



**Cuyahoga County Board of Control Agenda
Monday, November 25, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:

<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 11/18/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-852

Department of Public Works,

a) Submitting an RFP exemption, which will result in an award recommendation to PsX Inc. in the total amount not-to-exceed \$352,850.00 for the purchase and installation of various Amano McGann parking access and revenue control equipment at various County parking facilities.

b) Recommending an award on Purchase Order No. 24004735 to PsX Inc. in the total amount not-to-exceed \$352,850.00 for the purchase and installation of various Amano McGann parking access and revenue control equipment at various County parking facilities.

- 1) 1801 Superior Avenue, Cleveland in the amount not-to-exceed \$174,350.00
- 2) 1629 Superior Avenue, Cleveland in the amount not-to-exceed \$168,000.00
- 3) 1506 Superior Avenue, Cleveland in the amount not-to-exceed \$10,500.00

Funding Source: 51% Parking Services Fund and 49% General Fund

BC2024-853

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 \$3,595.43 for a joint cooperative purchase, installation and design services of (2) lateral files, (3) overhead cabinets and (1) wall mount tackboard to an existing workstation at the Cuyahoga County Animal Shelter.

- b) Recommending an award on Purchase Order No. 24004833 to APG Office Furnishings in the amount not-to-exceed \$3,595.43 for a joint cooperative purchase, installation and design services of (2) lateral files, (3) overhead cabinets and (1) wall mount tackboard to an existing workstation at the Cuyahoga County Animal Shelter.

Funding Source: General Fund

BC2024-854

Department of Public Works, submitting an amendment to Contract No. 1126 with Union Industrial Contractors, Inc. for rehabilitation of Cedar Point Bridge No. 00.49 over the Rocky River located in the Cleveland Metropolitan Park District in the City of North Olmsted for additional funds in the amount not-to-exceed \$315,290.63.

Funding Source: Cuyahoga County Road and Bridge

BC2024-855

Department of Public Works on behalf of the Monument Commission, recommending an award on RQ12847 and enter into Contract No. 4801 with McKay Lodge Conservation Laboratory, Inc. (16-2) in the amount not-to-exceed \$85,000.00 for Monuments Assessment and Maintenance Program Services, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-856

Department of Development, submitting an amendment to Contract No. 4659 with Kirtland Consulting LLC for consulting services for a Five-Year Cuyahoga County Economic Development Plan (2024 – 2028) for the period 7/1/2024 – 12/31/2024 to extend the time period to 6/30/2025, to expand the scope of services in accordance with Exhibit A including but not limited to conducting 3 focus group sessions with mayors and leaders of the 59 municipalities, collect feedback and define the benefits of the Economic Development Plan for municipalities, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$10,000.00.

Funding Source: General Fund

BC2024-857

Fiscal Office/Department of Consumer Affairs, submitting an amendment to Contract No. 2234 with Nover Engelstein & Associates, Inc. for support and maintenance on the WinWam Software System for the period 2/1/2022 – 1/31/2025 to extend the time period to 1/31/2028, to replace the insurance requirements with new Article V-Second Amendment, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$16,305.00 in accordance with Schedule A, Second Amendment.

Funding Source: General Fund

BC2024-858

Fiscal Office on behalf of the Office of Budget and Management, submitting an amendment to Contract No. 3796 with Sherpa Government Solutions, LLC for administrative support related to budget projections and forecasting, configuration of reports, and training for the period 10/20/2023 - 12/31/2024 to extend the time period to 12/31/2025, to replace Article V terms of insurance with Addendum 2 and for additional funds in the amount not-to-exceed \$39,850.00 in accordance with Addendum 1, effective upon signatures of all parties.

Funding Source: General Fund

BC2024-859

Fiscal Office, submitting an amendment to Contract No. 2127 nka Contract No. 4990 with Kofile Technologies, Inc. for a cloud-based records management system and support and maintenance services for the Fiscal Department/Transfer and Recording Division for the period 2/10/2022-2/29/2027, for a partial assignment and assumption of Cloud Services and the \$5.00 convenience fee per receipt of an Electronic Recording to GovOS, Inc. effective 8/1/2023, and add Exhibit A to replace the insurance requirements to those in Section 12 with new insurance requirements; no additional funds required.

Funding Source: Real Estate Assessment Fund

BC2024-860

Department of Information Technology, submitting an amendment to Contract No. 2876 (fka 951, 268, CE1800466) with Solix Technologies, Inc. for renewal of the Data Lake Repository Tool software subscriptions for the period 11/26/2018 – 11/25/2024 to extend the time period to 11/25/2025, to expand the scope of services in accordance with Schedule A including but not limited to upgrading the data platform and to replace Article V insurance requirements with updated requirements in accordance with Schedule B, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$353,713.00.

Funding Source: General Fund

BC2024-861

Department of Human Resources, recommending an award on RQ14850 and enter into Contract No. 4997 with Clemans Nelson & Associates, Inc. (42-2) in the amount not-to-exceed \$190,000.00 for Human Resources consulting and investigative services for the period 11/7/2024-3/30/2028.

Funding Source: General Fund

BC2024-862

Department of Law,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Safety Holdings, Inc. (SambaSafety) in the amount not-to-exceed \$50,000.00 for continuous monitoring of employees' Motor Vehicle Records (MVRs), including driver license status and violations for the period 12/01/2024 – 11/30/2025.
- b) Recommending an award and enter into Contract No. 4992 with Safety Holdings, Inc. (SambaSafety) in the amount not-to-exceed \$50,000.00 for continuous monitoring of employees' Motor Vehicle Records (MVRs), including driver license status and violations for the period 12/01/2024 – 11/30/2025.

Funding Source: General Fund

BC2024-863

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 2119 with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for Residential Level of Care services for dually diagnosed men for the period 7/1/2021 – 6/30/2025, to change the per diem rate from \$57.37 to \$63.06 for Medicaid clients, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$260,000.00.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

BC2024-864

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 2499 with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for residential treatment services in connection with the Residential Substance Abuse Treatment Program for the period 7/1/2022 – 6/30/2024 to extend the time period to 6/30/2025, to change the terms of section 9 (Method of Payment) and section 10 (Liability) to incorporate the additional language requirements in Attachment I, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$490,000.00.

Funding Source: General Fund

BC2024-865

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 2520 with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for sober housing services for the Sober/Recovery Housing Program for the period 7/1/2022 – 6/30/2024 to extend the time period to 6/30/2026, to change the per diem rates, to change the terms for submission of monthly invoicing and to amend Section 9 “Liability” specifically to incorporate the language in Attachment I insurance requirements for provider panel agencies, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$100,000.00.

Funding Source: Targeted Community Alternatives to Prison funding from the Ohio Department of Rehabilitation and Correction

BC2024-866

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Signature Health Inc. in the amount not-to-exceed \$158,821.00 for Group Traumatic Events Protocol (GTEP) services to benefit offenders participating in the High-Risk Domestic Violence Court Program for the period 7/1/2024-9/30/2027.
- b) Recommending an award and enter into Contract No. 4947 with Signature Health Inc. in the amount not-to-exceed \$158,821.00 for Group Traumatic Events Protocol (GTEP) services to benefit offenders participating in the High-Risk Domestic Violence Court Program for the period 7/1/2024-9/30/2027.

Funding Source: U.S. Department of Justice’s Office on Violence Against Women

BC2024-867

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3933 with Rising Over Situations Evaluating Self (R.O.S.E.S.) Mentoring for community based and social based mentoring services for court referred females ages 12 to 17 for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$51,428.00.

Funding Source: RECLAIM Grant

BC2024-868

Court of Common Pleas/Juvenile Court Division, submitting amendments to agreements with various municipalities for Community Diversion Program services for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2026 to replace the insurance requirements, effective 1/1/2025 and for additional funds in the total amount not-to-exceed \$35,400.00.

- a) Agreement No. 4053 with Olmsted Township in the amount not-to-exceed \$1,800.00.
- b) Agreement No. 4243 (fka Contract No. 3915) with City of North Royalton in the amount not-to-exceed \$9,000.00.

- c) Agreement No. 4250 (fka Contract No. 3996) with Village of Orange in the amount not-to-exceed \$2,400.00.
- d) Agreement No. 4468 with City of Independence in the amount not-to-exceed \$4,200.00.
- e) Agreement No. 4469 with City of Lakewood in the amount not-to-exceed \$16,800.00.
- f) Agreement No. 4471 with Village of Bentleyville in the amount not-to-exceed \$1,200.00.

Funding Source: Health and Human Services Levy

BC2024-869

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in award of a Master Contract with various providers in the total amount not-to-exceed \$40,000.00 for Trauma Informed Treatment services for Court-referred youth for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into a Master Contract with various providers in the total amount not-to-exceed \$40,000.00 for Trauma Informed Treatment services for Court-referred youth for the period 7/1/2024-6/30/2026.
- 1) Contract No. 4994 with Applewood Centers, Inc. in the anticipated amount not-to-exceed \$28,000.00.
- 2) Contract No. 4995 with PALS for Healing in the anticipated amount not-to-exceed \$12,000.00.

Funding Source: RECLAIM Grant

BC2024-870

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 4085 (fka Contract No. 3926) with Community of Hope for trauma informed team mentoring services for young adults ages 18-24 who have and/or are aging out of the foster care system in Cuyahoga County for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025 and to add Exhibit 3-A budget, effective 1/1/2025 and for additional funds in the amount not-to-exceed \$150,000.00.

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

BC2024-871

Department of Public Safety and Justice Services, recommending an award on RQ15013 and enter into Purchase Order No. 24004766 with ICOR Technology Inc. (14-2) in the amount not-to-exceed \$149,800.00 for the purchase of (1) CALIBER® T5 Robot with Digital COFDM Video; parts and accessories, training and adding an additional 1 year to the standard warranty for the City of Cleveland Division of Police Bomb Squad.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

C. – Exemptions

BC2024-872

Department of Health and Human Services/Cuyahoga Job and Family Service, recommending an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to Treasurer, State of Ohio in the total amount not-to-exceed \$3,512,667.87 for State-mandated services rendered to children in connection with the Ohio Department of Health’s Complex Medical Help Program for the period 1/1/2025 – 12/31/2025, in accordance with Ohio Revised Code Section 3701.023.

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2024-873

Department of Public Works, submitting an amendment to Contract No. 3567 with The Ruhlin Company for replacement of West 130th Street Bridge No. 02.26 over the East Branch of the Rocky River in the Cities of North Royalton and Strongsville; for a decrease in the amount of (\$153,965.81); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 63.6% County Motor Vehicle \$7.50 License Tax Funds and 34.6% Ohio Public Works Commission

BC2024-874

Fiscal Department, presenting proposed travel/membership requests for the week of 11/25/2024:

Department of Public Works, recommending to amend Board Approval No. BC2024-714, dated 9/30/2024, which authorized (3) staff to attend the Stream Stability and Scour at Highway Bridges for Bridge Inspectors sponsored by UNL Nebraska LTAP and National Highway Institute to amend the total expenses as follows:

Dept:	Department of Public Works							
Event:	Stream Stability and Scour at Highway Bridges for Bridge Inspectors							
Source:	UNL Nebraska LTAP and National Highway Institute							
Location:	Lincoln, NB							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Zachary Williams	11/5/2024 – 11/7/2024	\$465.00	\$122.00	\$301.20	\$0.00	\$466.00	\$1,354.20	Road & Bridge

Erin Shelman	11/5/2024 – 11/7/2024	\$465.00	\$122.00	\$301.20	\$0.00	\$466.00	\$1,354.20	Road & Bridge
Jared Kenney	11/5/2024 – 11/7/2024	\$465.00	\$122.00	\$301.20	\$290.21	\$466.00	\$1,644.41	Road & Bridge

*Paid to host

**Staff reimbursement

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

*Resubmitting travel to include the registration cost of \$465.00

Purpose:

3-Day trip to Lincoln, NE to take scour training for Bridge Inspection.

Dept:	Department of Public Works							
Event:	DPFL Mentorship Level 2							
Source:	Dogs Playing for Life							
Location:	Lake City, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Amanda Kopec	11/18/2024 – 11/21/2024	\$0.00	\$360.00	\$0.00	\$418.19	\$435.90	\$1,214.09	Animal Shelter Operating Fund

*Paid to host

**Staff reimbursement

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

Registration-\$1,350.00 will be paid with a Dogs Playing for Life Scholarship

Purpose:

Level 2 Mentorship offers an opportunity for handlers to experience four immersive days learning how to incorporate behavior modification techniques into playgroups and learning advanced leash work and handling. This mentorship benefits handlers and trainers who want to expand their knowledge and ability working in dog-to-dog social situations as well as leash handling techniques to support the dog in offering well-mannered behavior.

Dept:	Department of Development
Event:	Professional Fellows

Source:	American Councils for International Education							
Location:	Vanadzor, Armenia							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	12/1/2024 – 12/9/2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Reciprocal Exchange project Award

*Paid to host

**Staff reimbursement

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

**** All costs are covered by the Reciprocal Exchange Project Award with an estimated cost of:

Airfare- \$2042

Hotel- \$852

Meals- \$450

Purpose:

U.S. State Department sponsored Professional Exchange Program with City of Vanadzor, Armenia. This professional exchange, arranged by the American Councils for International Education on behalf of the U.S State Department, facilitates international economic development collaboration in strategically important regions. The visit includes substantive economic development work with senior level professional staff of the municipality of Vanadzor, the third largest city in Armenia. All travel costs are covered by the U.S. State Department.

Dept:	Sheriff’s Department							
Event:	60 th Presidential Inauguration							
Source:	District of Columbia Metropolitan Police Department							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Reese	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Jazemine Hardwick	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund

Adam Babics	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Christopher Kozub	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Christopher Cepik	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Cody Hutchison	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
David Schlegel	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Eric Enk	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Eric Mahon	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Greg Franklin	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Isen Vaus	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
John Schweter	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Jule Hall	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Kurt Stamm	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Kyle Breeding	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund

Mark Flynn	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Matthew Massey	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Matthew Mysliwicz	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Matthew Sikula	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Padraig Devlin	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Peter Rivera	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Randy Divis	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Richard Peters	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Robert Piccola	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Ryan Spurlock	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Sean Yonkers	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Shurkea Cooper	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Steve Young	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund

Thomas Ostrowski	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Tshaka Brown	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Alfred Johnson	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund
Bruce Lourie	1/18/2025– 1/21/2025	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

***** All Expenses will be reimbursed by the District of Columbia Metropolitan Police Department

Purpose:

Travel to Washington DC to assist the District of Columbia Metropolitan Police Department with the 2025 Presidential Inauguration.

BC2024-875

Department of Purchasing, presenting proposed purchases for the week of 11/25/2024:

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
24004806	Annual order for (784) 50lb bags of melt-a-way deicer for 2024-2025	Department of Public Works	Fleig Enterprises, Inc. dba Cleveland Charcoal & Salt Supply Co.	\$5,644.80	General Fund
24004811	Purchase and installation of (64) custom metal shelf dividers for use at the County Archives	Department of Public Works	Central Business Equipment Co. dba Patterson Pope, Inc.	\$16,608.86	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004759	Out-of-home placement services for the period 10/1/2024 – 10/31/2024*	Division of Children and Family Services	A Life’s Purpose	\$12,400.00	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 Health and Human Services/Office of Child Support Services, submitting a subgrant award from the Department of Health and Human Services/Administration for Children and Families/Office of Child Support Enforcement for additional funds in the amount of \$50,000.00 to implement and enhance safe services to families in Cuyahoga County, Ohio in connection with the SFFY25 Save Access for Victims’ Economic Security (SAVES) demonstration grant program for the period 9/1/2024 – 8/31/2025.

Funding Source: Federal Funds

Item No. 2

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Memorandum of Understand with Cities for Financial Empowerment Fund, Inc. to provide the terms and conditions of the grant program for the FEC Academy Phase I Milestone and disbursement of \$20,000.00 to Cuyahoga County in connection with the Financial Empowerment Center (FEC) Planning Grant for the period 5/1/2024 – 6/30/2025.

Funding Source: Financial Empowerment Center (FEC) Planning Grant

Item No. 3

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 48368	Contract No. 3439	Liquidity Services Operations, LLC	On-line auction services for surplus County equipment	\$-0-	Department of Purchasing	1/1/2021 – 12/31/2024 to extend the time period to 12/31/2025	(Original) General Fund	11/5/2024 (Executive) 11/13/2024 (Law Dept.)
RQ 7775	Amend Contract No. 3991 (fka Contract No. 2488)	The Legal Aid Society of Cleveland	Provide community outreach and legal services to income-eligible tenants in connections with the Emergency Rental Assistance 2 Program, by increasing the per case/household rate from \$1,067.00 to \$1,700.00 and apply increase retroactively for the entire duration of the contract.	\$-0-	Department of Housing and Community Development	6/1/2022 – 3/31/2025	(Original) U.S. Treasury Emergency Rental Assistance Fund	11/12/2024 (Executive) 11/13/2024 (Law)
RQ 6169	Amend Contract No. 4115 (fka Contract No. 2099)	InfoPro Computer Solutions	Sole source maintenance services and the development of a web-based application and related training services for the Buckeye Case Management and Computer Network Systems	\$-0-	Court of Appeals	4/1/2022 – 3/31/2025 to extend the time period to 12/31/2025	(Original) General Fund	11/18/2024 (Executive) 11/13/2024 (Law)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, November 18, 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 11:06 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Levine Ross, County Council (Alternate for Dale Miller until 11:06 a.m.)
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Councilmember Meredith Turner

II. – REVIEW MINUTES – 11/12/2024

Michael Chambers motioned to approve the minutes from the November 12, 2024, meeting; Meredith Turner 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

BC2024-830

Department of Public Works, recommending an award on RQ13735 and enter into Contract No. 4925 with Paladin Protective Systems, Inc. (13-3) in the amount not-to-exceed \$200,000.00 for fire extinguisher maintenance and inspection and kitchen hood cleaning and inspection effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-830 was approved by unanimous vote.

BC2024-831

Department of Development,

- a) Submitting an RFP exemption, which will result in a payment to Cleveland-Cuyahoga Workforce Development Board in the amount not-to-exceed \$20,000.00 to support facilitation of the creation of a youth mental health and substance abuse workforce that is a competitive advantage for Northeast Ohio and build alignment among public, private and philanthropic funders for the period 11/18/2024 - 12/31/2024.

- b) Recommending a payment on Purchase Order No. 24004728 to Cleveland-Cuyahoga Workforce Development Board in the amount not-to-exceed \$20,000.00 to support facilitation of the creation of a youth mental health and substance abuse workforce that is a competitive advantage for Northeast Ohio and build alignment among public, private and philanthropic funders for the period 11/18/2024 - 12/31/2024.

Funding Source: General Fund

Paul Herdeg, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-831 was approved by unanimous vote.

BC2024-832

Court of Common Pleas/Corrections Planning Board, recommending an award on RQ14381 and enter into Contract No. 4987 with Oriana House, Inc. (25-3) in the amount not-to-exceed \$280,300.00 for Cognitive Behavioral Change Program utilizing the Thinking for a Change (T4C) model for the period 7/1/2024-6/30/2025.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-832 was approved by unanimous vote.

BC2024-833

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

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$51,194.00 for a state contract purchase of (22) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5 year extended warranty, HP Absolute Data & Device Security for Education Professional – Subscription Licenses, docking stations, carrying cases and 44 monitors.

- b) Recommending an award on Purchase Order No. 24000337 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$51,194.00 for a state contract purchase of (22) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5 year extended warranty, HP Absolute

Data & Device Security for Education Professional – Subscription Licenses, docking stations, carrying cases and 44 monitors.

Funding Source: Federal Equitable Sharing Account

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-833 was approved by unanimous vote.

BC2024-834

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 \$416,769.00 for a state contract purchase of mobile and mini workstations, monitors, docking stations, keyboards with mouse and chargers, HP Care Pack hardware support, 5 year extended warranty and HP Absolute Data & Device Security for Education Professional – Subscription Licenses in varying quantities.
- b) Recommending an award on Purchase Order No. 24004316 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$416,769.00 for a state contract purchase of mobile and mini workstations, monitors, docking stations, keyboards with mouse and chargers, HP Care Pack hardware support, 5 year extended warranty and HP Absolute Data & Device Security for Education Professional – Subscription Licenses in varying quantities.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-834 was approved by unanimous vote.

BC2024-835

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 \$147,054.50 for a state contract purchase of various HP Products and support.
- b) Recommending an award on Purchase Order No. 24004683 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$147,054.50 for a state contract purchase of various HP Products and support.
 - 1) (3100) HP Care Absolute Resilience extended warranty for a period of 1 year in the amount not-to-exceed \$51,305.00.
 - 2) (1) HPE Micro Server, converter kits and additional memory, Integrated Lights-Out subscription for a period of 1 year and support services for a period of 5 years in the amount not-to-exceed \$4,359.00.

- 3) (20) each HP ZBook Firefly mobile workstations, docking stations, HP Care Absolute Resilience for a period of 1 year and HP Care Pack Essential Offsite Support for a period of 5 years in the amount not-to-exceed \$79,831.00.
- 4) Miscellaneous HP parts and accessories, HP Care Absolute Resilience for a period of 1 year and HP Care Pack Essential Offsite Support for a period of 5 years in the amount not-to-exceed \$11,559.50.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-835 was approved by unanimous vote.

BC2024-836

Department of Information Technology, recommending an award on Purchase Order No. 24004699 with The Ohio State University dba OARnet in the amount not-to-exceed \$126,516.48 for the purchase of (1120) VMware Cloud Foundation 5 and (256) VMware Cloud Foundation Edge 5 for Edge Deployment Only software subscriptions for the period 7/31/2024 - 7/30/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-836 was approved by unanimous vote.

BC2024-837

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 \$25,744.20 for a joint cooperative purchase of (6) Zebra Rugged Tablets each to include keyboards, adapters and a 5 year extended service agreement.
- b) Recommending an award on Purchase Order No. 24004705 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,744.20 for a joint cooperative purchase of (6) Zebra Rugged Tablets each to include keyboards, adapters and a 5 year extended service agreement.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-837 was approved by unanimous vote.

BC2024-838

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 \$16,260.00 for a state contract purchase of (12) Right Click Tools Subscription for a period of 1 year.

- b) Recommending an award on Purchase Order No. 24004706 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,260.00 for a state contract purchase of (12) Right Click Tools Subscription for a period of 1 year.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-838 was approved by unanimous vote.

BC2024-839

Department of Information Technology on behalf of the Department of Communications submitting an amendment to Contract No. 1910 (fka Contract No. CE1900384) with Canto, Inc. for Cloud-based Digital Asset Management System services for the period 10/28/2019 – 10/31/2024 to extend the time period to 10/31/2026, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$51,400.00, effective 10/31/2024.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked is there any assessment being done to whether we need to maintain all these videos; asked what purpose it serves to have this large of a library. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-839 was approved by unanimous vote.

BC2024-840

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 \$100,000.00 for a state contract purchase of bi-directional data interface enabling data-exchange between the Infor Time and Attendance System, the Galaxy Access Control System and other County systems, effective upon signatures of all parties for a period of 1 year.

- b) Recommending an award and enter into Contract No. 4949 with Integrated Precision Systems, Inc. in the amount not-to-exceed \$100,000.00 for a state contract purchase of bi-directional data interface enabling data-exchange between the Infor Time and Attendance System, the Galaxy Access Control System and other County systems, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. Dale Miller asked can you tell us more about the Galaxy System and what it is used for; asked is this a system within our internal system or an outside company that we contract with that provides this service; asked what IPS stands for. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-840 was approved by unanimous vote.

BC2024-841

Cuyahoga County Law Library,

- a) Submitting an RFP exemption, which will result in a payment to Thomson Reuters West Publishing Corporation in the amount not-to-exceed \$35,354.17 for reconciliation of invoices for the purchase of various books and literature made between 8/1/2023 – 7/31/2024.
- b) Recommending a payment on Purchase Order No. 24004723 to Thomson Reuters West Publishing Corporation in the amount not-to-exceed \$35,354.17 for reconciliation of invoices for the purchase of various books and literature made between 8/1/2023 – 7/31/2024.

Funding Source: Cuyahoga County Law Library Resource Fund

Marcos Cortes, Department of Health and Human Services on behalf of the Cuyahoga County Law Library, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-841 was approved by unanimous vote.

BC2024-842

Sheriff's Department, submitting an assignment and assumption and an amendment to a contract for Professional Standards Software Solutions for the period 1/1/2022-12/31/2024, effective upon signatures of all parties:

- a) Contract No. 1973 with CI Technologies, Inc. for an assignment and assumption of services to Versaterm Public Safety US, Inc.
- b) Contract No. 1973 nka Contract No. 4984 with Versaterm Public Safety US, Inc. to extend the time period to 12/31/2025 and for additional funds in the amount not-to-exceed \$29,325.00.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-842 was approved by unanimous vote.

BC2024-843

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not-to-exceed \$28,600.00 for the purchase of (2) Dual Purpose Canines for Law Enforcement.

b) Recommending an award on Purchase Order No. 24004610 to Excel K9 Services, Inc. in the total amount not-to-exceed \$28,600.00 for the purchase of (2) Dual Purpose Canines for Law Enforcement.

1) (1) Trained in Patrol/Optional Detection in the amount not-to-exceed \$12,800.00.

2) (1) Trained in Patrol/Narcotic Detection for US Marshals Task Force-Spring Class of 2024 in the amount not-to-exceed \$15,800.00.

Funding Source: Federal Equitable Sharing Account

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-843 was approved by unanimous vote.

BC2024-844

Sheriff's Department, submitting a Revenue Generating Agreement (via Contract No. 4977) with Village of Mayfield at a per diem rate of \$173.00 per prisoner per day for prisoner board and care services effective upon contract signatures of all parties through 12/31/2025.

Funding Source: Revenue Generating

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-844 was approved by unanimous vote.

BC2024-845

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,193.40 for management of the FY2024 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2025 – 3/31/2026.

Funding Source: 75% (\$18,895.06) Ohio Department of Public Safety Office of Criminal Justice Services and 25% (\$6,298.34) Cash Match – General Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-845 was approved by unanimous vote.

BC2024-846

Department of Health and Human Services/Division of Senior and Adult Services,

a) Submitting an RFP exemption, which will result in an award recommendation to CareStar Learning, LLC in the amount not-to-exceed \$1,500.00 for online educational training services for Home Health Aides for the period 9/1/2024-8/31/2026.

b) Recommending an award on Purchase Order No. 24004611 to CareStar Learning, LLC in the amount not-to-exceed \$1,500.00 for online educational training services for Home Health Aides for the period 9/1/2024-8/31/2026.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-846 was approved by unanimous vote.

BC2024-847

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3525 (fka Contract No. 1555) with WellSky Human and Social Services Corporation for the implementation of a software solution to support automated data transfers from the PeerPlace system to WellSky Aging and Disability system fka Social Assistance Management System (SAMS) for the period 8/1/2021 – 7/31/2024 to extend the time period to 7/31/2025 to amend the original budget to include Exhibit A-1 and for additional funds in the amount not-to-exceed \$1,877.01, effective 8/1/2024.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-847 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-848 through BC2024-851; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-848

Department of Information Technology, on behalf of Department of Health and Human Services/ Division of Children and Family Services recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of November 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-849

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$646,311.90 for the Regional Planning Unit Project in connection with the FY2024 STOP Violence Against Women ACT Block Grant for the period 1/1/2025 – 12/31/2025.

Funding Source: FY2024 STOP Violence Against Women Act Block Grant from the Ohio Department of Public Safety, Office of Criminal Justice Services

BC2024-850

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a grant agreement with U.S. Department of Housing and Urban Development for Rapid Re-housing services for single adults in connection with the FY2022 Continuum of Care Program Competition Grant for the period 10/1/2023 – 9/30/2024 to make budget line-item revisions; no additional funds.

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

BC2024-851

Department of Purchasing, presenting proposed purchases for the week of 11/18/2024:

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
24004764	Annual renewal of (1) year subscription for JIRA Standard and Confluence Standard term license	Department of Health and Human Services	Carahsoft Technologies Corporation	\$8,576.80	Health and Human Services Levy
24004551	(9) Replacement portable radios with related accessories and (1) multiple unit charger for the Office of Emergency Management	Department of Public Safety and Justice Services	Vasu Communications, Inc.	\$49,097.02	General Fund
24004675	(28) New headsets and (28) hook switch cables for use by the Office of Witness Victim	Department of Public Safety and Justice Services	Synergy Telcom Inc.	\$6,796.16	Health and Human Services Levy Fund
24004658	Purchase and installation of truck cap on a 2024 Ford F250 Super Cab Truck	Department of Public Works	Richard J. Enterprises Inc. dba A Better Truck Cap & Hitch	\$5,254.00	Road and Bridge Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services, submitting a Memorandum of Understanding with Lorain County Public Health to define the working relationship for use of the Cuyahoga County Emergency Management Storage Facility located on the grounds of the Harvard Avenue Maintenance Yard at 2501 Harvard Road, Newburg Heights and Lorain County Public Health located at 9880 Murray Ridge Road, Elyria as a Regional Drop Site to accept medical countermeasures for the Northeast Ohio Region in the event of a public health disaster or emergency, effective upon signature of all parties and remain in full force and effect unless revoked in writing.

Funding Source: n/a

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:31 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-852

Title	Public Works - Parking Lot Equipment -PSX, Inc.
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)	24004735	PSX, Inc.	Upon Execution	\$352,850.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). This request is for parking lot equipment and software to be utilized at recently acquired parking lots.</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 intent is to have an approved purchase order in place with a vendor that can provide parking lot equipment and software. The equipment is required for new, recently acquired parking lots. By procuring from PSX, all the equipment and software for parking lots will tie back to the HPG parking lot operations.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
PSX, Inc. Corp: 708 Terminal Way, Kennett Sq. PA 19348	Steve Charnas, Account Representative

Branch: 2340 Hamilton Ave., Cleveland, OH 44114	
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input 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. EXEMPTION *See Justification for additional information.
The total value of the solicitation: \$352,850.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / NA	<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? NA	<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: 10/24/24 2024-TAC-086
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 checked="" 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.

51% Parking Services Fund and 49% General Fund

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.

PW600120 / 70000 CFSUP0000101-Superior

PW600120/70000 CFVEB0000601- VEB

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):	10.9.24
Date documents were requested from vendor:	10.17.24
Date of insurance approval from risk manager:	10.21.24
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):

BC2024-853

Title	PW-FAC-Misc. Office Furniture-Animal Shelter-APG Office Furnishings	
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)	24004833	APG Office Furnishings	Upon Execution	\$3,595.43	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Public Works Facilities Division is requesting a purchase order for various furniture (freestanding lateral file, wall mount cabinets, private office wall and tackboard) for the Cuyahoga County Animal Shelter. This purchase will be made through Herman Miller Omnia Contract #20200000622 exp. 12/31/2025, resulting in a purchase order in the amount of \$3,595.43.

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

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

Project Goals, Outcomes or Purpose (list 3):
The Department of Public Works Facilities Division is requesting a purchase order for various furniture (freestanding lateral file, wall mount cabinets, private office wall and tackboard) for the Cuyahoga County Animal Shelter. This purchase will be made through Herman Miller Omnia Contract #20200000622 exp. 12/31/2025, resulting in a purchase order in the amount of \$3,595.43.

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 12075 Northwest Blvd. Suite 100 Cincinnati, Ohio 45246	Joe Moran, Sales Representative
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input 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. JCOP *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

NA	<input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date: Herman Miller Omnia Contract #20200000622 exp. 12/31/2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General
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. PW280100 52400 PW-KENNEL
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):	10.28.24
Date documents were requested from vendor:	10.28.24
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):

BC2024-854

Title	Cedar Pt. Rd. Bridge AMD #5
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	1126	Union Industrial Contractors, Inc.	N/A	\$3,055,480.60	May 11 th , 2021	R2021-0114
A-1	1126	Union Industrial Contractors, Inc.		\$2,026.85	June 21 st , 2022	Item No. 4
A-2	1126	Union Industrial Contractors, Inc.		\$2,274,161.73	May 23 rd , 2023	R2023-0134
A-3	1126	Union Industrial Contractors, Inc.		\$208,161.43	February 12 th , 2024	BC 2024-97

A-4	1126	Union Industrial Contractors, Inc.		\$200,400.00	August 5 th , 2024	BC2024-564
A-5	1126	Union Industrial Contractors, Inc.		\$315,290.63	PENDING	

Service/Item Description (include quantity if applicable).
“The project consisted of rehabilitation of the existing structure over the Rocky River by replacing the bridge deck, sidewalks, railings and exterior beams, patching the interior beams and substructures, replacing the approach slabs and realigning the adjacent roadway.”
The majority of the costs associated with this amendment are related to the need to install temporary cofferdams (Porta Dams) in order to stop the flow of the river and make repairs to the bridge piers and abutments below the water level. This work was not anticipated and was not accounted for in the original plans. However, there was severe deterioration below the water level that was discovered and needed to be addressed. This added work also extended the schedule of project and there are costs associated with accelerating the project to make sure the bridge gets open to traffic before winter. Otherwise, the bridge would have stayed closed until spring. The costs associated with the cofferdams and acceleration total \$283,200.63. The remaining \$32,000 on the amendment is attributed to increases in 3 existing plan items. The increases were required to meet the scope of the project.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Union Industrial Contractors, Inc. 1800 East 21 st Street Ashtabula, OH 44004	Ryan Cochran
Vendor Council District: N/A	Project Council District: 11

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>4874</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: \$3,055,480.60	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (%10) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
The additional costs added in this amendment are 100% Cuyahoga County Road & Bridge Budget 1
The project is funded 80% Federal Funds and 20% County 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. PW605100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): See Chart Above

BC2024-855

Title	2024 DPW, Submit & Award Cuyahoga County Monuments Assessment & Maintenance Program Agreement with McKay Lodge Fine Arts Conservation Laboratory, Inc. (RFQ 12847), \$85,000- 3-year contract
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4801	McKay Lodge Conservation Laboratory, Inc.	3 years from Effective Date	\$85,000	TBD	TBD

<p>Service/Item Description (include quantity if applicable). The selected vendor will serve as a consultant and professional services provider to the Cuyahoga County Monuments Commission and Public Works to conduct and document a detailed condition assessment for each of the monuments listed in inventory. They will also develop a conservation strategy for each monument and prepare a one-time repair scope of work for each monument for restoration purposes.</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): Conduct and document a detailed condition assessment of monuments Develop a conservation strategy of each monument Prepare repair scope of work and recurring maintenance recommendations to each monument</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
McKay Lodge Fine Arts Conservation Laboratory, Inc. 10915 Pyle S. Amherst Road Oberlin, Ohio 44074	Jim Gwinner- Vice President
Vendor Council District: N/A	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# <u>12847</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p>
<p>The total value of the solicitation: \$85,000</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 16 / 2</p>	<p><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</p>
<p>Participation/Goals (%): (20%) DBE (10%) SBE (7%) MBE (3%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

<p>These are very specialized services and only two vendors responded. Neither vendor submitted diversity goal paperwork. An email has been sent to Lenora confirming these details.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<p><input type="checkbox"/> Government Purchase</p>
	<p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p>
	<p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>General Fund- Property Management PW100100-55030</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p>
<p>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):</p>

<p>Provide status of project.</p>
<p>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</p>
<p>Reason:</p>
<p>Timeline</p>
<p>Project/Procurement Start Date (date your team started working on this item):</p>

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- new vendor

BC2024-856

Title	Department of Development / Kirtland Consulting LLC / Amendment 1 / CM4659 / RQ #14342 / Five Year Economic Development Plan	
Department or Agency Name	Department of Development	
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	CM4659	Kirtland Consulting LLC	7/1/2024 – 12/31/2024	\$64,000.00	7/8/2024	BC2024-511
A-1	CM4659	Kirtland Consulting LLC	7/1/2024 – 6/30/2025	\$10,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Development is requesting approval of an Amendment, per the chart above, to extend the contract until June 30, 2025, to add \$10,000.00 to the amount of the contract, and to change the terms of the contract to expand the services. The contract is to assist the County Executive and Director of Development in preparing the 2024 update of the Cuyahoga County Five-Year Economic Development Plan, in consultation with the Cuyahoga County Economic Development Commission.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

Update the five-year plan in order to set forth strategic priorities and recommended economic development activities that create jobs and provide wealth creation opportunities for all Cuyahoga County residents.

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

Vendor Name and address:	Owner, executive director, other (specify):
Kirtland Consulting LLC 8679 Cardinal Drive Kirtland, OH 44094	Caroline R Taich President
Vendor Council District: N/A	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

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

O	CM4659	Kirtland Consulting LLC	7/1/2024 – 12/31/2024	\$64,000.00	7/8/2024	BC2024-511
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BC2024-857

Title	Weights and Measures WinWam Software Maintenance					
Department or Agency Name	Fiscal Department					
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	2234	Nover Engelstein & Associates, Inc.	02/01/2022 – 01/31/2025	\$15,250.00	01/31/2022	BC2022-61
A-1	2234	Nover Engelstein & Associates, Inc.	02/01/2022 – 01/31/2025	\$3,645.00	01/02/2024	BOC ION 6
A-2	2234	Nover Engelstein & Associates, Inc.	02/01/2025 - 01/31/2028	\$16,305.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). WinWam is a testing software for Weights and Measures. This is a contract amendment for software maintenance with Nover Engelstein & Associates, Inc. This amendment will extend the time period to 01/31/2028 and funds in the amount of \$16,305.00. The contract amendment contains updated insurance requirements set by the Law Department.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): -Annual software maintenance, updates, and testing -Data sharing and accountability for field testing devices -computerize the work of Weights and Measures</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):
Nover Engelstein & Associates, Inc. 3000 Atrium Way, Ste 2203 Mt. Laurel, New Jersey 08054	Neal Nover CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. In 2013, Cuyahoga County purchased a perpetual license for WinWam Weights and Measures software. The \$30,000 price tag included the software licenses, accessories such as scanners and training. The perpetual license gives the county the right to use the WinWam software as long as it chooses, but in order to get support and system upgrades, the county must purchase annual maintenance support. Because WimWam software is proprietary, no other company can perform maintenance and support for this software. *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 ().
	<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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) EXMT
	<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. Pg. 26 of List (Pg. 27 of PDF)	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. FS100190
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-858

Title	Budget Projections and Forecasting Services
Department or Agency Name	Fiscal Department
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	3796	Sherpa Government Solutions, LLC	10/20/2023 – 12/31/2024	\$117,000.00	10/10/2023	BC2023-614
A-1	3796	Sherpa Government Solutions, LLC	01/01/2025 – 12/31/2025	\$39,850.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 The contract amendment with Sherpa Government Solutions, LLC is to extend the timeframe of the contract to 12/31/2025 and add funds in the not-to-exceed amount of \$39,850.00. This amendment is for the 2025 annual license subscription for support, training, and budget projection services. The insurance requirements for this amendment have been updated by the Law Department.

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):
 -support for modules and system issues
 -obtain training on new modules
 -annual license renewal for budget forecasting reports

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

Vendor Name and address:	Owner, executive director, other (specify):
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Sherpa Government Solutions 2990 Osceola St. Denver, CO 80212	Dawn Rippentrop Chief Operational Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Infor Lawson does not provide a budget reporting tool and Sherpa Government Solutions, LLC was found to be the best solution. Office of Budget Management is currently using Sherpa Government Solutions, LLC for their budgeting and forecasting services. An exemption is being requested because Sherpa is the owner of the budget management system, and the amendment is for the renewal of the annual license subscription. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) EXMT <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. Pg. 28 of IT Standards List (pg. 29 of PDF)	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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. FS100105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-859

Title	Fiscal Department / GovOS, Inc. /Contract / Partial Assignment of Land Record Management System License, Subscription, and Service Agreement
Department or Agency Name	Fiscal 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):
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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.
O	4990	GovOS Inc.	08/01/2023 – 02/09/2027	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable).

This contract is to assign part of the agreement to GovOS from Kofile for the purpose of GovOS providing Cloud Services. This is a zero-dollar contract that will grant Cuyahoga County the authority to pay GovOS the \$5.00 convenience fee collected on their behalf. The funds will not be directly paid from this contract as the funds are “pass through” funds. GovOS does not currently have the capability to split this fee from other changes to collect themselves. GovOS will assume the rights and obligations of Kofile under the Agreement as well as the Cuyahoga County Fiscal Officer's Electronic Recording Standards. The insurance requirements have changed from the original contract to this partial assignment contract.

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):

- assign part of the agreement to GovOS from Kofile
- authority to pay GovOS the \$5 fee collected on their behalf

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):
GovOS Inc. 8310 N. Capital of Texas Hwy Austin, TX 78731	Michael Crosno, CEO (GovOS, Inc.)
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a \$0 partial assignment contract derived from GSA Contract GS-35F-275AA expiring 03/21/2023 to assign part of the contract to GovOS, Inc from Kofile Technologies, Inc. to allow for Cloud services and fees that have been ongoing since the execution of the original contract. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 2024 TAC-080 on 09/26/2024
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Real Estate Assessment 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.
FS305100 54300

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:

This is an assignment and assumption contract backdated to 08/01/2023 to assigned part of the agreement to GovOS, Inc. from Kofile Technologies, Inc. for the purposes of GovOS, Inc. providing cloud services. This assignment and assumption contract will grant Cuyahoga County the authority to pay a \$5.00 convenience fee collected on their behalf.

Timeline

Project/Procurement Start Date (date your team started working on this item):	05/29/2024
Date documents were requested from vendor:	08/01/2024, 08/12/2024, 08/19/2024, 08/23/2024, 09/03/2024, 09/12/2024, 09/17/2024, 09/26/2024, 10/01/2024, 10/07/2024, 10/15/2024, 10/17/2024, 10/29/2024
Date of insurance approval from risk manager:	Conditional Approval 10/17/2024 Final approval 10/30/2024
Date Department of Law approved Contract:	08/20/2024

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

There were internal discussions with the Law Department on how to handle this contract as the original was a GSA contract. It took multiple follow-ups to get through the redline contract negotiations. We also had trouble getting the certificate of insurance and endorsements to meet the requirements set by the Law Departments. The insurance approval process also had multiple follow-ups with the vendor.

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

The original contract with Kofile Technologies, Inc. does not grant the County authority to pay GovOS, Inc. the \$5.00 already collected on their behalf. This assignment and assumption contract is backdated to 08/01/2023 to assigned part of the agreement to GovOS, Inc. from Kofile Technologies, Inc. for the purposes of GovOS, Inc. providing cloud services. This new assignment and assumption contract will grant the County the authority to pay GovOS, Inc. the \$5.00 convenience fee.

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

Until this contract is approved, Cuyahoga County does not have the authority to pay the \$5 convenience fee already collected to GovOS.

HISTORY (see instructions):

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

Amendments (A-#)						
O	2127	Kofile Technologies, Inc.	02/10/2022 – 02/09/2027	\$3,264,300.00	01/18/2022	BC2022-43

BC2024-860

Title	CM2876-2024-Solix Technologies Inc. 3 rd Amendment
Department or Agency Name	The Department of Information Technology
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	CE1800466	Solix Technologies Inc	11/26/2018-11/25/2020	\$469,658.00	11/26/2018	BC2018-835
A-1	CM268	Solix Technologies Inc	11/25/2020-11/25/2022	\$423,018.00	11/21/2020	BC2020-666
A-2	CM2876	Solix Technologies Inc	11/25/2022-11/25/2024	\$459,386.00	11/21/2022	BC2022-709
A-3	CM2876	Solix Technologies Inc	11/25/2024-11/25/2025	\$353,713.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to amend Contract No.2876 with Solix Technologies Inc., to extend the contract term thru 11/25/2025 for the Data Lake Repository Services in the amount of not to exceed \$353,713.00.</p> <p>Solix offers data lake, data archiving & AI solutions for enterprises including data governance. Management of data & compliance with regulations with Solix CDP.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

1. Amend CM2876 Solix Technologies Inc. to extend the Term for one (1) year, through November 25, 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):
Solix Technologies Inc. 4701 Patrick Henry Drive #20, Santa Clara, CA 95054	Russ Puryear Vice President of Sales
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. Amendment to the active CM2876 *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Initial contract award on RFP47290 11/26/2018 BC2018-835 for subscription service for use of the Solix CDP software. <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
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. IT100145
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-861

Title	Human Resources; 2024; Contract for HR Consulting and Investigation Services with Clemans Nelson & Associates, Inc. resulting from an RFP for the period 11/7/2024-3/30/2028 in the amount not-to-exceed \$190,000.00
Department or Agency Name	Human Resources

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4997	Clemans Nelson & Associates, Inc.	11/07/2024-03/30/2028	\$190,000.00		PENDING

Service/Item Description (include quantity if applicable).
Clemans Nelson will provide human resources consulting and investigation services. These are services that have only recently begun to be utilized and have been invaluable. This service will allow HR staff to contact Clemans Nelson for routine questions regarding human resources, allowing quicker responses to our clients and resolving issues using industry best practices. Clemans Nelson will also assist or take the lead in workplace investigations to reduce or eliminate any concerns of impartiality or bias.

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 goals of this service are to provide answers to HR compliance related questions, resolve issues using industry best practices, improve response time for employee questions and issues, and assist with investigations.

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):
Clemans Nelson & Associates 4100 Regent Street, Suite 4-N Columbus, OH 43219	Andrew Esposito Director of Operations / Shareholder
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _14850__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" 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: 8/30/2024	*See Justification for additional information.
The total value of the solicitation: \$190,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 42 / 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 (5) SBE (6) MBE (4) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? None of the submissions were compliant with the DEI program. This was the second RFP solicited for these services and the single proposal from the first RFP was also non-compliant. None of the vendors made a complete good faith effort as there does not appear to be any certified vendors with the County for this service.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Clemans Nelson was significantly less than the other proposal, both for standard retainer and hourly rates.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
--

Is funding for this included in the approved budget? 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.
HR100100

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

Provide status of project.
The existing contract for these services with Clemans Nelson expired 11/6/2024. There are currently open cases that the vendor is conducting investigations on as HR continues this service.

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

Reason:
There were delays in processing the contract and obtaining a compliant certificate of insurance.

Timeline

Project/Procurement Start Date (date your team started working on this item):	9/30/2024 – Vendor Notified
Date documents were requested from vendor:	10/2/2024
Date of insurance approval from risk manager:	11/5/2024
Date Department of Law approved Contract:	10/2/2024

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

If late, have services begun? No Yes (if yes, please explain)
There are open cases extending from the previous agreement that are still being investigated by the vendor. No new cases are being opened unless this contract is approved.

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	3867	Cleman Nelson & Associates, Inc.	11/6/2023-11/6/2024	\$20,000.00	11/6/2023	BC2023-697
A	3867	Cleman Nelson & Associates, Inc.	11/6/2023-11/6/2024	\$50,000.00	5/6/2024	BC2024-343

Late Timeline:
8/30/2024 – RFP Closed
9/5/2024 – DEI Tab Sheet Received

9/16/2024 – Proposals Scored
 9/30/2024 – Vendor Notified
 9/30/2024 – Contract draft requested
 10/2/2024 – Contract draft provided to vendor
 10/2/2024 – Documents requested from vendor (COI, Independent Contractor)
 10/21/2024 – Signed contract received
 10/21/2024 – COI Provided
 10/21/2024 – COI sent to Law
 11/5/2024 – Risk questions on COI
 11/5/2024 – Revised COI provided by vendor
 11/5/2024 – Revised COI approved by Law
 11/6/2024 – Infor Entry and Release

BC2024-862

Title	Fiscal Department / Samba Holdings Inc. / Contract / 1 year contract for continuous monitoring of Motor Vehicle Record (MVR) violations and CSA inspections
Department or Agency Name	Fiscal Department of behalf of 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/Council Approved	Approval No.
O	4992	Samba Holdings Inc	12/01/2024 – 11/30/2025	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 SambaSafety provided by Samba Holdings Inc will provide continuous monitoring of Motor Vehicle Records (MVRs), including driver’s license status and traffic violations. This mobility risk management solution is part of the Enterprise Risk Management program and will enhance driver’s safety across the County and mitigate losses stemming from motor vehicle accidents and reinforcing a culture of safety. The contract is slated to start on 12/01/2024 through 11/30/2025. Although this is a new contract with Samba Holdings Inc, Cuyahoga County has an extensive history and relationship with the SambaSafety product. The service was previously offered through the County’s insurance broker, however the current insurance broker for the County does not offer this 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
 Age of items being replaced: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):
 -Enhance driver safety
 -Mitigate loss to the County

-Reinforce a culture of safety

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):
Samba Holdings Inc Dept LA 24536 Pasadena, CA 91185	Kevin Clarry Enterprise Account Executive
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. SambaSafety has an extensive history and relationship with the County. The County used SambaSafety for several years as the service was offered through the County's previous insurance broker. The County's current insurance broker does not provide the service. Enterprise Risk Management reached out to other vendors. However, negotiations failed after these other vendors insisted on adverse contract provisions. *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 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: 2024 TAC-076 on 10/10/2024
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. LW100120
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):

BC2024-863

Title	ADAMHS Board – Second Amendment (Matt Talbot – Catholic Charities)	
Department or Agency Name	Corrections Planning Board, Common Pleas Court	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	2119	ADAMHS Board	July 1, 2021 to June 30, 2023	\$160,000.00	01/03/2022	BC2022-15
First Amendment	2119	ADAMHS Board	July 1, 2023 to June 30, 2024	\$260,000.00	9/25/2023	BC2023-585
Second Amendment	2119	ADAMHS Board	July 1, 2024 to June 30, 2025	\$260,000.00		

Service/Item Description (include quantity if applicable).
 This is a request for contracted services involving Residential Level of Care Services for Dually Diagnosed men. The collaboration between the Court and treatment providers is intended to provide a comprehensive team approach between its Adult Probation Department and treatment providers to address issues relate to being dually diagnosed, identify risky behaviors, and reduce incarceration within the dually diagnosed male population. The Residential Services for Dually Diagnosed Men is a collaborative between the Court and Corrections Planning Board, the ADAMHS Board and the selected provider who will work with the Adult Probation Department’s Dual Diagnosis unit as related to admission service delivery and discharge decisions. Length of residence, discharge and re-admission under the contract shall be subject to team staffing. The Corrections Planning Board monitors the use of the Residential Services for Dually Diagnosed Men funds through site visits to Catholic Charities Services (Matt Talbot for Men), the identified service provider for this program.

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):

- An estimated total of 150 male co-occurring clients will receive residential treatment services under the two-year term of this agreement amendment.
- The primary client and system(s) impact will be the amount of time SUD & MH Court clients are stable, taking meds, and successfully living in the community.

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

Vendor Name and address:	Owner, executive director, other (specify):
Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, 2012 W. 25th Street, 6th Floor Cleveland, OH 44113	Felica Harrison, Chief Financial Officer
Vendor Council District:	Project Council District:
ALL	ALL
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. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)

	None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County.
	<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.	
This project is 100% Ohio Department of Rehabilitation and Correction Community Corrections Act Grant 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. CP285170	
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 at this time.	
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: Decision to postpone development of new contract due to grant proposal work caused a delay in processing. Small vendor delay due to staff change. Staff delay due to unforeseen family leave.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9.11.24
Date documents were requested from vendor:	9.12.24
Date of insurance approval from risk manager:	11.1.24
Date Department of Law approved Contract:	11.1.24
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)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-864

Title	ADAMHS Board – Second Amendment RSAT II Program (Residential Substance Abuse Treatment)
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Department or Agency Name	Corrections Planning Board, Common Pleas Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original Agreement	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$500,000.00	6/14/2022	BOC2022-362
First Amendment	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$490,000.00	10/2/2023	BOC2023-599
Second Amendment	2499	ADAMHS Board	July 1, 2023 to June 30, 2025	\$490,000.00		

Service/Item Description (include quantity if applicable).

The ADAMHS Board will oversee Panel Agencies to provide evidence-based Residential Level of Clinical Care Services for offenders with Substance Use Disorders and who are provided supervision by the Court’s Adult Probation Department. This First Amended Agreement will only support clinical service delivery. The collaboration between the Court and treatment agencies is intended to provide a comprehensive team approach between the Adult Probation Department and treatment providers to address issues related to individuals diagnosed with a Substance Use Disorder, identification of risky behaviors, and the need to reduce future incarcerations. Hence Panel Agencies will work with the Adult Probation Department to administer service delivery and discharge decisions. Length of residence, discharge and re-admission under the agreement shall also be reviewed during team staffings. The Adult Probation Department and Corrections Planning Board will monitor the use of Agreement funds through site visits to various identified Panel Agencies.

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 ADAMHS Board will oversee Panel Agencies who will provide evidence-based Residential Level of Clinical Care Services for offenders with substance use disorders who are supervised by the Court’s Adult Probation Department.

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)	
Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, 2012 W. 25th Street, 6th Floor Cleveland, OH 44113	Owner, executive director, other (specify): Felica Harrison, Chief Financial Officer
Vendor Council District: ALL	Project Council District: ALL
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. *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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Successful bidder offered to serve the most clients with the desired 2-hour services/client.	<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) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County.

	<input type="checkbox"/> Other Procurement Method, please describe:
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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. This project is 100% funded by General 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. CP285170
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 at this time.	
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: Decision to postpone development of new contract due to grant proposal work caused a delay in processing. Small vendor delay due to staff change. Staff delay due to unforeseen family leave.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9.11.24
Date documents were requested from vendor:	9.12.24
Date of insurance approval from risk manager:	11.1.24
Date Department of Law approved Contract:	11.1.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Need to continue services benefiting offenders.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-865

Title	ADAMHS Board – Second Amendment (Sober Living)
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Department or Agency Name	Corrections Planning Board, Common Pleas Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	2520	ADAMHS Board	July 1, 2022 to June 30, 2024	\$100,000.00	7/11/2022	BC2022-424
First Amendment	2520	ADAMHS Board	July 1, 2024 to June 30, 2026	\$100,000.00		

Service/Item Description (include quantity if applicable).

- Provide Sober Living options to probationers who have completed a residential substance treatment program and do not have a safe environment to return home to; (or) probationers who have completed an IOP substance treatment program and immediately relapsed in their home environment.
- The ADAMHS Board, with the approval of the CPB, shall contract with a panel of Housing Service Providers (“Provider Panel”) to deliver sober housing services benefitting offenders receiving community supervision by the Cuyahoga County Common Pleas Court’s Adult Probation Department.

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):
It is anticipated that up to 300 discrete Court-involved individuals will be referred to and utilize Sober Living bed availability between July 1, 2024 and June 30, 2026.

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):
Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, 2012 W. 25th Street, 6th Floor Cleveland, OH 44113	Felica Harrison, Chief Financial Officer

Vendor Council District:	Project Council District:
ALL	ALL
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. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County. <input type="checkbox"/> Other Procurement Method, please describe: _____
HISTORY (see instructions): see chart above	

BC2024-866

Title	Signature Health (OVW High Risk DV)	
Department or Agency Name	Corrections Planning Board	

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	4947	Signature Health	July 1, 2024 to September 30, 2027	\$158,821.00		

Service/Item Description (include quantity if applicable).

Signature Health will provide trauma counseling services for individuals participating in the High-Risk Domestic Violence Court. The counseling is intended to holistically address a client’s mental health and trauma needs. Hence, offenders may participate in a battering intervention program that enables them to reprocess their trauma through the completion Eye Movement Desensitization and Reprocessing (“EMDR”) therapy. This therapy will be conducted in a group setting, a format referred to as Group Traumatic Events Protocol (GTEP).

Signature Health will also assign a Behavioral Health Supervisor (or her designee to represent them on the High Risk DV Court Team. The behavioral health professional will act as a liaison between the High Risk DV Court Team and Signature Health and attend all High Risk DV Court Team meetings and docket hearings. Furthermore, the behavioral health professional will provide the following:

- Provide progress updates before all High-Risk DV Court Team meetings that address client participation and progress in the program while referred for behavioral health services.
- Provide recommendations for therapeutic approaches and interventions while having a firm understanding of domestic violence approaches and best practices.
- Meet with appropriate clients in person after High Risk DV Court/docket to complete all necessary paperwork to begin services at Signature Health including Group Traumatic Events Protocol (GTEP) or other needed behavioral health services.
- Attend necessary trainings.

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): Provide counseling services for participants of the High-Risk Domestic Violence Court that holistically address their mental health and trauma needs.

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: Signature Health 4726 Main Ave Ashtabula, OH 44004	Owner, executive director, other (specify): Jonathan Lee, Founder & CEO
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	Entire County affected 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. Signature Health is a uniquely qualified partner of the High-Risk Domestic Violence Court with experience serving domestic violence offenders. Signature Health has provided related services to domestic violence offenders under the supervision of the court under a prior Memorandum of Understanding. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Is funding for this included in the approved budget? <input 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. 100% grant funded – federal grant from the U.S. Department of Justice’s Office on Violence Against Women (OVW)
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. Services have not started yet. Project planning has occurred.	
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: Unforeseen interval delays due to determining who will provide managerial oversight of the contract and the amount of reimbursement rates; missing insurance information delays and processing delays (vendor was not registered in Lawson, missing IG number, Lawson error regarding the vendor/supplier link).	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	January 30, 2024
Date documents were requested from vendor:	June 20, 2024
Date of insurance approval from risk manager:	October 9, 2024
Date Department of Law approved Contract:	August 7, 2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
HISTORY (see instructions):	

BC2024-867

Title	AMENDMENT FOR MENTORING SERVICES RISING.OVER.SITUATIONS.EVALUATING.SELF. (R.O.S.E.S) MENTORING	
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	3933	R.O.S.E.S. Mentoring	7/1/2023-6/30/2024	\$30,714.00	12/18/2023	BC2023-839
(A)	3933	R.O.S.E.S. Mentoring	7/1/2024-6/30/2026	\$51,428.00	PENDING	

Service/Item Description (include quantity if applicable).
 Vendor shall provide community based and school based mentoring services to expose youth to pro-social activities and strengthen positive relationships with healthy adults for a term starting July 1, 2024, until June 30, 2026. To extend the time period of the contract through June 30, 2026, increase the funds in the amount of \$51,428.00 and replace the insurance requirements. This changes the not to exceed value of the contract to \$82,142.00.

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

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

Project Goals, Outcomes or Purpose (list 3): Mentoring services will focus on the goal to strengthen families to access resources in the community to support youth with pro-social activities and decision-making skills.

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: R.O.S.E.S. Mentoring P.O. Box 2566 Streetsboro, Ohio	Owner, executive director, other (specify): Tamiela Barlow Founder/Chief Executive Officer

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This is a contract amendment.	<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? <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% RECLAIM grant.
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations and vendors' delay in returning documents.
Timeline
Project/Procurement Start Date (date your team started working on this item): 8.20.24
Date documents were requested from vendor: 9.16.24
Date of insurance approval from risk manager: 9.15.24
Date Department of Law approved Contract: 9.5.24
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)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2024-868 a)

Title	CCJC 25-26 Community Diversion Program amendment with Olmsted Township
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	4053	Olmsted Township	1/1/24-12/31/24	\$1,200.00	05/13/2024	BC2024-362
A-1	4053	Olmsted Township	1/1/25-12/31/26	\$1,800.00	Pending	Pending

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

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):
A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.
B. 80% of YOUTH referred will be engaged in and complete services with no new charges.
C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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

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

Vendor Name and address: City of Olmsted Township 26900 Cook Rd, Olmsted Township, Ohio 44138	Owner, executive director, other (specify): Ofc. Joe English (Programmatic Contact)
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Olmsted Township

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. Government Purchase *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 type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Government Purchase
	<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. Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	11/05/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/6/2024

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

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

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

HISTORY (see instructions): see chart above

BC2024-868 b)

Title	CCJC 25-26 Community Diversion Program contract with the City of North Royalton
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3915	City of North Royalton	1/1/24-12/31/24	\$5,700.00	11/27/2023	BC2023-763
A-1	4243 aka 3915	City of North Royalton	1/1/25-12/31/26	\$9,000.00	Pending	Pending

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

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):

A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

B. 80% of YOUTH referred will be engaged in and complete services with no new charges.

C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of North Royalton	Owner, executive director, other (specify): Linda Paluscsak (Programmatic Contact)
14000 Bennett Road, North Royalton, Ohio 44133	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of North Royalton

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. Government Purchase *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 type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Government Purchase <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.	

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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. 100 % Health and Human Services Levy Fund

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

Provide status of project.

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
--	---

Reason:

Timeline:	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	10/11/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/06/2024

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

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

Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

BC2024-868 c)

Title	CCJC 25-26 Community Diversion Program amendment with the Village of Orange
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	3996	Village of Orange	1/1/24-12/31/24	\$300.00	12/18/2023	BC2023-841
A-1	4250	Village of Orange	1/1/25-12/31/26	\$2,400.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Village of Orange	Owner, executive director, other (specify): Sgt. Jason Marvin (Programmatic Contact)
4600 Lander Road, Orange Village, 44022	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Village of Orange

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. Government Purchase *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 type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Government Purchase
	<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. Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline:	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	11/08/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/12/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

HISTORY (see instructions): see chart above

BC2024-868 d)

Title	CCJC 25-26 Community Diversion Program Amendment with the City of Independence
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4468	City of Independence	1/1/24-12/31/24	\$1,200.00	05/13/2024	BC2024-362
A-1	4468	City of Independence	1/1/25-12/31/25	\$4,200.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

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

Vendor Name and address: City of Independence	Owner, executive director, other (specify): Angela T. Zidanic (Programmatic Contact)
6800 Brecksville Road Independence, Ohio 44131	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Independence

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. Government Purchase *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 type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Government Purchase <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.
Health and Human Services Levy

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

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

Provide status of project.

New Service or purchase Recurring service or purchase | Is contract late No Yes, In the fields below provide reason for late and timeline of late submission

Reason:

Timeline:	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	10/31/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/06/2024

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

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

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

HISTORY (see instructions): see chart above

BC2024-868 e)

Title	CCJC 2025-2026 Community Diversion Program Amendment with the City of Lakewood
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4469	City of Lakewood	1/1/24-12/31/24	\$16,800.00	BC2024-362	5/13/2024

A-1	4469	City of Lakewood	1/1/25-12/31/26	\$16,800.00	Pending	pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Community Diversion Services

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):
 A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.
 B. 80% of YOUTH referred will be engaged in and complete services with no new charges.
 C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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

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

Vendor Name and address: City of Lakewood	Owner, executive director, other (specify): Laura Schuerger (Programmatic Contact)
12650 Detroit Avenue Lakewood, Ohio 44107	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Lakewood

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. Government Purchase *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 type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Government Purchase
	<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. 100 % Health and Humsan Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	10/08/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/06/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

HISTORY (see instructions): see chart above

BC2024-868 f)

Title	CCJC 2025-2026 Community Diversion Program contract with the Village of Bentleyville
Department or Agency Name	Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4471	Village of Bentleyville	1/1/24- 12/31/24	\$300.00	05/13/2024	BC2024-362
A-1	4471	Village of Bentleyville	1/1/25-12/31/25	\$1200.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Village of Bentleyville	Owner, executive director, other (specify): Gabriel Barone, Chief of Police (Programmatic Contact)
6253 Chagrin River Road Bentleyville, OH 44022	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Village of Bentleyville

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. Government Purchase *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 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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

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

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.

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
--	---

Reason:

Timeline: Project/Procurement Start Date (date your team started working on this item):	09/19/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	11/08/2024
Date Department of Law approved Contract:	09/16/2024
Date item was entered and released in Infor:	11/12/2024

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

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

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

HISTORY (see instructions): see chart above

BC2024-869

Title	TRAUMA INFORMED TREATMENT SERVICES (MASTER)
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	4994	Applewood Centers, Inc	7/1/2024-6/30/2026	\$40,000.00	Pending	Pending

	4995	PALS for Healing				

Service/Item Description (include quantity if applicable).
The vendor will be providing community-based individual and family treatment to those youth and families who are involved in the Safe Harbor docket. The Cuyahoga County Court of Common Pleas plans to contract with Trauma Informed Treatment Services, for July 1, 2024, and ending June 30, 2026, for Safe Harbor Docket in the amount of \$ 40,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3): Provide community-based services to a specific population of youth and decrease the number of youths on this docket who are AWOL from home.

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: Applewood Centers, Inc. 10427 Detroit Ave. Cleveland, Ohio 44102	Owner, executive director, other (specify): Adam G. Jacobs, President
PALS for Healing 4700 Rockside Rd. #135 Independence, Ohio 44131	Owner, executive director, other (specify): Misty Ramos- Saviano
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 checked="" type="checkbox"/> Exemption

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by the RECLAIM Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations, and vendors' delay in returning documents.
Timeline

Project/Procurement Start Date (date your team started working on this item):	7.11.24
Date documents were requested from vendor:	9.5.24
Date of insurance approval from risk manager:	7.26.24
Date Department of Law approved Contract:	9.5.24
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)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
- Applewood History (A)						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	2969	Applewood Centers, Inc	10/01/2018-9/30/2019	\$25,404.50	11/13/2018	BC2018-789
A-#1	2969	Applewood Centers, Inc	9/30/2020	\$13,986.67	12/16/2019	BC2019-957
A-#2	2969	Applewood Centers, Inc	6/30/2021	\$30,000.00	5/3/2021	BC2021-207
A-#3	2969	Applewood Centers, Inc	6/30/2022	\$40,000.00	11/8/2021	BC2021-636
A-#4	2969	Applewood Centers, Inc	6/30/2023	\$40,000.00	12/9/2022	BC2022-787
A-#5	2969/4354	Applewood Centers, Inc	6/30/2024	\$40,000.00	2/26/2024	BC2024-154

HISTORY (see instructions):						
- PALS FOR HEALING (B)						
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)	893	PALS For Healing	10/1/2018 – 9/30/2019	\$25,404.50	11/13/2018	BC2018-789
A-#1	893	PALS For Healing	10/1/2018 – 9/30/2020	\$13,986.67	12/16/2019	BC2019-957
A-#2	893/2971	PALS For Healing	10/1/2018 – 9/30/2021	\$30,000.00	05/03/2021	BC2021--207

A-#3	2971/893	PALS For Healing	10/1/2018 – 6/30/2022	\$40,000.00	11/8/2021	BC2021-636
A-#4	2971	PALS For Healing	10/1/2018 – 6/30/2023	\$40,000.00	12/19/2022	BC2022-787
A-#5	2971/4355	PALS For Healing	10/1/2018 – 6/30/2024	\$40,000.00	2/26/2024	BC2024-154

BC2024-870

Title	Team Mentoring for Youth and Young Adults who have aged out of Foster Care in Cuyahoga County
Department or Agency Name	Division of Children family 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	3926	Community of Hope	1/1/2024-12/31/2024	\$150,000.00	12/5/2023	BC2023-784
A	4085	Community of Hope	1/1/2025-12/31/2025	\$150,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). To provide Team Mentoring to youth and young adults, ages 18-24, who have and/or are aging out of foster care system; through the use of coaching, mentoring, and social skills training.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> To help break the cycle of poverty, repetition of homelessness, low educational attainment, and foster care. To provide wraparound support and assist them to make the transition to self-sufficiency and independence through necessary education, training and services

<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: Community of Hope c/o CSU 2121 Euclid Avenue</p>	<p>Owner, executive director, other (specify): Beverly Johnson Program Director</p>

Cleveland, Ohio 44115	
Vendor Council District: Council District 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 12991 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$150,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 31 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Only 1 Bid 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.
 Health and Human Service Levy 66% and Title IV-E 34%

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.
 HS260130 -Accounting Unit
 55130-Account
 UCH00101-Account Category

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4085	Community of Hope	1/1/2024-12/31/2025	\$150,000.00	12/5/2023	BC2023-784

BC2024-871

Title	Public Safety & Justice Services, 2024: Purchase Order, ICOR Technology Inc.; City of Cleveland Division of Police Bomb Squad EOD Robot (Unmanned Ground Vehicle)
Department or Agency Name	Public Safety & Justice Services

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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.
O	24004766	ICOR Technology Inc	11/6/2024-1/15/2025	\$149,800.00	pending	

Service/Item Description (include quantity if applicable). Procuring one (1) EOD robot for city of Cleveland Division of Police Bomb Squad. This is a medium-size unit to compliment other sized EOD robots in service by CPD, and other teams in the region. No current EOD robot is expected to de-commissioned by this purchase.

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

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

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

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):
ICOR Technology Inc. 935 Ages Drive, Ottawa, ON K1G 6L3	Jack Vongdouangchanh Commercial Manager
Vendor Council District:	Project Council District:
NA	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 15013 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/23/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$215,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 5	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? \$149,800.00 – 239,806.00	<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. NA	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FY2023 Urban Area Security Initiative (UASI) 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. PJ280125 PJ-23-UASI
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Delay in receiving the COI

Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/13/2024
Date documents were requested from vendor:	10/31/2024
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C.- Exemptions

BC2024-872

TITLE	CJFS 2024: Complex Medical Help Program-State of Ohio
DEPARTMENT OR AGENCY NAME	Cuyahoga Job and Family Services

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement <input checked="" type="checkbox"/> Exemption from Aggregation
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	05/26/2020	BC2020-300
	01/19/2021	BC2021-26
	12/13/2021	BC2021-736
	12/19/2022	BC2022-801
	01/02/2024	BC2024-25
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Ohio Department of Health's Complex Medical Help Program, formally know as Children with Medical Handicaps Program provides payment for Diagnostic, Treatment, and Service Coordination programs to children who are residents of Ohio and who are potentially or actually medically handicapped. Section 3701.023 (I) of the Ohio Revised Code mandated the Department of Health to collect reimbursement from each Ohio county. The maximum amount we are required to reimburse the Complex Medical Help (CMH) program is \$3,512,667.87. This amount equals one-tenth of one mill of our county's total property tax valuation.</p>	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):

	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% Department of Health and Human Services Levy.

D. - Consent Agenda

BC2024-873

Title	W. 130 th St. Bridge AMD #1 (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	3567	Ruhlin Co.	N/A	\$4,425,425.50	July 18 th , 2023	R2023-0198
A-1	3567	Ruhlin Co.		-\$153,965.81	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>The project consists of the replacement and widening of the existing bridge over East Branch of the Rocky River in the Cities of Strongsville and North Royalton, replacement of 100 feet of roadway approach with asphalt pavement, shoulders, guardrail, including new storm sewers, relocation of 12inch water supply main, relocation of 15inch gravity sewer main and traffic control. The project length is 0.05 miles.</p> <p>The overall value of the amendment lowers the total cost of the contract. This amendment contains numerous increases and decreases of bid items that were required to meet the scope of the project. There were a number of new items that were required to address unforeseen conditions during construction. However, the highest cost new item (Ref. No. 127 Cost of Incentive/Disincentive), which totaled \$145,000, was not due to an unforeseen condition. This contract utilized the A + B Bidding method, which allows for an incentive or disincentive depending on how long the contractor takes to complete the project. The contractor finished the project 29 days early. Therefore, they received an incentive of \$145,000 which was equal to 29 days times the incentive of \$5,000 per day.</p> <p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>See Above Service Description</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):
Ruhlin Co. 6931 Ridge Rd. PO Box 190 Sharon Center, OH 44274	James L. Ruhlin Jr.
Vendor Council District: N/A	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __12514__ (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: \$4,200,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 1/1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (%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:	<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:
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<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 (OPWC Funding 34.6% and County Fund via \$7.50 Fund 63.6%).
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. PW605105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): See Chart Above

BC2024-874

(See related items for proposed travel/memberships for the week of 11/25/2024 in Section D above).

BC2024-875

(See related items for proposed purchases for the week of 11/25/2024 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Department of Health and Human Services/Office of Child Support Services Award Acceptance from the U.S. Department of Health and Human Services Administration/Year 3 Safe Access for Victims’ Economic Security (SAVES) demonstration grant
DEPARTMENT OR	Office of Child Support Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	SAVES GRANT	9/1/2022-8/31/2023	\$117,666.66	01/09/2023	BC2023-19
AMENDMENT (A-1)	SAVES GRANT	9/1/2022-8/31/2023	0.00	7/31/2023	BC2023-484
AMENDMENT (A- 2)	SAVES GRANT	9/1/2023-8/31/2024	\$31,500.00	11/21/2023	CON2023-122
AMENDMENT (A-3)	SAVES GRANT	9/1/2024-8/31/2025	\$50,000.00	PENDING	PENDING

DESCRIPTION/ EXPLANATION OF THE GRANT:	Safe Access for Victims’ Economic Security Demonstration will expand on Ohio’s current domestic violence (DV) initiative that focuses on providing education, awareness, and policy and procedure advancement to all child support enforcement agencies (CSEA) throughout the state. The SAVES project will provide opportunities to further develop and implement consistent and enhanced safe services to families in Cuyahoga County, Ohio. The Office of Child Support (OCS) will partner with the Ohio Domestic Violence Network (ODVN) as their primary partner in
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	strengthening the Ohio child support program's response to domestic violence. The anticipated start-completion dates are 09/01/2022-08/31/2027.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<ul style="list-style-type: none"> Increased awareness of domestic violence.
	<ul style="list-style-type: none"> Provide increased safe access to child support and parenting time services to domestic violence victims/survivors who are currently receiving child support and to those who are not receiving child support and need it.
	<ul style="list-style-type: none"> To establish partnerships with programs who serve domestic violence victims/survivors to develop and implement a cross system, coordinated response to their needs.

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	100% Federally Funded
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

TITLE	2024 Financial Empowerment Center (FEC) Planning Grant
DEPARTMENT OR AGENCY NAME	Cuyahoga Job and Family Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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)	Cities for Financial Empowerment Fund, Inc.	Effective upon signature – 6/30/2025	\$20,000.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		CFE Fund works to support municipal engagement to improve the financial stability of low- and moderate-income households by embedding financial empowerment strategies into local government infrastructure. Effective upon signature – 6/30/2025 in the amount of not to exceed \$20,000.00			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<ul style="list-style-type: none"> Identify and secure commitments from at least 8 community organizations to serve as program partners for counseling referrals, co-location opportunities, and programmatic integration. Develop an outreach and marketing plan to raise awareness of FEC services. 			

	<ul style="list-style-type: none"> Engage in a selection process using criteria provided by the CFE Fund to identify a qualified nonprofit or government agency that will serve as the Financial Counseling Provider and secure a commitment from the agency to serve as the provider to deliver the financial counseling services.
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GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	100% Financial Empowerment Center Grant Funding
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 11/25/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT