Vendor Name and address: Bricker Graydon, LLP	Owner, executive director, other (specify): Price Finley, Partner
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100 South Third Street Columbus, OH 43215	
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input 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. Note required under CCC 501.12.B.12  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

LW100100-55010 General Fund

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

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

Provide status of project.

New Service or purchase  Recurring service or purchase

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

Reason: refining scope of services

Timeline: Project/Procurement Start Date (date your team started working on this item):	12/08/2023
Date documents were requested from vendor:	2/29/24
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	12/20/2023
Date item was entered and released in Infor:	3/12/24

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

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

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

HISTORY (see instructions): see chart above

**BC2024-666**

Title	CONTRACT AMENDMENT FOR EVALUATION SERVICES FOR THE SAFE HARBOR DOCKET CASE WESTERN RESERVE UNIVERSITY MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE 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)	1790	Case Western Reserve University,	7/1/2021-6/30/2022	\$20,000.00	9/20/2021	BC2021-511

		Mandel School of Applied Social Sciences				
(A-1)	3007	CWRU, Mandel School of Applied Social Sciences	7/1/2022-6/30/2023	\$20,000.00	1/9/2023	BC2023-24
(A-2)	3007	CWRU, Mandel School of Applied Social Sciences	7/1/2023-6/30/2024	\$23,000.00	12/4/2023	BC2023-776
(A-3)	3007	CWRU, Mandel School of Applied Social Sciences	7/1/2024-6/30/2026	\$47,840.00	PENDING	

<p>Service/Item Description (include quantity if applicable).  This is a contract amendment with CWRU to provide evaluation services for the Court’s Safe Harbor Docket-RECLAIM Grant. This amendment is to extend the time period to June 30, 2026, increase the funds in the amount of \$47,840.00, and replace the insurance requirements. This changes the not to exceed from \$63,000. to \$110,840. A total of \$23,920. of the not to exceed is to be allocated from July 1, 2024, through June 30, 2025.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: N/A How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The vendor will conduct an outcome evaluation of all Safe Harbor Dockets to gauge how effectively Safe Harbor Dockets are achieving their desired goals.</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>	
<p>Vendor Name and address:  Case Western Reserve University  Mandel School of Applied Social Sciences</p>	<p>Owner, executive director, other (specify):  Meghan Schane-Rambert Assistant VP for Pre-Award Services and Agreements.</p>

10900 Euclid Ave. Cleveland, Ohio 44106	
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	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

This contract is 100% funded by the RECLAIM Grant.

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

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

JC330100

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

Provide status of project.

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

Reason: The delay is due to the 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):	5/15/2024
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Date documents were requested from vendor:	6/12/2024
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Date of insurance approval from risk manager:	5/29/2024
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Date Department of Law approved Contract:	6/11/2024
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

**BC2024-667**

Title	Medical Examiner's Office request approval of Purchase Order No. 24003714-JCOP in the amount of \$9,077.12 to Fisher Scientific Company LLC as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for Certified Serialized Volumetric Flask supplies for Medical Examiner's Labs.
Department or Agency Name	Medical Examiner's Office



Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO#24003714 -JCOP	Fisher Scientific Company LLC		\$9,077.12	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).          Joint Cooperative Purchase with Fisher Scientific Company LLC through Omnia Partners for general lab supplies – Contact No. 2021002889; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process.</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):          Procurement of Medical Examiner Lab supplies routinely used for day to day operations for testing, analysis. Flasks are needed to adhere to accreditation standards.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Omnia Partners/Fisher Scientific General Lab Supplies Contract Number: 2021002889  Initial Term: June 15, 2021 through June 30, 2025 Renewal Options: Option to renew for two (2) additional two-year periods through June 30, 2029
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  
 ME100100 / 52300

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):

**BC2024-668**

Title	PSJS – Kaseware, Inc. – Exemption - Contract #4641 for Data Sharing Platform Subscription for the NEOFRC 10/1/24-9/30/25
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	4641	Kaseware, Inc.	10/1/2024-9/30/2025	\$16,650.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Requesting approval of a contract with Kaseware, Inc. for the amount of \$16,650.00 for the time period 10/1/2024-9/30/2025.

Kaseware is the sole source provider under a proprietary license agreement to provide a data sharing platform that is in use within the Ohio Fusion Center Network.

The Northeast Ohio Regional Fusion Center (NEORFC) is one of three Fusion Centers recognized by the Department of Homeland Security in the State of Ohio. The three centers utilize Kaseware’s proprietary software licenses to collect, analyze, and share suspicious activity reports (SAR), Terrorist Screening Center (TSC) hits, and other actionable intelligence data that is analyzed to detect, prevent, and deter acts of terrorism.

Nine user licenses will be for the following staff: Crime Analyst, Intelligence Unit Detective, Intelligence Analyst, Intelligence Analyst, Critical Infrastructure Analyst, Regional Intelligence Coordinator, Regional Intelligence Analyst, Opioid Analyst, and Director of the Northeast Ohio Regional Fusion Center.

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):

- Store, query, analyze intelligence, suspicious activity (SAR), Terrorist activity Screening Center (TSS).
- Report and track or request for service to ensure compliance with CRCL protections.

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):
Kaseware, Inc. 191 University Blvd. Suite 170 Denver, CO 80206	John Gill Executive Vice President
Vendor Council District:	Project Council District:
N/A	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT X</b>
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.  Kaseware is the sole source provider under a proprietary license agreement to provide a data sharing platform that is in use within the Ohio Fusion Center Network.

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input 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 FY23 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.  PJ280135 55130 PJ-23-SHSP
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1352	Kaseware, Inc.	4/1/2021-9/30/2022	\$22,200.00	9/26/23	BC2021-257
O	2764	Kaseware, Inc.	10/1/2022-9/30/2023	\$14,800.00	10/18/22	BC2022-614
O	3714	Kaseware, Inc.	10/1/2023-9/30/2024	\$14,800.00	9/26/23	BC2023-591

**BC2024-669**

Title	HHS Division of Children and Family Services Amendment 1 to contract with A Place 4 Me Collaborative for the Opportunity Passport Coordinator
Department or Agency Name	Division of Children and Family Services (DCFS)
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	3876	A Place 4 Me Collaborative	9/30/2023 – 9/29/2024	\$64,837.00	11/6/2023	BC2023-704
A-1	3876	A Place 4 Me Collaborative	10/1/2024 – 9/29/2025	\$64,000.00	Pending	pending

Service/Item Description (include quantity if applicable).  
 Opportunity Passport will serve youth ages 14-21 with independent living skills. The primary focus is on financial capability. Youth are given training (Keys to Your Financial Future, a Jim Casey Youth Opportunities flagship program), and are then given an opportunity to match their savings for designated assets such as a vehicle, educational expenses, housing (first month's rent and security), microenterprise, and debt reduction.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. provide training with banking partners on financial wellbeing.
2. Coach participants on savings matching proposals.
3. Engage with participants to develop budgets.

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):
A Place 4 Me Collaborative 4100 Franklin Blvd. Cleveland, OH 44113	Kate Lodge
Vendor Council District:	Project Council District:
District	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  *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 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. Temporary Assistance for Needy Families – Independent Living – 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. HS215100 56110 UCH05613
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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



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

HISTORY (see instructions): see chart above

**BC2024-670**

Title	Office of Early Childhood Contract with Haven Child Enrichment Center for Scholarship Services
Department or Agency Name	The Office of Early Childhood/Invest In Children
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4720	Haven Child Enrichment Center	8/1/2024 – 7/31/2025	\$9,610.00	Pending	Pending

Service/Item Description (include quantity if applicable).
<p>The provider will ensure continuation of scholarships services for families of children ages 3, 4, and 5 years old not in kindergarten and not kindergarten eligible, living in Cuyahoga County, who were previously enrolled in a Universal Pre-Kindergarten (UPK) site and previously approved for a UPK Scholarship as of July 5th, 2024 by the Office of Early Childhood/Invest in Children.</p> <p>The Scholarship Amount for each identified child shall be provided based upon the family eligibility and parent fee reduction guidelines for the UPK Scholarship Program.</p> <p>The Office of Early Childhood (OEC/IIC) agrees to provide a scholarship to families residing in Cuyahoga County in the form of 50% of parent fees to families whose gross income falls at or below 400% of the federal poverty level (FPL) based on the 2024 Federal Poverty Level Guidelines as published in the Federal Register in January 2024; 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL; and 50% of fees to families providing foster care or kinship care regardless of income.</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)
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. Provide a scholarship in the form of 50% of parent fees to families whose gross income falls at or below 400% of the Federal Poverty Level.
2. Provide a scholarship in the form of 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL.
3. Provide a scholarship in the form of 50% of parent fees to families providing foster/kinship care regardless of income.
4. Pay amount directly to provider on a monthly basis after receipt of an itemized invoice.

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):
Haven Child Enrichment Center 22985 Lorain Rd. Fairview Park, OH 44126	TJ Madden, Director
Vendor Council District:	Project Council District:
1	1
If applicable provide the full address or list the municipality(ies) impacted by the project.	Project impacts Cuyahoga County.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ n/a _____ (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.  They are no longer continuing in the UPK program; however, they still have several families that need to make use of the scholarship program. This contract seeks minimize the impact of reducing scholarship availability in this program by extending the scholarship an additional year.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) N/A	<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 ( ).
	<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 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% Health and Human Services Levy Funding.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Not specifically. We are using UPK funding, which was approved, to continue these scholarships.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260250 – 55130 – UCH09999
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. New.	
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: This contract is submitted late due to providers collecting documents needed for contract approval. It was recognized that families would be impacted by the decision to not contract with certain providers for the UPK program who were previously under contract. The decision to try to minimize the impact to families was made in June and we worked with the division to gather the information needed to prepare contracts.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/17/2024
Date documents were requested from vendor:	7/9/2024
Date of insurance approval from risk manager:	7/16/2024
Date Department of Law approved Contract:	9/3/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Some delays included, receiving all necessary contracting documents (COI, BWC) from vendor.	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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	1507	Haven Child Enrichment Center	8/1/2021 – 7/31/2024	\$114,364.80	8/11/2021	R2021-0182*  * Vendor was part of a Master Contract in the total amount not-to-exceed \$27,703,997.03

**BC2024-671**

Title	Office of Early Childhood Contract with Maple Heights City Schools - Abraham Lincoln Elementary School for Scholarship Services
Department or Agency Name	The Office of Early Childhood/Invest In Children
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4725	Maple Heights City Schools - Abraham Lincoln Elementary School	8/1/2024 – 7/31/2025	\$4,902.00	Pending	Pending

**Service/Item Description (include quantity if applicable).**

The provider will ensure continuation of scholarships services for families of children ages 3, 4, and 5 years old not in kindergarten and not kindergarten eligible, living in Cuyahoga County, who were previously enrolled in a Universal Pre-Kindergarten (UPK) site and previously approved for a UPK Scholarship as of July 5th, 2024 by the Office of Early Childhood/Invest in Children.

The Scholarship Amount for each identified child shall be provided based upon the family eligibility and parent fee reduction guidelines for the UPK Scholarship Program.  
 The Office of Early Childhood (OEC/IIC) agrees to provide a scholarship to families residing in Cuyahoga County in the form of 50% of parent fees to families whose gross income falls at or below 400% of the federal poverty level (FPL) based on the 2024 Federal Poverty Level Guidelines as published in the Federal Register in January 2024; 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL; and 50% of fees to families providing foster care or kinship care regardless of income.

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

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

- Project Goals, Outcomes or Purpose (list 3):
1. Provide a scholarship in the form of 50% of parent fees to families whose gross income falls at or below 400% of the Federal Poverty Level.
  2. Provide a scholarship in the form of 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL.
  3. Provide a scholarship in the form of 50% of parent fees to families providing foster/kinship care regardless of income.
  4. Pay amount directly to provider on a monthly basis after receipt of an itemized invoice.

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):
Maple Heights City Schools - Abraham Lincoln Elementary School 5740 Lawn Ave., Maple Heights, Ohio 44137	Dr. Shay Price - Superintendent
Vendor Council District: 10	Project Council District: 1
If applicable provide the full address or list the municipality(ies) impacted by the project.	Project impacts Cuyahoga County.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ n/a _____ (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.  They are no longer continuing in the UPK program; however, they still have several families that need to make use of the UPK scholarship program. This contract seeks minimize the impact of reducing scholarship

	availability in this program by extending the scholarship portion of the UPK contract an additional year.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) N/A	<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% Health and Human Services Levy Funding.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Not specifically. We are using UPK funding, which was approved, to continue these scholarships.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260250 – 55130 – UCH09999
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. Ongoing.
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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	
This contract is submitted late due to providers collecting documents needed for contract approval. It was recognized that families would be impacted by the decision to not contract with certain providers for the UPK program who were previously under contract. The decision to try to minimize the impact to families was made in June and we worked with the division to gather the information needed to prepare contracts.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/9/2024
Date documents were requested from vendor:	7/9/2024
Date of insurance approval from risk manager:	7/16/2024
Date Department of Law approved Contract:	8/13/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Some delays included, receiving all necessary contracting documents (COI, BWC) from vendor.	
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	1516	Maple Heights City Schools - Abraham Lincoln Elementary School	8/1/2021 – 7/31/2024	\$ 471,310.00	8/11/2021	R2021-0182*  * Vendor was part of a Master Contract in the total amount not-to-exceed \$27,703,997.03

**BC2024-672**

Title	Office of Early Childhood Contract with KIDDIE CITY CHILD CARE COMMUNITY, INC. for Scholarship Services
Department or Agency Name	The Office of Early Childhood/Invest In Children
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4726	KIDDIE CITY CHILD CARE COMMUNITY, INC.	8/1/2024 – 7/31/2025	\$45,991.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The provider will ensure continuation of scholarships services for families of children ages 3, 4, and 5 years old not in kindergarten and not kindergarten eligible, living in Cuyahoga County, who were previously enrolled in a Universal Pre-Kindergarten (UPK) site and previously approved for a UPK Scholarship as of July 5th, 2024 by the Office of Early Childhood/Invest in Children.</p> <p>The Scholarship Amount for each identified child shall be provided based upon the family eligibility and parent fee reduction guidelines for the UPK Scholarship Program.</p> <p>The Office of Early Childhood (OEC/IIC) agrees to provide a scholarship to families residing in Cuyahoga County in the form of 50% of parent fees to families whose gross income falls at or below 400% of the federal poverty level (FPL) based on the 2024 Federal Poverty Level Guidelines as published in the Federal Register in January 2024; 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL; and 50% of fees to families providing foster care or kinship care regardless of income.</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. Provide a scholarship in the form of 50% of parent fees to families whose gross income falls at or below 400% of the Federal Poverty Level.</li> <li>2. Provide a scholarship in the form of 33% of parent fees to families whose gross income is greater than 200% FPL and up to 400% of the FPL.</li> <li>3. Provide a scholarship in the form of 50% of parent fees to families providing foster/kinship care regardless of income.</li> <li>4. Pay amount directly to provider on a monthly basis after receipt of an itemized invoice.</li> </ol>

<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):
Kiddie City 280 E. 206 <sup>th</sup> Street Euclid, Ohio 44123	Dayna White, Executive Director
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Project impacts Cuyahoga County.



COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>      n/a      </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.  They are no longer continuing in the UPK program; however, they still have several families that need to make use of the scholarship program. This contract seeks minimize the impact of reducing scholarship availability in this program by extending the scholarship an additional year.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received)    N/A	<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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Health and Human Services Levy Funding.
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Is funding for this included in the approved budget?  Yes  No (if “no” please explain): Not specifically. We are using UPK funding, which was approved, to continue these scholarships.

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

HS260250 – 55130 – UCH09999

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

Provide status of project.

New.

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

Reason: This contract is submitted late due to providers collecting documents needed for contract approval. It was recognized that families would be impacted by the decision to not contract with certain providers for the UPK program who were previously under contract. The decision to try to minimize the impact to families was made in June and we worked with the division to gather the information needed to prepare contracts.

Timeline

Project/Procurement Start Date (date your team started working on this item): 6/17/2024

Date documents were requested from vendor: 7/9/2024

Date of insurance approval from risk manager: 7/16/2024

Date Department of Law approved Contract: 8/9/2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Some delays included, receiving all necessary contracting documents (COI, BWC) from vendor.

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	1509	Kiddie City Child Care Community	8/1/2021 – 7/31/2024	\$584,100.00	8/11/2021	R2021-0182*  * Vendor was part of a Master Contract in the total amount not-to-exceed \$27,703,997.03

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**BC2024-673**

Title	OHS; Mental Health Services for Homeless Persons dba FrontLine Service; 2023-2025 Amend 2; RQ10456; Coordinated Intake and Assessment
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2995	Mental Health Services	1/1/23 – 12/31/23	\$400,000.00	2/27/23	BC2023-122
A - 1	2995	Mental Health Services	1/1/24 – 1/31/25	\$852,257.00	11/28/23	R2023-0345
A - 1	2995	Mental Health Services	1/1/24 – 1/31/25	\$500,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Coordinated Entry System is the front door to accessing shelter and housing services for persons experiencing a housing crisis in Cuyahoga County. The 2009 HEARTH Act requires that Continuums of Care establish a Coordinated Entry System to ensure that those who are most vulnerable and literally homeless are prioritized for the limited resources available for homeless intervention services.</p> <p>FrontLine Service operates Coordinated Intake and Assessment locally. This includes identifying viable alternatives to entering the shelter, assessing needs for other emergency services, and linking people with the most appropriate housing/shelter resources. FrontLine is also responsible for comprehensive client assessment, prioritization, and tracking/slotting of available CoC housing resources.</p> <p>This service is operated in connection with the HUD Continuum of Care Program Coordinated Entry grant.</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> <ul style="list-style-type: none"> <li>• Provide assessment and diversion to persons facing a housing crisis</li> <li>• Refer households for emergency shelter placement if needed</li> <li>• Coordinate permanent housing resources targeted to persons experiencing homelessness</li> </ul>

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: Mental Health Services for Homeless Persons dba FrontLine Service 1744 Payne Avenue Cleveland, OH 44114	Owner, executive director, other (specify): Susan Neth, 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.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  This amendment is exercising an option year in the original contract. RFP10456, closed 9/12/22
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)  This amendment is exercising an option year in the original contract. RFP10456, closed 9/12/22  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related  Yes  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% - US Department of Housing and Urban Development Coordinated Entry 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.  HS220130 – Coordinated Entry
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: HUD was late issuing the Coordinated Entry grant agreement, which was not received by OHS until July.
Timeline
Project/Procurement Start Date (date your team started working on this item): 7/1/24
Date documents were requested from vendor: 7/1/24, 7/12/24, 7/31/24, 8/5/24, 8/15/24, 8/26/24
Date of insurance approval from risk manager:
Date Department of Law approved Contract: 8/26/24
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) Provider is aware that payment is contingent on final amendment approval
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above
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**BC2024-674**

Title	OHS; Case Western Reserve University; 2024 Contract for Continuum of Care Data Analysis	
Department or Agency Name	Office of Homeless 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 Approved/ Council’s Journal Date	Approval No.
O	4188	Case Western Reserve University	1/1/24 – 12/31/24	\$40,000.00	pending	pending

Service/Item Description (include quantity if applicable).

OHS receives an annual planning grant from the US Department of Housing and Urban Development through the Homeless Continuum of Care competition. This grant is designed to improve service coordination across the CoC. OHS is issuing subgrants to providers that focus on specific homeless populations/issues identified as priorities in its strategic plan.

OHS receives an annual planning grant from the US Department of Housing and Urban Development through the Homeless Continuum of Care competition. This grant is designed to improve service coordination across the CoC. OHS is issuing subgrants to providers that focus on specific homeless populations/issues identified as priorities in its strategic plan.

OHS is requesting to contract with CWRU to support OHS data and research needs. This includes support for the Income and Stability (I&S) workgroup, which focuses on those experiencing homelessness. CWRU will participate in monthly meetings, provide consultation on the selection of appropriate data systems and evaluation strategies for the implementation of the I&S group pilot project, and assist in the establishment of appropriate data use agreements for the development of the evaluation plan. CWRU will also provide research and data support and consultation for other program development and planning as identified by OHS.

This is a new contract for an existing service in the amount of \$40,000, for a term of 1/1/24 – 12/31/24.

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):

- Provide consultation on selection of an appropriate data system for the I&S project implementation

- Provide consultation on evaluation strategies for the I&S pilot project implementation plan
- Assist in the establishment of appropriate data use agreements for the developed evaluation plan

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

Vendor Name and address: Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	Owner, executive director, other (specify): Eric Kaler, president
Vendor Council District: 06	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  This is a subgrant RFP exemption.  *See Justification for additional information.
N/A – RFP EXEMPTION	<input checked="" type="checkbox"/> Exemption
The total value of the solicitation:	<input type="checkbox"/> State Contract, list STS number and expiration date
Number of Solicitations (sent/received) /  N/A – RFP Exemption	<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.  N/A	<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	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<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. <ul style="list-style-type: none"> <li>• 100% US Department of Housing and Urban Development planning grant</li> </ul>
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. HS220115
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: HUD issued grant agreement late, then there was a delay in getting the signed contract back from one provider	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/8/24
Date documents were requested from vendor:	1/12/24, 1/30/24, 2/5/24, 3/1/24, 4/5/24, 4/25/24, 5/6/24, 6/1/24, 7/1/24, 7/14/24, 7/29/24, 8/19/24
Date of insurance approval from risk manager:	8/26/24
Date Department of Law approved Contract:	8/26/24
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) Provider has begun offering services but understands that payment is dependent on final approval of contract	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2412	CWRU	1/1/22 – 12/31/22	\$50,000	5/16/22	BC2022-305
A- 1	2412	CWRU	1/1/23 – 12/31/23	\$90,000	8/14/23	BC2023-512



**BC2024-675**

Title	OHS; Joseph’s Home; 2024-2025 Contract; Temporary Shelter for Medically Fragile Men
Department or Agency Name	Office of Homeless 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	4687	Joseph’s Home	7/1/24 – 6/30/25	\$267,547.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Joseph’s Home plays a critical role in the Homeless Continuum of Care by serving men experiencing homelessness with acute medical issues. The shelter is an eleven-bed facility with private rooms, ongoing medical supervision, medication management, nutritious home-cooked meals, and coordination with local healthcare providers. Residents also receive intensive case management that includes the development of permanent housing plans, benefits review, transportation to and from any needed medical or housing appointments, and supportive programming that identifies community resources and supports. The organization follows a housing first philosophy with few barriers to entry, voluntary services and a focus on exiting residents to housing as efficiently as possible. Services continue post-discharge in the community using a Critical Time Intervention approach.

This is a new contract for an existing service.

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 N/A  
 Age of items being replaced: \_\_\_\_\_ How will replaced items be disposed of? \_\_\_\_\_

Project Goals, Outcomes or Purpose (list 3):

- Provide basic, temporary housing and safety net services for medically fragile homeless men, in accordance with all continuum of care emergency shelter standards;
- Provide intensive case management to address barriers to housing stability;
- Link shelter guests with permanent housing upon discharge

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: Joseph’s Home 2412 Community College Avenue	Owner, executive director, other (specify): Beth Graham, executive director
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Cleveland, OH 44115	
Vendor Council District: 7	Project Council District: 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.  Provider has received ARPA funding to rehab the facility. This work is still in process so OHS would like to maintain funding until the work is complete. There will be an RFP for this service in early 2025.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

100% Health & Human Services Levy

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.  
HS260350

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: Provider was late in submitting budget and insurance

Timeline

Project/Procurement Start Date (date your team started working on this item):	5/1/24
Date documents were requested from vendor:	5/15/24, 6/1/24, 6/12/24, 6/27/24, 7/1/24, 7/10/24, 7/22/24, 7/30/24, 8/12/24, 8/20/2024
Date of insurance approval from risk manager:	8/23/24
Date Department of Law approved Contract:	8/23/24

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

If late, have services begun?  No  Yes (if yes, please explain)      Provider understands that payment is dependent on approval of contract.

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	1997	Joseph's Home	7/1/21 – 6/30/22	\$267,547.00	11/29/21	BC2021-693
A-1	1997	Joseph's Home	7/1/22 – 6/30/23	\$267,547.00	11/21/22	BC2022-718
A-2	1997	Joseph's Home	7/1/23 – 6/30/24	\$267,547.00	10/10/23	BC2023-623

**BC2024-676**

Title	Cuyahoga County Office of Reentry; Case Western Reserve University; 2024 Contract; Evaluation of Programs in the Pay for Success Initiative
Department or Agency Name	Cuyahoga County Office of Re-entry
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	CM3908	CWRU	Effective upon signature - 10/31/2027	\$190,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Cuyahoga County Office of Reentry is requesting approval of a contract with CWRU in the amount of \$190,000.00 for the time period effective upon signature - 10/31/2027.

During the Term of this Contract, CWRU shall provide research, planning and independent evaluative service of its Pay for Success Initiative operated out of the Office of Reentry. Evaluators will work with IT staff to collect, clean, and extract relevant data. The evaluators will assess both the process and impact of contract and service activities and provide the PLT-- consisting of the Program Director and the contract specialist from OR, the program directors of CEO, RS, and LMM, and CWRU research staff (evaluators)--with information needed to ensure continuous quality improvement.

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):

- Data will be transferred to evaluators on a monthly basis, checked, inspected, cleaned, and migrated to an SPSS platform.
- The PLT also will conduct monthly performance reviews to examine program/performance implementation successes or deviations, including compliance with enrollment and service deliverables.
- Evaluator-prepared quarterly reports, utilizing Rapid Cycle Quality Improvement (RCQI13) data and analytics, will track program progress toward goals and objectives for CQI performance monitoring and outcome evaluation.

- Evaluators will aggregate and merge demographic, service, and criminal recidivism data using unique client identifiers to help fashion data-driven research queries related to program success.

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):
Case Western Reserve University 10900 Euclid Ave, Nord Hall, Suite 611 Cleveland, OH 44106	Meghan Schane-Rambert, Esq. Asst. Vice President, Pre-Award Services & Agreements Office of Research Administration
Vendor Council District:	Project Council District:
Council 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# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  The source of funding for this contract are Federal BJA Grant Funds. CWRU is written into the grant as the chosen provider to conduct evaluation services.  *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 ( ).
	<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 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. Federal BJA Grant Funds – 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. HS285100
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 service/purchase	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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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	CM397	CWRU	07/05/2019 - 09/30/2021	\$150,000.00	08/05/2019	BC2019-579
A1	CM397	CWRU	07/05/2019 - 09/30/2022	\$0.00	03/21/2022	BC2022-176

**BC2024-677**

Title	Coventry Rd. AMD #3 (FINAL)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3108	CATTS Construction, Inc.	n/a	\$3,069,263.91	March 28 <sup>th</sup> , 2023	R2023-0060
A-1	3108	CATTS Construction, Inc.		\$0	September 5 <sup>th</sup> , 2023	Item No. 1
A-2	3108	CATTS Construction, Inc.		\$91,367.99	January 2 <sup>nd</sup> , 2024	BC2024-02
A-3	3108	CATTS Construction, Inc.		-\$18,450.54	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>This project consists of the resurfacing and rehabilitation of Coventry Road from Fairhill Road/ North Park Boulevard to Euclid Heights Boulevard, including pavement base repairs. ADA compliant curb ramps, reconfiguring of traffic medians and splinter islands at the intersection of Coventry Road and Fairmont Boulevard and Scarborough Road, including new traffic signals.</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</p>

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):	
See Above	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
CATTS Construction, Inc. 21223 Aurora Rd. Warrensville Hts. OH 44146	Michael Dempsey
Vendor Council District: 9	Project Council District: 10
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ# <u>  11369  </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: <i>\$3,135,000.00</i>	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    2 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (    ) DBE ( %6 ) SBE (%19) MBE (%5) 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:  <i>This bid is 2.09 % under the estimate.</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process



How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
Equal	<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 by \$5.00 Road and Bridge funds.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270200
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): SEE ABOVE
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**BC2024-678**

TITLE	Department of Purchasing Requesting Approval of Surplus Property to be sold via GovDeals. (Cuyahoga County Department of Public Works Surplus assets)
DEPARTMENT OR	Department of Purchasing

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe Surplus Property to be sold via GovDeals
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E). via GovDeals Inc. The anticipated start-completion dates will be fifteen days after BOC approval.</p> <p>The primary goal of the project is to sell said property via internet auction, to the highest bidder through GovDeals. The auction surplus list (Exhibit "A") is attached. The items will be sold to the highest bidder; 12.5% of the total purchase price will be paid to GovDeals as a Buyer Premium by the Buyer and the department will realize 100% profit of the item sold, in accordance with the GovDeals contract.</p> <p>The project is mandated by the Ohio Revised Code, Section 307.12(E).</p> <p>This is a revenue generating project.</p> <p>The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.</p> <p>The project planning has four (4) phases. Request Executive's approval to list the item on GovDeals; List &amp; Sell to the highest bidder nationwide; Collect payment from GovDeals and transfer asset to Buyer upon confirmation of payment; Deposit the funds into the appropriate County agency fund.</p>
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**EXHIBIT A**

#	Year	Make	Model	Serial / Vin	asset #	Condition	Value	Mileage /hrs
1	2008	International	4400 Jet	1HTMKAAAN58H658523	S-221	Poor	\$500.00	72,450
2	2008	Ford	Taurus	1FAHP24W78G164413	037 ZDQ	Poor	\$500.00	125,000
3	unknown	Tennant	LP M30 Sweeper	M30-4022	J1909	Poor	\$250.00	
4	unknown	Tennant	7400 sweeper	7400-5811	J1008	Poor	\$250.00	
5	unknown	Ver-Mac	ST4815 Arrowboard	2S9US1111JS132587	50-0013	Scrap	\$ -	N/A

6	2006	International	Large Dump 4400 - Dt466	1HTMKAAR06H240662	03-0031	Poor	\$500.00	68,000
7	2008	Ford	F-250	1FTNF205X8EB85765	S-965	Poor	\$500.00	71,000
8	2016	Quality Steel	7,000 LB Dump Trailer	5LEB1D12XG1168749	S-461	Poor	\$250.00	N/A
9	2016	Quality Steel	7,000 LB Dump Trailer	5LEB1D12XG1168748	S-462	Poor	\$250.00	N/A
10	2000	EAGER BEAVER	20 TON TRAILER	112H8V3201L056562	S-468	Poor	\$500.00	N/A

**C. - Consent Agenda**

**BC2024-679**

(See related items for proposed travel/memberships for the week of 9/16/2024 in Section C above).

**BC2024-680**

(See related items for proposed purchases for the week of 9/16/2024 in Section C above).

**V- OTHER BUSINESS**

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

**Item No. 1**

TITLE	NATUREWORKS GRANT AWARD AMENDMENT - DATE CORRECTION / NO MONETARY
DEPARTMENT OR AGENCY NAME	DEPARTMENT OF PUBLIC WORKS/DIVISION OF FINANCE AND PLANNING

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	NatureWorks	12/31/2024	\$150,000	1/29/2024	BC2024-65

AMENDMENT (A-1)	NatureWorks	12/31/2025	\$0	3/4/2024	BC2024-165
AMENDMENT (A-2 )	NatureWorks	12/31/2025	\$0	pending	
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Works requests approval to accept a grant agreement with the Ohio Department of Natural Resources in the amount of \$150,000 for the Beulah Park-Euclid Beach Connector Trail – in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland. Ohio Department of Natural Resources had previously sent a contract with the wrong date.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Grant funds will be used for constructions costs to provide continuous shoreline protection (integrated armor stone revetment and nature-based shoreline) and public access (multi-purpose trail) along 2/3-of-a-mile of an eroding shoreline from Euclid Beach Park west to Shore Acres Drive.				

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:	N/A
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	N/A
SUBRECIPIENT’S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	N/A

PROJECT COUNCIL DISTRICT:	10
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	City of Cleveland

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	NatureWorks grant through Ohio Department of Natural Resources
	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.

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**