



**Cuyahoga County Board of Control Agenda
Monday, December 2, 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 – 11/25/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-876

Department of Public Works, recommending an award on RQ15162 and enter into Purchase Order No. 24004875 with Ken Ganley Ford Parma (12-4) in the amount not-to-exceed \$50,303.00 for (1) replacement, new, never titled 2024 Ford F-350 Supercab 4x4 for the Fleet Division.

Funding Source: General Fund

BC2024-877

Department of Public Works,

a) Submitting an RFP exemption, which will result in an award recommendation to American Interiors, Inc. in the amount not-to-exceed \$2,962.93 for a joint cooperative purchase and delivery of (1) Affina Recliner for the Mother's Room at 1642 Lakeside Avenue, Cleveland.

b) Recommending an award on Purchase Order No. 24004877 to American Interiors, Inc. in the amount not-to-exceed \$2,962.93 for a joint cooperative purchase and delivery of (1) Affina Recliner for the Mother's Room at 1642 Lakeside Avenue, Cleveland.

Funding Source: General Fund

BC2024-878

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to American Interiors, Inc. in the amount not-to-exceed \$6,176.39 for a joint cooperative purchase and installation of (1) Waveworks desk, (1) Parkwyn three seat sofa lounge and (4) Parkwyn single seat club chair lounge for Witness Victim Service Center located at 75 Erieview Plaza, Cleveland.

- b) Recommending an award on Purchase Order No. 24004885 to American Interiors, Inc. in the amount not-to-exceed \$6,176.39 for a joint cooperative purchase and installation of (1) Waveworks desk, (1) Parkwyn three seat sofa lounge and (4) Parkwyn single seat club chair lounge for Witness Victim Service Center located at 75 Erieview Plaza, Cleveland.

Funding Source: Health and Human Services Levy Fund

BC2024-879

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5009) with City of Cleveland in the amount not-to-exceed \$90,192.52 for bridge inspection services for the period 1/1/2025 – 12/31/2025.

Funding Source: Revenue Generating

BC2024-880

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5011) with Village of Glenwillow in the amount not-to-exceed \$35,000.00 for maintenance and repair of storm and sanitary sewers and pumping stations, located in County Sewer District No. 11 for the period 1/1/2025-12/31/2025.

Funding Source: Revenue Generating

BC2024-881

Department of Purchasing, submitting an amendment to Contract No. 4605 with Brink's U.S., a Division of Brink's, Incorporated for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025 to expand the scope of services to change and add pick-up service days in accordance with Schedule A, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$6,000.00.

Funding Source: General Fund

BC2024-882

Department of Information Technology, submitting an amendment to Contract No. 4029 with Interapt, LLC for a Network Engineer to augment staff with network administration, design and security in connection with the County's Wide Area and Local Area Networks for the period 1/3/2024 – 1/2/2025 to extend the time period to 1/1/2026, to amend Article 5 to include the updated insurance requirements

in accordance with Schedule A and for additional funds in the amount not-to-exceed \$81,120.00 effective upon signatures of all parties.

Funding Source: General Fund

BC2024-883

Department of Information Technology, submitting an amendment to Contract No. 4048 (fka Contract Nos. 1018 and CE1500151) with Great Northern Consulting, LLC for the annual renewal of Oracle Premier Support on (5) Sun Solaris Operation System T4 servers for the period 6/30/2015 – 12/31/2024 to extend the time period to 12/31/2025, to expand the scope of services in accordance with Schedule A, to replace Sections 6.1 and 6.2 with updated insurance requirements with Schedule B (2024), effective upon signature of all parties and for additional funds in the amount not-to-exceed \$29,383.44.

Funding Source: General Fund

BC2024-884

Department of Information Technology, submitting an amendment to Contract No. 4373 (formerly Contract No. 434 and CE1500332) with Environmental Systems Research Institute, Inc. for maintenance on ArcGIS software for the period 1/1/2016 – 12/31/2024 to extend the time period to 3/31/2026, to replace Sections 6.1 and 6.2 with updated insurance requirements with Schedule B (2024) and for additional funds in the amount not-to-exceed \$87,371.37 in accordance with updated quote Exhibit A (2024), effective upon signatures of all parties

Funding Source: Real Estate Assessment Fund

BC2024-885

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in a payment to root integrated systems in the amount not-to-exceed \$57,250.00 as final payment for service and support on Audio Visual/Conference Room equipment at the Administrative Headquarters for the period 8/1/2024 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 24004807 to root integrated systems in the amount not-to-exceed \$57,250.00 as final payment for service and support on Audio Visual/Conference Room equipment at the Administrative Headquarters for the period 8/1/2024 – 12/31/2024.

Funding Source: General Fund

BC2024-886

Department of Information Technology on behalf of the Court of Common Pleas/Probate Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$151,200.00 for a state contract purchase of (135) HP Z2 G9 Workstations.

- b) Recommending an award on Purchase Order No. 24004859 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$151,200.00 for a state contract purchase of (135) HP Z2 G9 Workstations.

Funding Source: Computerization Fund

BC2024-887

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 \$11,505.00 for a state contract purchase of (5) HP ZBook Firefly mobile workstations, each to include 5-year HP Care Pack hardware support, HP Absolute Data & Device Security Premium – Subscription Licenses, docking stations and (10) monitors.

- b) Recommending an award on Purchase Order No. 24004863 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,505.00 for a state contract purchase of (5) HP ZBook Firefly mobile workstations, each to include 5-year HP Care Pack hardware support, HP Absolute Data & Device Security Premium – Subscription Licenses, docking stations and (10) monitors.

Funding Source: General Fund

BC2024-888

Department of Human Resources, recommending an award on RQ13932 and enter into Contract No. 4998 with Paragon Compliance LLC (15-4) in the amount not-to-exceed \$235,000.00 for Affordable Care Act Third Party Administrator Services for Monthly and Annual Eligibility and Affordability Compliance Tracking and IRS Reporting, effective upon signatures of all parties through 4/30/2028.

Funding Source: Self-Insurance Fund

BC2024-889

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3169 (fka Contract No. 2128) with Prison Yoga Project – Ohio for yoga and meditation services for Detention Center youth for the period 3/14/2022 – 6/30/2024 to extend the time period to 6/30/2026, to revise the insurance terms and conditions, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$30,000.00.

Funding Source: RECLAIM Grant

BC2024-890

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3932 with Renounce Denounce Gang Intervention Program Corp. for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$127,200.00.

Funding Source: RECLAIM Grant

BC2024-891

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 \$61,200.00.

- a) Agreement No. 3954 with City of Parma Heights in the amount not-to-exceed \$20,400.00.
- b) Agreement No. 4245 (fka Agreement No. 3949) with City of Parma in the amount not-to-exceed \$40,800.00.

Funding Source: Health and Human Services Levy Fund

BC2024-892

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4028 with Intelligence Over Emotions Foundation for positive youth development and social-emotional programming services for Court referred males ages 11 to 18 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$104,198.00.

Funding Source: RECLAIM Grant

BC2024-893

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4131 with Legacies Empowered, Inc. for positive youth development services for Court referred youth ages 14 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements effective 7/1/2024 and for additional funds in the amount not-to-exceed \$159,096.00.

Funding Source: RECLAIM grant

BC2024-894

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4968 (formerly Contract Nos. 2941 and 1796) with OhioGuidestone for educational and vocational support services for Court-referred youth for the period 8/1/2021 – 6/30/2024 to extend the time period to

6/30/2026, to change the terms by adding additional language to the Unit Rate section, increase the per diem rates and to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$150,000.00.

Funding Source: RECLAIM Grant

BC2024-895

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5008 (fka Contract No. 3931) with Men of Courage for mentoring services for Court referred youths and young adults ages 11 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to add terms relating to youth transport, to replace the insurance terms, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$92,266.00.

Funding Source: RECLAIM Grant

BC2024-896

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to OhioGuidestone in the amount not-to-exceed \$50,000.00 for high-fidelity wrap around case management services for the period 7/1/2024 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 4951 with OhioGuidestone in the amount not-to-exceed \$50,000.00 for high-fidelity wrap around case management services for the period 7/1/2024 – 6/30/2026.

Funding Source: RECLAIM Grant

BC2024-897

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4111 with Golden Ciphers, Inc. for mentoring, life skills and training services for the Strategic Environmental and Social Assessment (SESA) Rites of Passage Program in connection with the 2023 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2023 – 3/31/2025 to extend the time period to 6/30/2025, and for additional funds in the amount not-to-exceed \$25,838.50, effective upon signature of all parties

Funding Source: Ohio Department of Youth Services subaward of Part B, Title II of the federal Juvenile Justice Delinquency Prevention Act of 1974.

BC2024-898

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$46,573.20 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE

Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2025 – 12/31/2025.

- b) Recommending an award and enter into Contract No. 4917 with West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$46,573.20 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2025 – 12/31/2025.

Funding Source: FY2023 State Homeland Security Program Grant

BC2024-899

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 3892 with Triplog, Inc. for the purchase of 794 user licenses for the computerized travel mileage reimbursement TripLog APP for the period 11/15/2023 – 11/14/2024 to extend the time period to 11/14/2025, to expand the scope of services in accordance with Schedule A and to provide coverage for up to 900 licenses, effective 11/15/2024, and for additional funds in the amount not-to-exceed \$73,412.50:

- 1) Department of Public Works
- 2) Department of Health and Human Services/Division of Children and Family Services
- 3) Department of Health and Human Services/Division of Senior and Adult Services

Funding Source: 91% Health and Human Services Levy, 6.003% Road and Bridge and 2.9997% Facilities

BC2024-900

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting a Grant Agreement with Emerald Development and Economic Network, Inc. (via Contract No. 4981) in the amount not-to-exceed \$350,000.00 to provide funding to support the operation and administration of the temporary, emergency shelter for women located at 2710 Walton Avenue, Cleveland, effective upon signatures of all parties for the period 4/1/2024 – 3/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2024-901

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to a Master Contract with various providers for administration and operation of Reentry Law Clinics for the period 12/27/2022 - 12/31/2024 to extend the time period to 12/31/2026, to add Exhibits II-a and II-b Contractors' budgets for the extension term and for additional funds in the total amount not-to-exceed \$480,000.00.

- a) Contract No. 2763 with Case Western Reserve University School of Law in the anticipated amount not-to-exceed \$240,000.00.

b) Contract No. 2884 with Cleveland State University College of Law in the anticipated amount not-to-exceed \$240,000.00.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-902

Department of Health and Human Services/Division of Senior and Adult Services, recommending an alternative procurement process, which will result in award recommendations to National Council on Aging in the total amount not-to-exceed \$18,000.00 for use of the Healthcare BenefitsCheckup Web-based portal for the period 1/1/2025 – 1/1/2027.

Funding Source: Health and Human Services Levy

D. – Consent Agenda

BC2024-903

Department of Information Technology, 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

BC2024-904

Fiscal Department, presenting proposed travel/membership requests for the week of 12/2/2024:

Dept:	Department of Public Works							
Event:	American Association of Airport Executives							
Source:	American Association of Airport Executives							
Location:	Alexandria, VA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Myers	12/1/2024 – 12/7/2024	\$2,095.00	\$0.00	\$1,689.19	\$702.54	\$0.00	\$4,486.73	County Airport Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The AAAE Loretta Scott Academy provides an intensive, weeklong review of the Body of Knowledge related to aviation and airport management by the largest organization of airport professionals in the Country.

Dept:	Sheriff's Department							
Event:	2024 Offender Watch Symposium							
Source:	Offender Watch							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	11/10/2024 -11/14/2024	\$700.00	\$202.97	\$874.86	\$666.34	\$654.96	\$3,099.13	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

***Travel previously approved BC2024-790 amending approval to cover the increase in airfare

Purpose:

Yearly Conference for Offender Watch, the company we use Sex Offender, Arson, and Violent Offenders for the entire County. Training allows participants to get over 12 hours of Offender Watch user training, plus other workshops. Networking includes meeting with others from your state, with others around the country, and keynote speakers.

Dept:	Sheriff's Department							
Event:	Crowd Management & Liability Prevention							
Source:	Special Event Safety Seminars							
Location:	Ft. Lauderdale, FL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	11/11/2024 - 11/14/2024	\$799.00	\$139.73	\$840.51	\$327.46	\$340.96	\$2,447.66	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

***Travel previously approved BC2024-527 amending approval to cover the increase in lodging cost

Purpose:

To travel to Ft. Lauderdale, FL to attend the Special Events Safety Seminar to learn ways to mitigate risks when planning events that the County and Sheriff are responsible for.

Dept:	Department of Public Safety and Justice Services							
Event:	105 th AMS Annual Meeting							
Source:	American Meteorological Society							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Sara Lippi	1/12/2025 – 1/16/2025	\$810.00	\$300.00	\$733.72	\$298.35	\$336.00	\$2,478.07	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Sara Lippi's educational background is in meteorology. Understanding the intersection and interplay between weather and emergency management is inherently beneficial to the County Office of Emergency Management, especially when considering the impacts of climate change. In her new role as a senior emergency management specialist, Sara will be taking a lead role in updating the County's inventory of emergency plans, many of which pertain to natural hazards and weather. This conference will enable Sara to learn and network within the AMS community to gather expertise that will help guide planning efforts aimed at mitigating our county's risk and vulnerabilities to weather.

Dept:	Department of Health and Human Services							
Event:	Second Chance Act Conference 2024							
Source:	Bureau of Justice Assistance							
Location:	Philadelphia, PA							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Bobby Shepherd	12/16/2024 – 12/18/2024	\$0.00	\$196.00	\$900.00	\$230.00	\$1,200.00	\$2,526.00	Bureau Justice Assistance Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Conference for all recipients of Bureau of Justice Assistance (BJA) Grant Funds. This conference is a requirement of the BJA to provide agencies with information related to funding for second chance citizens and providing tools to serve the targeted population.

BC2024-905

Department of Purchasing, presenting proposed purchases for the week of 12/2/2024:

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
24004485	2025 Chrysler Voyager Passenger Van	Department of Public Works	Valley Motor City Inc.	\$44,000.00	General Fund
24004273	(500) SafeCote acrylic document storage cases	Department of Public Works	Hollinger Metal Edge – VA Inc.	\$6,450.00	General Fund
24004893	Purchase and installation of (2) Western Blade Pro Plus snowplow, snow deflector, headlight kit and other related accessories	Department of Public Works	Quality Truck Body Inc.	\$17,149.33	Sanitary Sewer Fund
24004849	(4) Adjustable height work bench with locking swivel casters for use at the Toxicology Lab	Medical Examiner’s Office	Fisher Scientific Company LLC	\$12,128.16	FY2023 Coverdell Formula Grant Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004864	Out-of-home placement services for the period 10/1/2024 – 10/31/2024*	Division of Children and Family Services	Alliance Summit Group	\$53,268.23	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24004871	Out-of-home placement services for the period 10/1/2024 – 10/31/2024 and 10/15/2024 – 10/31/2024*	Division of Children and Family Services	Turning Point Residential Service	\$44,290.00	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

Court of Common Pleas/Corrections Planning Board, submitting a grant award from Substance Abuse and Mental Health Services Administration in the amount of \$2,000,000.00 for Cuyahoga County Adult Drug Court Expansion Project for the period 9/30/2024 – 9/29/2029.

Funding Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Item No. 2

Court of Common Pleas/Corrections Planning Board, submitting a grant award from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$2,000,000.00 for the Cuyahoga County Common Pleas Court and Juvenile Court Violence Intervention Program (VIP) Alliance in connection the FY2024 Community Based Violence Intervention and Prevention Initiative Site-Based grant for the period 10/1/2024 – 9/30/2027.

Funding Source: FY2024 Federal Bureau of Justice Assistance/Office of Justice Programs

Item No. 3

Department of Public Safety and Justice Services, submitting an amendment to Agreement No. 4113 with City of Shaker Heights for advancing youth through Restorative Justice Program, in connection with the 2023 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2023 – 3/31/2025 for a decrease in the amount of (\$25,838.50) effective upon signatures of all parties.

Funding Source: Ohio Department of Youth Services subaward of Part B, Title II of the federal Juvenile Justice Delinquency Prevention Act of 1974.

Item No. 4

Sheriff’s Department, submitting an Affiliation Agreement with Crime Stoppers of Cuyahoga County, Inc. designating Crime Stoppers as the County’s Citizens reward program effective upon signatures of all parties through 9/14/2026 pursuant to Ohio Revised Code section 9.92.

Item No. 5

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend Contract No. 3810	Board of Park Commissioners of the Cleveland Metropolitan Park District	Sewer maintenance services and disposal of wastewater sewer grit to replace Exhibit C in its entirety, effective upon contract signature of all parties	\$-0-	Department of Public Works	10/18/2023 – 10/17/2026	(Original) Revenue Generating	11/18/2024 (Executive) 11/19/2024 (Law)
No RQ	Amend Contract No. 2875 nka Contract No. 4996	Sisters of Charity Foundation of Cleveland	Fiscal agent services and oversight of the implementation and operation of a Youth Drop-in Center for homeless young adults, ages 16 – 24 for the assignment and assumption of interest to A	\$-0-	Department of Children and Family Services	11/29/2021 – 12/31/2025	(Original) Health and Human Services Levy Fund	11/18/2024 (Executive) 11/21/2024 (Law)

			Place 4 Me Collaborative, effective upon contract signature of all parties					
RQ 13858	Amend Contract No. 4367	Ascentra, Inc.	Development of a Long-Term Recovery Plan and development and hosting of (1) recovery-focused Tabletop Exercise event	\$-0-	Department of Public Safety and Justice Services	5/13/2024 – 12/31/2024 to extend the time period to 3/31/2025	(Original) FY2022 Urban Area Security Initiative Grant Program	11/19/2024 (Executive) 11/21/2024 (Law)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

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

I – CALL TO ORDER

The meeting was called to order at 11:03 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
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
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Councilmember Meredith Turner
Councilmember Dale Miller

II. – REVIEW MINUTES – 11/18/2025

Michael Chambers motioned to approve the minutes from the November 18, 2024, meeting; Mellany Seay seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-852

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-852 was approved by unanimous vote.

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-853 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. Dale Miller commented most difficult project you've had in the last several years or just the one I'm aware of; asked any other projects remotely like this going on; Michael Chambers asked Chagrin Falls? Dale Miller commented thanks for hanging in there. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-854 was approved by unanimous vote.

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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-855 was approved by unanimous vote.

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

Christopher Farroni, Department of Housing and Community Development, presented. Dale Miller asked in response to the advanced questions relating to multiple drafts you've seen what's the most significant features in the plan that are different from what's been in the plans that we currently had. The Presenter will follow up. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-856 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-857 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-858 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-859 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-860 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-861 was approved by unanimous vote.

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

Awatef Assad, Department of Law, presented.

Trevor McAleer asked can you talk about how you plan to do continuous monitoring of employees' Motor Vehicle Records, I mean, if you get an alert that someone gets a speeding ticket what happens; asked so that is only if someone loses their license, I mean I just want to know what we are monitoring because if someone does something on their own time and gets a speeding ticket or rolls through a stop sign, we're looking at that at the County level; asked just to be clear the IG's Office was I believe looking to ensure that someone had a driver's license; asked whether the IG was looking at violations or anything like that; Meredith Turner asked what the process will look like if an employee was under the influence or has a ticket; asked do they get called in; asked at what point would that affect their employment status; asked who makes the determination regarding privilege and effects of their employment; asked so those decisions are made more by Human Resources; asked so you just give the reports. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-862 was approved by unanimous vote.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-863 was approved by unanimous vote.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-864 was approved by unanimous vote.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-865 was approved by unanimous vote.

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

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 BC2024-866 was approved by unanimous vote.

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

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-867 was approved by unanimous vote.

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

Marie Andel, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-868 was approved by unanimous vote.

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

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-869 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-870 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-871 was approved by unanimous vote.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-872 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-873 through BC2024-875; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:41 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-876

Title	Public Works-Fleet Division-One (1) 2024 Ford F-350 Supercab 4x4 – Ken Ganley Ford
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)	24004875	Ken Ganley Ford West	Upon Execution	\$50,303.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 Cuyahoga County’s Fleet Division is in search of a vendor who can supply one (1) 2024 Ford F-350 Supercab 4x4. This is to replace a vehicle that is 21 yrs old with 102,000 miles for the Fleet Division.

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: 21 yrs (2003 How will replaced items be disposed of? Gov Deals

Project Goals, Outcomes or Purpose (list 3):
 This new vehicle will replace a 21 year old truck with 102,000 miles that’s becoming more costly to maintain.

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):
Ken Ganley Ford West 8383 Brookpark Rd. Parma, Ohio 44129	Ken Ganley, President/Owner
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 12 /4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () 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:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The low bidder is being awarded. Other quotes were slightly higher.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW755105 70100 PW-FLEET-FAC
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9.17.24
Date documents were requested from vendor:	10.3.24
Date of insurance approval from risk manager:	9.18.24
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? <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):

BC2024-877

Title	Public Works- 1642 Lakeside Mother's Room Chair-American Interiors
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)	24004877	American Interiors, Inc.	Upon Execution	\$2,962.93	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Public Works Facilities Division is requesting a purchase order for one (1) Recliner for the 1642 Lakeside Mother's Room. This purchase will be through Omnia contract #R191808 expiration of 4/30/2025, resulting in a purchase order amount of \$2,962.93.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input checked="" 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): The Department of Public Works Facilities Division is requesting a purchase order for one (1) Recliner for the 1642 Lakeside Mother's Room. This purchase will be through Omnia contract #R191808 expiration of 4/30/2025, resulting in a purchase order amount of \$2,962.93.

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):
American Interiors, Inc. 302 S. Byrne Bldg. 100 Toledo, Ohio 43615	Eva Che'-Rodriquez, Senior Account Strategist
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) / NA	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date: Omnia: Krueger #R191808 exp 4/30/2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? 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. PW750100 54300
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):

BC2024-878

Title	Public Works - 75 Erieview Witness and Victim Lounge - American Interiors – Furniture
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)	24004885	American Interiors, Inc.	Upon Execution	\$6,176.39	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works Facilities Division is requesting a purchase order for one (1) Sofa Lounge, four (4) Chairs, and one (1) Reception Desk for the 75 Erieview Cuyahoga County Witness and Victim Lounge. This purchase will be through Omnia contract #'s R191804 and R191811 with expirations of 4/30/2025, resulting in a purchase order amount of \$6,176.39.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Department of Public Works Facilities Division is requesting a purchase order for one (1) Sofa Lounge, four (4) Chairs, and one (1) Reception Desk for the 75 Erieview Cuyahoga County Witness and Victim Lounge. This is for new furniture to be used at the facility.</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):
American Interiors, Inc. 302 S. Byrne Bldg. 100	Eva Che'-Rodriguez, Senior Account Strategist

Toledo, Ohio 43615	
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. The County is able to procure via joint cooperative process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / NA	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date: Omnia: Hon #R191804 exp. 4/30/2025 Omnia: Kimball #R191811 exp. 4/30/2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? 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% HHS Levy Funds

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.

PJ325100 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:

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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-879

Title	Agreement with the City of Cleveland to Perform Bridge Inspection Services for the Municipality in the Year 2025	
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 checked="" 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	5009	City of Cleveland	1/1/2025 – 12/31/2025	\$90,192.52	Pending	Pending
---	------	-------------------	-----------------------	-------------	---------	---------

Service/Item Description (include quantity if applicable).
 Requesting the approval of a revenue generating agreement with the City of Cleveland in the amount of \$90,192.52 commencing upon contract signature of all parties for a period of one (1) year.

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):
 Requesting the approval of a revenue generating agreement with the City of Cleveland in the amount of \$90,192.52 commencing upon contract signature of all parties for a period of one (1) year.

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 Cleveland	Owner, executive director, other (specify): Director of Capital Projects, Mr. Jamie DeRosa
601 Lakeside Avenue, East, Room 113 Cleveland, Ohio 44114	
Vendor Council District: 7	Project Council District: 2, 3, 7, 8, 9, and 10
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT N/A	NON-COMPETITIVE PROCUREMENT N/A
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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input 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. Revenue Generating Contract
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Revenue Generating Contract
Payment Schedule: <input 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. N/A	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	11/13/2024
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 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	CM 4315	City of Cleveland	4/1/2024 – 12/31/2024	\$179,539.43	04/15/2024	BC2024-283

BC2024-880

Title	2025 Village of Glenwillow Sewer Maintenance Agreement- revenue generating, \$35,000, CM 5011	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" 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	5011	Village of Glenwillow	1/1/2025- 12/31/2025	\$35,000	TBD	TBD

<p>Service/Item Description (include quantity if applicable).</p> <p>The primary goal of this Agreement is for sanitary sewer maintenance services and for the purpose of retaining the County to perform certain services relative to Village’s sewers in 2025.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This is an annual direct bill agreement with the Village of Glenwillow for 2025 sewer maintenance services provided by the Public Works Sanitary Engineering Division and billed quarterly on a direct bill basis to Glenwillow- <u>revenue generating</u></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):
Village of Glenwillow 29555 Pettibone Road Glenwillow, Ohio 44139	Mike Henry- Village Engineer
Vendor Council District: 6	Project Council District: 6
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 requested revenue generating Agreement *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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. Revenue generating- for deposit only
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): N/A
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input 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): This is a new revenue generating Agreement

BC2024-881

Title	Amendment 1: Brink's Armed Guard & Armored Truck Services 2024-2025	
Department or Agency Name	Department of Purchasing	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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	4605	Brink's U.S., a Division of Brink's Incorporated	7/1/2024- 6/30/2025	\$90,000.00	7/1/2024	BC2024-493
A1	4605	Brink's U.S., a Division of Brink's Incorporated	7/1/2024- 6/30/2025	Add'l \$6,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Amendment with Brink's for Armed Guard and Armored Truck services for the time period July 1, 2024 – June 30, 2025, effective as of the latest date of signature of the Parties for Fiscal Office/Auto Title Bureau locations and the Cuyahoga County Animal Shelter locations in the additional amount NTE \$6,000.00.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): 1. To pick-up from locations completed per contract schedule 2. Deliver/deposit to bank/CCAS and delivery of cash, as needed, per contract schedule 3. Proper billing per contract schedule

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: Brink's U.S., a Division of Brink's Incorporated 1422 Superior Avenue E, Cleveland, Ohio 44114	Owner, executive director, other (specify): Mark Eubanks President & CEO
Vendor Council District: 7	Project Council District: various County locations
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: _____
Is the item ERP related? <input 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. FS100150 55130 as chargeback to FS100127
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 are current, new service schedule will begin upon amendment execution

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): see chart above

BC2024-882

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
Original	4029	Interapt, LLC	01/02/2024 – 01/01/2025	\$81,120.00	01/02/2024	BC2024-07
1 st Amendment	4029	Interapt, LLC	01/02/2025 – 01/01/2026	\$81,120.00	PENDING	PENDING

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

The Cuyahoga County Department of IT – Office of Infrastructure and Operations is in need of a Network Engineer to augment staff and assist with network administration, design, and security. This position will primarily focus on the installation and maintenance of connectivity to the County's Wide Area Network

(WAN) and Local Area Networks (LAN). This request is a 1st amendment to CM4029 to extend the contract by one year, 01/02/2025 – 01/01/2026, and for additional funds in the amount of \$81,120.00.

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

Project Goals, Outcomes or Purpose (list 3):

This position primarily focuses on the installation and maintenance of connectivity to the County’s Wide Area Network (WAN) and Local Area Networks (LAN). This request is a 1st amendment to CM4029 to extend the contract by one year and for additional funds in the amount of \$81,120.00.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Interapt, LLC 552 East Market Street, Suite 302 Louisville, Kentucky 40202	Merabeth Martin Chief Operating 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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This request is a 1 st amendment to CM4029 to extend the contract by one year and for additional funds in the amount of \$81,120.00. *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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<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) Formal RFB
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% General Fund IT100165 55200
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 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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase 1 st Amendment	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):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

BC2024-883

Title	CM4048-2024-8 th Amendment Oracle Premier Support for Operating Systems
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 Approved/ Council's Journal Date	Approval No.
Original	1018	Great Northern Consulting, LLC.	06/30/2015 – 06/29/2016	\$17,817.00	06/15/2015	BC2015-241
1 st Amendment	1018	Great Northern Consulting, LLC.	06/30/2019	\$201,111.48	01/03/2017	BC2017-02
2 nd Amendment	1018	Great Northern Consulting, LLC.	06/29/2022	\$57,272.00	04/29/2019	BC2019-327
3 rd Amendment	1018	Great Northern Consulting, LLC.	06/29/2022	\$22,330.00	01/13/2020	BC2020-26
4 th Amendment	1018	Great Northern Consulting, LLC.	06/29/2022	\$208,560.00	04/06/2020	BC2020-206
5 th Amendment	1018	Great Northern Consulting, LLC.	06/29/2024	\$225,712.00	03/28/2022	BC2022-183
6 th Amendment	1018	Great Northern Consulting, LLC.	06/29/2024	\$19,849.03	08/09/2022	BC2022-474
7 th Amendment	4048	Great Northern	12/31/2024	\$21,540.60	5/28/2024	BC2024-404

		Consulting, LLC.				
8 th Amendment	4048	Great Northern Consulting, LLC	12/31/2025	\$29,383.44	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to amend Contract No. CM# 4048 (CE1500151) with Great Northern Consulting LLC, to extend Oracle Premier Support for Operating Systems services for additional year thru 12/31/2025 in the amount of \$29,384.44.

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

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

Project Goals, Outcomes or Purpose (list 3):
To amend CM4048 for additional year thru 12/31/2025

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):
Great Northern Consulting LLC 200 E Campus View Ste. 200 Columbus OH43235	Michael Anderson Director
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. Contract 8 th Amendment for Oracle Premier Support for Operating Systems thru 12/31/2025 *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input 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) Formal Bid RQ33873 <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100140
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

BC2024-884

Title	CM4373-2024-8 th Amendment ESRI ArcGIS Software Services
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 Approved/ Council's Journal Date	Approval No.
Original	434	ESRI, Inc.	01/01/2016 – 12/31/2016	\$41,776.00	11/09/2015	BC2015-837
1 st Amendment	434	ESRI, Inc.	12/31/2017	\$55,071.08	08/30/2016	BC2016-641
2 nd Amendment	434	ESRI, Inc.	12/31/2020	\$177,081.00	12/05/2017	BC2017-880
3 rd Amendment	434	ESRI, Inc.	12/31/2021	\$67,800.00	02/16/2021	BC2021-68
4 th Amendment	434	ESRI, Inc.	02/28/2022	\$61,008.00	10/04/2021	BC2021-540
5 th Amendment	434	ESRI, Inc.	12/31/2022	\$69,300.00	11/22/2021	BC2021-675
6 th Amendment	434	ESRI, Inc.	12/31/2023	\$69,175.62	11/07/2022	BC2022-664
7 th Amendment	4373 (copy of 434)	ESRI, Inc.	12/31/2024	\$64,198.29	05/06/2024	BC2024-337
8 th Amendment	4373	ESRI, Inc.	03/31/2026	\$87,371.37	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to amend Contract No. #4373 (CE1500322) with Environmental Systems Research Institute (ESRI) Inc., for continued maintenance, support, licensing of ArcGIS Software Services for period 01/01/2025 thru 03/31/2026 in the amount of \$87,371.37.</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): To amend contract 4373 thru 03/31/2026</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):
ESRI, Inc. 167 South Taylor Avenue Louisville, CO 80027	Jack Dangermond 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
<p>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: _____</p>	<p>Provide a short summary for not using competitive bid process. 8th Amendment of CM4373. Initial contract award on RFP exemption #34419 BC2015-837; subsequent amendments 1 thru 7 approved for continued licenses, maintenance and support ArcGIS services. *See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP exemption #34419 BC2015-837
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. IT305100
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

BC2024-885

Title	Past Due Invoices for AV/Conference Room Maintenance Located at the Cuyahoga County Headquarters
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004807	Root Integrated Systems	08/01/2024 – 12/31/2024	\$57,250.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Root Integrated Systems for Past Due Invoices for AV/Conference Room Maintenance Located at the Cuyahoga County Headquarters in the amount of \$57,250.00. Past due invoices must be paid for August through December 2024.</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>This submission is delayed due to ongoing contract negotiations and funding adjustments, which extended beyond the fiscal deadlines. To prevent delays in the future, we are working on establishing earlier checkpoints in the potential 2025 contract, allowing more time for adjustments before fiscal deadlines. DoIT is respectfully requesting approval to use 2024 funds to complete these payments.</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):

Root Integrated Systems 8400 Sweet Valley Drive, Suite Cleveland, Ohio 44125	Cassie Locke Director of Finance Business Operations
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 purchase is being submitted as an exemption as we are requesting to remit payment for four months of past due invoices for services already completed. Additionally, this request also includes payment for December 2024. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% General Fund PW100110

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

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

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

Provide status of project.

There is not a contract in place to pay these invoices, however DoIT and DPW are working towards a contract for 2025 with Root. There are no recent purchases made between DoIT and Root, however there are a few PO's with the Board of DD.

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

Reason:
This submission is delayed due to ongoing contract negotiations and funding adjustments, which extended beyond the fiscal deadlines. There is not a current contract in place to pay for these invoices.

Timeline

Project/Procurement Start Date (date your team started working on this item):	August 2024
Date documents were requested from vendor:	On going
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	On going due to contract/quote negotiations

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):

BC2024-886

Title	PO24004859STAC- 2024-Procurement of Desktop PCs for Probate Court
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004859 STAC	MNJ Technologies Direct	2024	\$151,200.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 Department of Information Technology plans to contract MNJ Technologies Direct, for the purchase of 135 Desktop HP Z2 Workstation PCs in the amount of \$151,200.00 on behalf of Probate Court.

Requested to use 2024 approved funds for this purchase. Requesting Department: Probate Court.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Procurement of:
 1. County Standard Desktop PCs. Quantity 135.

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):
1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534486 expires on 7.2.2028 STS033 Contract # 534486 expires on 7.2.2028 *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS033 Contract # 534486 expires on 7.2.2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Computerization 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. PB240115 PB-COMPUTERFUND
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):

BC2024-887

Title	PO24004863FTYR- 2024-Procurement of Laptops and Monitors for Sheriff's Department
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004863 FTYR	MNJ Technologies Direct	2024	\$11,505.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Department of Information Technology plans to contract MNJ Technologies Direct, for the purchase of 5 laptops, 5 docking stations with 10 monitors in the amount of \$11,505.00 on behalf of Sheriff's department.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Procurement of: 1. County Standard Laptops. Quantity 5 2. County Standard Monitors. Quantity 10</p>

- 3. Absolute Data and Device Security. Quantity 5
- 4. HP Care Packs. Quantity 5
- 5. HP USD Docks. Quantity 5

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):
1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534486 expires on 7.2.2028 STS033 Contract # 534486 expires on 7.2.2028 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS033 Contract # 534486 expires on 7.2.2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100140
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):

BC2024-888

Title	Human Resources; 2024; Contract with Paragon Compliance LLC for Affordable Care Act Third Party Administrator Services Resulting from an RFP for the period ending 4/30/2028 in the amount not-to-exceed \$235,000.00.
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):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4998	Paragon Compliance LLC	11/25/2024-4/30/2028	\$235,000.00		PENDING

Service/Item Description (include quantity if applicable).
 Paragon Compliance will work with the County to maintain compliance with the Affordable Care Act. The vendor will work with the County to collect and prepare data and will be responsible for all IRS 1094 and 1095 forms related to the ACA mailed to County employees, as well as consulting with the Benefits team on ACA compliance.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goals of the project are to remain in compliance with Federal Law by reporting ACA data as required. Utilizing a third-party administrator provides the County with an expert party that is up-to-date on changes with the law and ensure the County maintains compliance.

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

Vendor Name and address:	Owner, executive director, other (specify):
Paragon Compliance LLC 1595 Moseley Road, 2 nd Floor Victor, NY 14564	Brian Hedges, CPA President/CEO
Vendor Council District:	Project Council District:
N/A	County-wide

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _13932_ (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:	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) 15 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (10) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Paragon Compliance LLC was originally reviewed and deemed compliant with the DEI program. Upon review, the County determined that the work to be subcontracted included sensitive information. This raised concerns that the DEI subcontractor to be utilized would be able to adequately protect the information. When attempts were made to reach that vendor, neither Benefits nor Paragon were able to get back in contact. The County has elected to allow Paragon to utilize their standard mail subcontractor instead, removing the DEI subcontracted award.	<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 checked="" type="checkbox"/> No, please explain: Paragon Compliance was not the lowest cost and was the second ranked vendor. The lowest ranked vendor and the County were unable to agree on contract terms, causing the County to move on to award Paragon who was just 3 points lower in scoring. The lowest cost vendor scored significantly lower during evaluation and would result in more work on the County's side for the services.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received? Paragon's proposal is the second lowest cost per year.	<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: 9/26/2024 2024-TAC-079
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. IT and the vendor will be working to ensure the file feeds from the ERP are setup and work correctly.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Self-Insurance Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR765100
Payment Schedule: <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. Once approved, the vendor and IT will begin work on implementation and testing prior to Paragon data collection for reporting purposes.	
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):

BC2024-889

Title	CONTRACT AMENDMENT FOR YOGA AND MEDITATION SERVICES PRISON YOGA PROJECT – OHIO
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3169	Prison Yoga Project – Ohio	12/1/2021- 6/30/2023	\$15,000.00	3/14/2023	BC2022-154
A-1	3169	Prison Yoga Project – Ohio	12/1/2021- 6/30/2024	\$15,000.00	10/23/23	BC2023-657
A-2	3169	Prison Yoga Project – Ohio	12/1/2021- 6/30/2026	\$30,000.00	Pending	

Service/Item Description (include quantity if applicable).
Cuyahoga County, Juvenile Court requesting approval of a contract amendment, with Prison Yoga Project-Ohio. To extend the time period of the contract from June 30, 2024, to June 30, 2026, increase the funds in the amount of \$60,000.00 and replace the insurance requirements of the contract. This changes the not-to-exceed value of the contract from \$30,000.00 to \$90,000.00.

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):
Engage youth in yoga physical movements, breathing exercises, and mindfulness practices. Provide Behavioral Health project services through meditation and focus on cognitive behavioral therapy model to provide Intensive based treatment services

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

Vendor Name and address: 3960 W. Point Loma Blvd. H186 San Diego, CA 92110 619-838-5507	Owner, executive director, other (specify): Bill Brown, Executive Director
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? N/A 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
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. This is an extension of an existing 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):	5.16.24
Date documents were requested from vendor:	6.13.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.10.24
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

BC2024-890

Title	AMENDMENT FOR MENTORING SERVICES - RENOUNCE DENOUNCE GANG INTERVENTION PROGRAM CORP	
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 <input type="checkbox"/> 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)	3932	Renounce Denounce Gang Intervention	7/1/2023- 6/30/2024	\$78,600.00	12/4/2023	BC2023-778
(A)-1	3932	Renounce Denounce Gang Intervention	7/1/2023- 6/30/2026	\$127,200.00	Pending	

<p>Service/Item Description (include quantity if applicable).</p> <p>This program targets gun violence prevention, along with risk factors that contribute to gang activity. The court desires to amend the contract with Renounce Denounce Gang Intervention Program to extend the time period to June 30, 2026, increase the funds in the amount t of \$127,200.00, and vendor shall procure, maintain insurance coverage premiums. This changes the not to exceed to \$205,800.00.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Provide strength-based mentoring services that are comprehensive in nature to increase the youth’s connection to healthy adults and pro-social supports</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: Renounce Denounce Gang Intervention Program 26155 Euclid Ave.(rear) Euclid, Ohio 44132.</p>	<p>Owner, executive director, other (specify): Laron Douglas Sr. Executive Director</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <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.
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): 7.15.24
Date documents were requested from vendor: 7.16.24
Date of insurance approval from risk manager: 7.21.24
Date Department of Law approved Contract: 7.16.24
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

BC2024-891 a)

Title	CCJC 25-26 Community Diversion Program amendment with the City of Parma Heights
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	3954	City of Parma Heights	1/1/24-12/31/24	\$4,200.00	05/13/2024	BC2024-362
A-1	3954	City of Parma Heights	1/1/25-12/31/26	\$20,400.00	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: City of Parma Heights	Owner, executive director, other (specify): Angela Love (Programmatic Contact)
6184 Pearl Road, Parma Heights, Ohio 44130	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Parma Heights

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:	11/13/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

BC2024-891 b)

Title	CCJC 25-26 Community Diversion Program contract with the City of Parma
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	4245 AKA 3949	City of Parma	1/1/24-12/31/24	\$14,400.00	12/11/2023	BC2023-801
A-1	4245 AKA 3949	City of Parma	1/1/25-12/31/26	\$40,800.00	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 Parma 5555 Powers Boulevard, Parma, Ohio 44129	Owner, executive director, other (specify): Sherry Purge (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 Parma

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? <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:	10/17/2024
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

BC2024-892

Title	AMENDMENT FOR POSTIVE YOUTH DEVELOPMENT SERVICES INTELLIGENCE OVER EMOTIONS FOUNDATION
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
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)	4028	Intelligence Over Emotions Foundation	7/1/2023-6/30/2024	\$57,099.90	1/2/2024	BC2024-15
(A-1)	4028	Intelligence Over	7/1/2023-6/30/2026	\$104,198.00	Pending	

		Emotions Foundation				
--	--	---------------------	--	--	--	--

Service/Item Description (include quantity if applicable).
 This is a contract amendment to extend the time period of the contract from June 30, 2024, through June 30, 2026, increase the funds in the amount of \$104,198.00, and replace the insurance requirements of the contract. This changes the not-to-exceed value of the contract from \$57,576.96 to \$161,774.96. A total of \$52,099.00 of the not to exceed amount is to be allocated from July 1, 2024, through June 30, 2025.

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

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

Project Goals, Outcomes or Purpose (list 3): The primary goal of the program is to increase empathy of justice involved youth and provide an opportunity for restorative justice techniques.

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: Intelligence Over Emotions Foundation 815 Superior Ave. Suite 616 Cleveland Ohio 44114	Owner, executive director, other (specify): Johnathan Collins, Founder/ Executive Director
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? 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% 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 and award process. The Court is not notified of the grant award until shortly before it begins, and then the Court must wait for approval.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	6.12.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.11.24
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

BC2024-893

Title	AMENDMENT FOR EDUCATIONAL/VOCATIONAL/POSITIVE YOUTH DEVELOPMENT SERVICES LEGACIES EMPOWERED, INC.
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)	4131	Legacies Empowered, Inc.	7/1/2023-6/30/2024	\$89,548.00	2/20/2024	BC2024-130
(A)-1	4131	Legacies Empowered, Inc.	7/1/2023-6/30/2026	\$159,096.00	pending	

<p>Service/Item Description (include quantity if applicable). The vendor shall provide linkage to assist youth in exploring one of four areas of study: Design and Printing, Visual Arts, Make-up Artistry, Cosmetology, and Sanitation. This amendment is to extend the time-period of the contract to June 30, 2026, increase the funds in the amount of \$159,096.00</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?</p>

Project Goals, Outcomes or Purpose (list 3): Vendor shall provide linkage to specific job and career opportunities, engage youth in pro-social activities and career development.

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

Vendor Name and address: Legacies Empowered, Inc. 6100 Oak Tree Blvd. Independence, Ohio 44137	Owner, executive director, other (specify): Charde' Hollins, Program Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <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.
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. This is an extension of an existing 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 items	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.28.24
Date Department of Law approved Contract:	6.10.24
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) Grant funded recurring program	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-894

Title	EDUCATIONAL AND VOCATIONAL SUPPORT SERVICES - OHIOGUIDESTONE AMENDMENT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	1796	OhioGuidestone	08/01/2021- 06/30/2023	\$230,000.00	10/31/2022	BC2022-649
A-1	2941	OhioGuidestone	8/1/2021- 6/30/2024	\$30,000.00	11/13/2023	BC2023-726
A-2	4968	OhioGuidestone	8/1/2021- 6/30/2026	\$150,000.00	Pending	

<p>Service/Item Description (include quantity if applicable).</p> <p>This vendor will provide educational and vocational support services for the Probation Department. This is an amendment to extend the time period of the contract to June 30, 2026, increase the funds in the amount of \$150,000.00, add language to the unit rate, increase per diem rates, and replace the insurance requirements.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Provide tutoring and skill building services, Credit recovery assistance, and Case management services.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: Ohio Guidestone 343 W. Bagley Rd Berea, Ohio 44017</p>	<p>Owner, executive director, other (specify): Brent Russell-President & CEO</p>

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: This is a contract amendment.	<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 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.
--

100% Grant funded through RECLAIM.
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): 5/16/2024
Date documents were requested from vendor: 6/3/2024
Date of insurance approval from risk manager: 5/29/2024
Date Department of Law approved Contract: 5/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2024-895

Title	CONTRACT AMENDMENT FOR MENTORING SERVICES - MEN OF COURAGE
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	3931	Men of Courage	7/1/2023- 6/30/2024	\$79,200.00		BC2023-764
(A)-1	5008 fka 3931	Men of Courage	7/1/2023- 6/30/2026	\$92,266.00	pending	

Service/Item Description (include quantity if applicable).
Vendor to provide one-one-one mentoring and group-based mentoring. This amendment is to extend the time - period of the contract to June 30, 2026, increase the funds in the amount of \$92,266., vendor agrees to not transport youth (waiver of auto insurance requested by the vendor), replace the insurance requirements. This changes the not to exceed value of the contract to \$171,466.00

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): The primary focus will be to reduce recidivism and improve school performance.

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: Men of Courage 613 Mussey Ave. Elyria, Ohio 44035	Owner, executive director, other (specify): Anthony B. Jones, president, CEO, Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This is a contract amendment.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RECLAIM Grant
	<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. This program 100% funded by RECLAIM.
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):	5.16.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.7.24
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) recurring program written into the Grant agreement.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-896

Title	HIGH-FIDELITY WRAPAROUND CASE MANAGEMENT SERVICES OHIO GUIDESTONE
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)	4951	Ohio Guidestone	7/1/2024-6/30/2026	\$50,000.00		

Service/Item Description (include quantity if applicable). Clinical case management services will be delivered with the High-Fidelity Wraparound Approach (HFWA) to aid youth to access services through the system of care in lieu of placement in the Detention Center for Home Detention violations. Court desires to contract with the vendor for a term starting July 1, 2024, until June 30, 2026. Funding for this contract shall not exceed \$50,000.00
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

Vendor to provide clinical case management services guided by the High-Fidelity Wraparound Approach to a diversion intervention for unruly/status or misdemeanor offenses by youth.

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: Ohio Guidestone 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brant Russell, President & 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. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / RFP Exemption – County Code 501.12(D)	<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? RFP Exemption – County Code 501.12(D)	<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 RECLAIM grant notification and award process, contract negotiations and vendors delay in returning compliance documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.15.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	9.19.24
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):						
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)	606	Ohio Guidestone	9/1/2017-6/30/2018	\$90,000.00	9/25/2017	BC2017-675
A-1	606	Ohio Guidestone	9/1/2017-6/30/2019	\$90,000.00	4/23/2018	BC2018-250
A-2	606	Ohio Guidestone	9/1/2017-6/30/2020	\$62,902.36	8/26/2019	BC2019-638
A-3	606	Ohio Guidestone	9/1/2017-6/30/2021	0.00	11/9/2020	BC2020-610
A-4	2951/606	Ohio Guidestone	9/1/2017-6/30/2022	\$28,750.00	9/27/2021	BC2021-524
A-5	2951	Ohio Guidestone	9/1/2017-6/30/2023	\$28,750.00	01/09/2023	BC2023-12
A-6	4351/2951	Ohio Guidestone	9/1/2017-6/30/2024	\$28,750.00	02/26/2024	BC2024-153

BC2024-897

Title	Public Safety and Justice Services; Golden Ciphers, Inc.; Amendment 1 to contract 4111 to increase funds in the amount of \$25,838.50 and extend the time period from 10/1/2023 – 3/31/2025 to 6/30/2025.
Department or Agency Name	Public Safety and Justice 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	4111	Golden Ciphers Inc.	10/1/2023 – 3/31/2025	\$71,416.00	2/20/2024	BC2024-135
A-1	4111	Golden Ciphers Inc.	10/1/2023 – 6/30/2025	\$25,838.50	Pending	Pending

Service/Item Description (include quantity if applicable).

Public Safety and Justice Services is requesting approval of a contract amendment with Golden Ciphers Inc, contract #4111 in the amount not-to-exceed \$25,838.50, which will bring the total contract amount to \$97,254.50. We are also requesting to extend the contract period from 10/1/2023 – 3/31/2025 to 6/30/2025.

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

Public Safety and Justice Services is requesting approval of a contract amendment with Golden Ciphers Inc, contract #4111 in the amount not-to-exceed \$25,838.50, which will bring the total contract amount to \$97,254.50.

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):

Golden Ciphers Inc will provide mentoring, youth enrichment, exposure trips, life-skills training in order to decrease the likelihood of minority youth having negative contact with law enforcement and/or are entered into juvenile detention.

This amendment will allow Golden Ciphers to purchase additional activities and supplies for their SESA Rites of Passage Program on FY23 Juvenile Justice and Delinquency Prevention grant. The time period was extended to allow the procurement of new items.

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

Vendor Name and address:	Owner, executive director, other (specify):
Vendor Name and address: Golden Ciphers Inc. 4450 Cedar Avenue, Suite 3 Cleveland Ohio, 44103	Owner, executive director, other (specify): Pamela Hubbard, Executive Director
Vendor Council District: Ward 5	Project Council District: Ward 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	Slavic Village area

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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: _____	Provide a short summary for not using competitive bid process. There was a competitive bid process through an RFP for the original awards. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A this is an amendment to a contract	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process under BC2023-185
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Contract 4111 <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. Ohio Department of Youth Services subaward of Part B, Title II of the federal Juvenile Justice Delinquency Prevention Act of 1974.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: PJ285145 Activity: PJ-23-JJDP-BG Account Category: 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/23/2024
Date documents were requested from vendor:	10/2/2024
Date of insurance approval from risk manager:	1/28/2024
Date Department of Law approved Contract:	10/2/2024 Contract Amendment
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

BC2024-898

Title	PSJS – West Publishing Corporation d/b/a Thomson Reuters – Exemption – Contract # 4917 for CLEAR LPR Software for Fusion Center
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4917	West Publishing Corporation d/b/a Thomson Reuters	1/1/2025-12/31/2025	\$46,573.20		

Service/Item Description (include quantity if applicable).
Requesting approval of a contract exemption with Thomson Reuters in the amount of \$46,573.20 for the time period 1/1/2025-12/31/2025.

Thomson Reuters' CLEAR software is the sole source provider under a proprietary license agreement to provide access to Vigilant Solutions' commercially available license plate reader data. The Northeast Ohio Regional Fusion Center (NEORFC) is one of three Fusion Centers recognized by the Department of Homeland Security in the State of Ohio. The three centers all utilize proprietary software to view this data that can then be analyzed and applied to active terror and crime related cases. These cases, and other actionable intelligence, are analyzed to detect, prevent, and deter acts of terrorism. We will be purchasing 8 user licenses for the Fusion Center staff.

West Publishing Corporation, a Thomson Reuters business, is the sole provider of CLEAR, and they do not permit sale/resell through distributors or resellers.

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):

- Via CLEAR software, provide access to Vigilant Solutions' commercial LPR data which is the largest license plate recognition data sharing initiative. The saturation of private-sector and law enforcement LPRs is paramount to the detection, mitigation and apprehension of criminals and terrorist actors in Northeast Ohio. Access to this data will further the Fusion Center's ability to provide support to local law enforcement on terrorist and criminal cases.

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):
West Publishing Corporation d/b/a Thomson Reuters P.O. Box 6292 Carol Stream, IL 60197	Colleen Ostwald Senior Client Executive
Vendor Council District:	Project Council District:
N/A	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. Vendor is sole proprietor of software needed to access the LPR system. *See Justification for additional information.

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. State Homeland Security Program Grant FY23
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PJ280135 54020 PJ-23-SHSP
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. On Time
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3863	West Publishing Corporation dba Thomson Reuters	1/1/2024-12/31/2024	\$43,526.40	12/19/23	BC2023-845

BC2024-899

Title	Triplog Inc Amendment 1	
Department or Agency Name	Division of Children and Family Services, Division of Senior and Adult Services and Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3892	Triplog Inc.	11/15/2023 – 11/14/2024	\$72,450.00	11/20/2023	BC2023-750
A-1	3892	Triplog Inc.	11/15/2024 – 11/14/2025	\$73,412.50	Pending	pending

Service/Item Description (include quantity if applicable).
 TripLog will provide access to their automated mileage capture app that will reside on each user's smartphone or tablet, coupled with a centrally administered Webportal or Dashboard.
 Through this portal managers will be able to easily monitor, approve and report usage of each user.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. Receive weekly/monthly summary emails
2. Fleet and workforce management with ability to lock-down drivers
3. Expense approval management
4. Location-based time tracking 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):
Triplog, Inc. 22525SE 64 TH Place Suit 2268 Issaquah, WA 98027	Tianji He
Vendor Council District: n/a	Project Council District: n/a
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 91% Health and Human Services Levy 9% Public Works (66.7% Road and Bridge Funds and 33.3% Facilities)
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. PW270120 54300 \$4,500.00 PW715200 54300 \$2,500.00 HS260100 55130 UCH06100 \$66,412.50
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. This is contract amendment and services are currently being provided.
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: Documents were requested but vendor had questions regarding the current contract, which caused a delay in signing the amendment and submitting the required documents.
Timeline
Project/Procurement Start Date (date your team started working on this item): 9/19/2024

Date documents were requested from vendor:	9/19/2024
Date of insurance approval from risk manager:	11/6/2024
Date Department of Law approved Contract:	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? <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

BC2024-900

Title	OHS; Emerald Development and Economic Development (EDEN), Inc; 2024 - 2045 Grant Agreement for Facilities Services at 2710 Walton Ave
Department or Agency Name	Office of Homeless Services
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	4981	EDEN, Inc.	4/1/24 – 3/31/25	\$350,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

EDEN received ARPA funding to rehab Norma Herr Women’s Shelter, which requires the relocation of shelter guests. The county awarded grants to EDEN for the purchase and rehab of 2710 Walton Avenue to serve as a swing site shelter during the estimated two-year construction of Norma Herr 1. The site provides a total of 102 beds for single adult women experiencing homelessness. Guests were relocated on September 11th, 2024.

This grant will be used for regular facilities and maintenance services at 2710 Walton Avenue during the relocation, ensuring that the building maintains shelter in accordance with Continuum of Care shelter standards.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide facilities maintenance and upkeep of swing site shelter for women
- Offer accommodation for 102 shelter guests
- Maintain building in compliance with local requirements & approved shelter standards

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: Emerald Development and Economic Network 7812 Madison Ave Cleveland, Ohio 44102	Owner, executive director, other (specify): Elaine Gimmel, Executive Director
Vendor Council District: 7	Project Council District: 7
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. This grant uses funding designated by Council for non-capital costs related to shelter rehabilitation. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health & Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: OHS needed additional time to work with vendor on estimated costs. Delays in receiving draft of grant agreement.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/19/24
Date documents were requested from vendor:	10/1/24, 10/11/24, 10/22/24, 11/1/24, 11/9/24
Date of insurance approval from risk manager:	11/15/24
Date Department of Law approved Contract:	11/15/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input 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):

BC2024-901

Title	Cuyahoga County Office of Reentry; 01/01/2025-12/31/2026 for Legal Clinic Services with Case Western Reserve University and Cleveland State University: Master Contract: Second Chance reentry Law Clinics
Department or Agency Name	Cuyahoga County Office of Re-entry
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		1/1/2023 – 12/31/2024		\$499,000.00	12/19/2022	BC2022-796
	CM2763	Case Western Reserve University	\$244,000.00			
	CM2884	Cleveland State University	\$255,000.00			
A-1		01/01/2025 12/31/2026		\$480,000.00	Pending	Pending
	2763	Case Western Reserve University	\$240,000.00			
	2884	Cleveland State University	\$240,000.00			

Service/Item Description (include quantity if applicable).
 Cuyahoga County Office of Reentry is requesting approval of Amendment with CSU and Case Western Reserve University for Legal Services as a Master Contract in the amount of \$480,000.00 for the time period effective 01/01/2025 – 12/31/2026.

During the Term of this amendment, CSU and CWRU shall provide legal information, advice, and/or representation, to justice involved individuals, regarding civil issues that arise as collateral consequences of their criminal charges or convictions.

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):
 Resolve legal issues to improve chances of successful reentry.
 Eliminate legal barriers to reentry.
 Reduce recidivous-reduce recidivism.

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):
--------------------------	---

Cleveland State University 2121 Euclid Avenue Cleveland, Ohio 44115-2214	Khalida Jackson, Director
Vendor Council District:	Project Council District:
Council District 7	County wide
Vendor Name and address:	Owner, executive director, other (specify):
Case Western Reserve 10900 Euclid Avenue Cleveland, Ohio 44106	Meghan Schane-Ramber Asst. Vice President for Sponsored Projects
Vendor Council District:	Project Council District:
Council District 7	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The original source of funding for this contract was provided by Health and Human Services Levy funding. Both CSU and CWRU are written into to grant as the chosen providers contract to conduct services. *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 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. Health and Human Services Funding – 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. HS260355 55130 UCH00000
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 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

C.- Exemptions

BC2024-902

TITLE	DSAS 2024: National Council of Aging (NCOA) BenefitsCheckUp Web portal
DEPARTMENT OR AGENCY NAME	Division of Senior and Adult Services

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
------------------	--

LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
		12/13/2021
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The National Council on Aging (NCOA) offers a healthcare benefits portal called BenefitsCheckUp, designed to assist older adults in identifying and enrolling in various benefits programs. This free, confidential, and unbiased online tool connects seniors with programs that can help pay for healthcare, prescriptions, food, utilities, and more.</p> <p>For seniors in Cuyahoga County, utilizing BenefitsCheckUp can provide several advantages:</p> <ul style="list-style-type: none"> •Personalized Benefit Screening: By answering a series of questions, individuals can discover federal, state, and local programs they may be eligible for, including Medicaid, Medicare Savings Programs, and the Supplemental Nutrition Assistance Program (SNAP). •Application Assistance: The portal offers guidance on how to apply for these programs, streamlining the enrollment process and helping seniors access the support they need more efficiently. •Resource Connection: Beyond financial assistance, BenefitsCheckUp connects users with resources related to health and wellness, caregiving, and other services that promote aging well. <p>By implementing this portal, the Cuyahoga County Division of Senior and Adult Services aims to enhance the well-being of local seniors, ensuring they receive the benefits and support necessary for a healthy and secure life.</p> <p>We are seeking this alternate procurement process for the time period of 01/01/2025-01/01/2027 in an amount not-to- exceed \$18,000.00</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

BC2024-903

Department of Information Technology, 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 amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org

1814 E. 40th Street
Cleveland, Ohio 44103
Kenny Kovach-Director

RET3 Marked for Disposal - (6) Combined Files on 11/15/2024

Asset Tag	Serial Number	Manufacturer	Model/Device
From IT Workroom on 8/23/2024 (File #9)			
49020	VNB3B72244	HP	LaserJet P1006 Printer
No Tag	2TK021Z3T9	HP	UltraSlim Docking Station
No Tag	5CG726XLRP	HP	UltraSlim Docking Station
81784	CNU314X8G1	HP	2012 90W Docking Station
80511	5CG54650XY	HP	ProBook 650 G1 Laptop
84890	5CG6133HPZ	HP	EliteBook 850 G3 Laptop
78386	2UA30207JN	HP	z220 SFF Workstation
No Tag	D86936204N3F90KFN	Apple	MacBook Tablet
76460	2C073336H	Toshiba	Portege Laptop
86506	R90FZZ30	Lenovo	ThinkPad Helix
77734	3CQ24614MQ	HP	LE2202x Monitor
77652	3CQ24613H2	HP	LE2202x Monitor
86474	5CG5150GDZ	HP	ProBook 650 G1 Laptop
From IT Workroom on 9/6/2024 (File #10)			
No Tag	ET23E03681SL0	BenQ	GW2450 LED Monitor
91472	FOC21456FFK	Cisco	Network Switch

91471	FOC21456EFP	Cisco	Network Switch
80429	2UA4520WHH	HP	z230 SFF Workstation
76559	2MD2110NKH	HP	Pavilion HPE Workstation
78105	3CQ2371JKB	HP	LE2202x Monitor
75876	CN-0KG49T-74261 -184-1N3U	Dell	P2412hb Monitor
78660	CNC249R5NX	HP	LA2206x Monitor
78262	3CQ2371J5W	HP	LE2202x Monitor
77730	3CQ24614M2	HP	LE2202x Monitor
77631	3CQ24614YJ	HP	LE2202x Monitor

Old Equip On 4th Floor - submitted by James S. Pequignot on 8/9/2024 (File #11)

69411	ODKYA65785	Panasonic	Panasonic - CF-19KCRC66B
69412	ODKYA65803	Panasonic	Panasonic - CF-19KCRC66B
69413	ODKYA65907	Panasonic	Panasonic - CF-19KCRC66B
N/A	11610AAC051	Gamber-Johnson	Gamber-Johnson / 7160-0207-02
72265	DF6JPQ1	Dell	Dell - Latitude XT2 XFR
72266	8C6JPQ1	Dell	Dell - Latitude XT2 XFR
72267	6F6JPQ1	Dell	Dell - Latitude XT2 XFR
72268	9C6JPQ1	Dell	Dell - Latitude XT2 XFR
72264	CF6JPQ1	Dell	Dell - Latitude XT2 XFR
59917	JTGylf1	Dell	Dell - Optiplex 755
51090	5DKWPB1	Dell	Dell - Optiplex GX620
72262	G635GP1	Dell	Dell - Vostro 3350
53353	9DHTY91	Dell	Dell - Latitude D820
48568	05DXG	Dell	Dell - Dimension XPS T450
49132	05DWM	Dell	Dell - Dimension XPS T450
84111	RG639V1712	Getac	Getac - V110
84113	RG639V1713	Getac	Getac - V110
84114	RG639V1715	Getac	Getac - V110
75831	A599ZMA1327	Panasonic	Panasonic - KV-S7075C Flatbed Scan
29320	USSCUF4897	HP	HP LaserJet 4000 TN
N/A	N/A	N/A	2boxes of 4000TN Toner
N/A	11610AAC043	N/A	7160-0207-02
N/A	11610AAC042	N/A	7160-0207-02
70759	41A071300323	Zebra	Zebra TLP 2844
74210	41J111200577	Zebra	Zebra TLP 2844
N/A	N/A	N/A	3 laptop batteries
86492	5623013	Zebra	Zebra GX420t
79816	2UA4351M8T	HP	HP Z230 SFF Workstation
N/A	N/A	N/A	Box of cables
92125	2TK948X3CQ	HP	HP Ultralim Docking Station

N/A	WS1237180878	APC	APC / SUA750US
N/A	4B1642P21114	APC	APC / BE750G
N/A	R38F501GBYZ	SAMSUNG	SAMSUNG / SGH-I547
N/A	98K50G0312	TOA	TOA / A-901A
N/A	B83248586	Brother	brother / PT-8000
56403	FCH11179150	Cisco	Cisco IP Phone 7911
79205	3CQ4322SQX	HP	HP Prodisplay P221 Monitor
53727	C6G62B1	Dell	Dell Optiplex GX620
36959	US71352327	HP	HP Vectra XM
56389	CN0KU78971618732AKB5	Dell	Dell Monitor - 1708 FPT
58596	CNC725R1BZ	HP	HP Monitor - L1706
N/A	SA13511849	AFL	AFL-W15A-GM45 / iEi Panel PC
78047	2UA518159X	HP	HP ProDesk 600 G1 DM

From IT Workroom on 9/27/2024 (File #12)

82195	2CE4030SF8	HP	EliteBook 360 G8
78659	CNC249R5NW	HP	LA2206x Monitor
81453	CNU314X66R	HP	Docking Station
87620	5CG633ZQPN	HP	Docking Station
No Tag	2TK020W99W	HP	Docking Station
No Tag	2TK024V04H	HP	Docking Station
78098	3CQ2371JJJ	HP	LE2202x Monitor
80361	CNK52114LK	HP	P222va Monitor
77744	3CQ24614KG	HP	LE2202x Monitor
No Tag	N/A	Dell	Laptop Bag
No Tag	N/A	Dell	Laptop Bag
No Tag	N/A	HP	Laptop Bag
No Tag	N/A	Compaq	Laptop Bag

From IT Workroom on 11/1/2024 (File #13)

87274	AAAD003952	Fujitsu	fi-6670 Scanner
80244	2UA4351N8F	HP	z230 SFF Workstation
70348	1S4349WCHR87G6DC	Lenovo	ThinkPad Helix
84600	5CG6133H57	HP	EliteBook 850 G3 Laptop
84885	5CG6133H5C	HP	EliteBook 850 G3 Laptop
84874	5CG6133HVN	HP	EliteBook 850 G3 Laptop
79214	3CQ4322SWF	HP	P221 Monitor
No Tag	3CQ4312WTZ	HP	P221 Monitor
No Tag	3CQ33510YB	HP	P221 Monitor
85245	3CQ4281NRS	HP	P221 Monitor
84796	3CQ4281MPW	HP	P221 Monitor
61437	K43131994	Kodak	i660 Scanner

From IT Workroom on 11/12/2024 (File #14)

No Tag	2TK202ZZZ5	HP	HP USB-C Dock G5
No Tag	CNC32710J0	HP	E27m G4 QHD Monitor
86202	8CC8380875	HP	ProDesk 600 G4 Mini PC
J 834 *	ZZC1Q587AP20198	V7	Monitor (Model: R22W02)
No Tag	DAVAU0C2C3K08B	HP	LCD Speaker Bar
90970	2TK852ZB2L	HP	Ultraslim Docking Station
90972	5CG843WH28	HP	Ultraslim Docking Station
90974	2TK852ZB2F	HP	Ultraslim Docking Station
No Tag	2TK021Z1HV	HP	Ultraslim Docking Station
91305	CNK829019K	HP	P223 Monitor
No Tag	3CQ3330QNN	HP	P221 Monitor
No Tag	K7LMTF051635	Asus	VT168 Monitor
78758	2UA2501KKZ	HP	z220 SFF Workstation
87471	5CG634388D	HP	ProBook 650 G2 Laptop
No Tag	CNU419ZZV7	HP	90W Docking Station
No Tag	CNU419X5P8	HP	90W Docking Station
88801	5CG735Z57F	HP	Ultraslim Docking Station
No Tag	2TK019XHL8	HP	Ultraslim Docking Station
90975	5CG843WH4M	HP	Ultraslim Docking Station
No Tag	CN-0C4708-48643-61Q-4697	Dell	Latitude D610 Laptop
78201	2UA30207HG	HP	z220 SFF Workstation
79441	2UA4351M9M	HP	z230 SFF Workstation
79208	3CQ4322SVQ	HP	P221 Monitor
60197	CN-0CU889-71618-835-HRVS	Dell	2208WFPt Monitor
	*Blue Tag from Public Works		

BC2024-904

(See related items for proposed travel/memberships for the week of 12/2/2024 in Section D above).

BC2024-905

(See related items for proposed purchases for the week of 12/2/2024 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Cuyahoga County Adult Drug Court Expansion Project
DEPARTMENT OR AGENCY NAME	Cuyahoga County Common Pleas Court / Corrections Planning Board

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	ADC Expansion Project	9/30/2024 – 9/29/2029	\$2,000,000	N/A	N/A
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The Cuyahoga County Adult Drug Court (ADC) Expansion Project, which serves communities in the Greater Cleveland area, is a comprehensive approach that fights against the current opiate crises in Ohio. The project will continue to combat Ohio’s opiate crisis by supporting a foundation for lifelong sobriety that helps to save lives. It will do so by expanding the Adult Drug Court into a comprehensive system of supports and services that help participants move toward recovery while assisting them in making productive and positive life changes. Specifically, it will implement a Coordinated Care Response Initiative that provides participants with the following strategies: (1) Decrease Referral-to-Entry Time: Streamline the process from referral to entry into the ADC can to enhance efficiency and participant engagement, (2) Incorporate Mental Health Services: Integrate mental health services directly into the ADC team model to ensure comprehensive care for participants with co-occurring disorders, and (3) Enhance Integrated Case Planning: Promote collaborative efforts between criminal justice and behavioral health partners for improved case planning. These strategic steps can lead to better outcomes and a more effective Adult Drug Court.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>GOAL: The Honorable Judge David Matia will oversee the ADC Expansion Project that will annually serve 45 unduplicated participants (or 225/five years) with an Opioid Use Disorder to further bridge the gap between treatment and long-term sobriety through a new Coordinated Care Response Initiative.</p> <p>OBJ: Target providing offenders suffering from moderate to severe opioid use disorders with judicial supervision, immediate assessments and crisis management, intensive supervision</p>			

	management involving a Probation Officer, program sanctions and rewards, residential treatment including Medications for Opioid Use Disorder (MOUD) and sober living accommodations.
	OBJ: Collaborate with Signature Health, one of the area's top treatment providers specializing in mental health and addiction services, to provide participants with comprehensive mental health counseling and case management services.
	OBJ: Collaborate with Signature Health, one of the area's top treatment providers specializing in mental health and addiction services, to provide participants with comprehensive mental health counseling and case management services.

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
	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.
	N/A

Item No. 2

TITLE	Cuyahoga County Violence Intervention Program (VIP) Alliance
DEPARTMENT OR	Cuyahoga County Common Pleas Court / Corrections Planning Board

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Violence Intervention Program (VIP) Alliance	10/1/2024 – 9/30/2027	\$2,000,000 Adult Common Pleas Court: \$1,112,600.00 Juvenile Court: \$695,400.00	N/A	N/A
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The Cuyahoga County Juvenile and Common Pleas Courts are spearheading the Violence Intervention Program (VIP) Alliance in Cleveland, Ohio. This groundbreaking initiative is designed to prevent juvenile and young adult gun-related crimes from escalating into serious offenses. By implementing a pro-social, therapeutic approach to reduce recidivism, the VIP Alliance is expected to significantly reduce the incidence of such crimes. The program's unique features include the expansion of the Common Pleas Court's VIP Pilot into a specialty docket for 17-year-old bindovers and 18-26-year-old felony offenders through an <u>Adult VIP Court</u>. It also supports the Juvenile Court's piloting a <u>Juvenile VIP Initiative</u> for 15-18-year-olds, using a specialized team-based approach (rather than a docket). The VIP Alliance will proactively identify eligible youth and young adult participants, using research-based guidance that addresses multiple risk factors for gun violence. Its comprehensive main activities include dedicated VIP Judges, VIP teams (including local prosecutors and Public Defender offices), VIP stakeholders, a VIP Advisory Board, VIP Probation Officers serving as primary case managers, trauma-informed counselling, peer mentoring and supportive case management.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>The Violence Intervention Program (VIP) Alliance's goal is to prevent youth and young adult felony offenders at risk of future gun-related violent crimes from escalating to more serious offenses. This is achieved through integrating VIP</p>				

	principles with centralized case management, identifying participants early through a new research-based eligibility screener, and providing targeted interventions to address underlying factors such as trauma, unemployment, substance abuse, and mental health issues.
	Implement a coordinated violence intervention approach with Probation Officers serving 60-75 youth participants and 105-135 Young Adult participants with primary case managers.
	Target youth and young adult at risk of gun-related violent crimes living in high-crime, high-poverty areas of Cleveland.
	All VIP Team members implement the elements of VIP principles supporting a coordinated approach.
	Connect 75% of VIP participants with trauma-informed services and supports.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga County Court of Common Pleas Juvenile Division 9300 Quincy Avenue Cleveland, OH 44106
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	The Honorable Thomas F, O'Malley (Administrative/Presiding Judge)
SUBRECIPIENT'S COUNCIL DISTRICT:	All
DOLLAR AMOUNT ALLOCATED:	To the Juvenile Court: \$695,400.00

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Federal Bureau of Justice Assistance FY24 Office of Justice Programs Community Based Violence Intervention and Prevention Initiative Site-Based
	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.
	N/A

Item No. 3

Title	Public Safety and Justice Services; City of Shakers Heights; Amendment 1 to contract 4113 to decrease funds in the amount of \$25,838.50 for a new amount of \$20,000.
Department or Agency Name	
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	4113	City of Shaker Heights	10/1/2023/ - 3/31/2025	\$45,838.50	2/20/2024	BC2024-136
A-1	4113	City of Shaker Heights	10/1/2023 – 3/31/2025	(\$25,838.50)	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Public Safety and Justice Services is requesting approval of a contract amendment with the City of Shaker Heights contract #4113, reducing the contract amount by \$25,838.50, which will bring the total not-to-exceed contract amount to \$20,000.00. This amendment is being requested to allow the City of Shaker Heights to continue providing services to youth due to a decreased number of expected referrals.</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>Public Safety and Justice Services is requesting approval of a contract amendment with the City of Shaker Heights contract #4113 in the amount not-to-exceed \$45,838.50. Decreasing the funding by \$25,838.50, which will bring the total contract amount not-to-exceed \$20,000.00.</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>The City of Shaker Heights goal is to support youth where they are, holding them accountable for their actions, keeping them out of the juvenile justice system to prohibit their exposure to other juveniles with records, giving them opportunities to connect with resources to help them and giving the youth an understanding of the opportunities available to them to help them thrive.</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: City of Shaker Heights. 3555 Lee Road Shaker Heights, 44120	Owner, executive director, other (specify): Wayne Hudson, Chief of Police
Vendor Council District: Ward 11	Project Council District: Ward 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	The City of Shaker Heights and Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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:	Provide a short summary for not using competitive bid process. There was a competitive bid process through an RFP. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A this is an amendment to a contract	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process under BC2023-185
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Contract 4113 <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. Ohio Department of Youth Services subaward of Part B, Title II of the federal Juvenile Justice Delinquency Prevention Act of 1974.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: PJ285145 Activity Code: PJ-23-JJDP-BG
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/23/2024
Date documents were requested from vendor:	10/2/2024
Date of insurance approval from risk manager:	8/5/2022 Nothing has changed
Date Department of Law approved Contract:	10/2/2024 Contract Amendment
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

Item No. 4

TITLE	Sheriff's Department Crime Stoppers Affiliate Agreement
DEPARTMENT OR	Sheriff

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
------------------	---

CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Crime Stoppers	Effective upon signature to 9/14/2026		
Amendment (A)				

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	This affiliation agreement recognizes Crime Stoppers of Cuyahoga County as the Citizen's Reward Program in the county.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To expand marketing/outreach with the ultimate goal of increasing the number of tips provided by citizens, thereby impacting law enforcement's ability to solve crimes.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Crime Stoppers of Cuyahoga County, Inc.
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Joseph E. LoConti, Chairman, Crime Stoppers Board of Directors
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	

Item No. 5

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 11/2/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT