



**Cuyahoga County Board of Control Agenda
Monday, December 9, 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 – 12/2/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-906

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$12,208.00 for the purchase of various engineering software program subscriptions for the Road and Bridge Division for the period 12/30/2024 – 12/29/2025.
- b) Recommending an award on Purchase Order No. 24001475 to Carahsoft Technology Corporation in the amount not-to-exceed \$12,208.00 for the purchase of various engineering software program subscriptions for the Road and Bridge Division for the period 12/30/2024 – 12/29/2025.

Funding Source: 48.73% Real Estate Assessment Fund, 26.81 % Road and Bridge and 24.46% General Funds

BC2024-907

Department of Public Works,

- a) Submitting an RFP exemption, which will result in a payment to Great Lakes Petroleum in the amount not-to-exceed \$13,564.13 for the purchase of (4620) gallons of fuel for various County facilities.

b) Recommending a payment on Purchase Order No. 24004630 to Great Lakes Petroleum in the amount not-to-exceed \$13,564.13 for the purchase of (4620) gallons of fuel for various County facilities.

Funding Source: General Fund

BC2024-908

Department of Public Works, submitting an amendment to Contract No. 2538 with CBRE, Inc. for real estate strategic management services for the period 7/18/2022 – 12/31/2024 to extend the time period to 12/31/2025 and for additional funds in the amount not-to-exceed \$450,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2024-909

Department of Public Works, submitting an amendment to Contract No. 4353 (fka Contract No. 2530) with Orchard, Hiltz & McCliment, Inc. dba OHM Advisors for engineering services for the Lake Road-Clifton Boulevard Project in the Cities of Lakewood and Rocky River in connection with the Cuyahoga County Lakefront Access Plan for the period 8/10/2022 – 12/31/2024 to extend the time period to 12/31/2026 to expand the scope of services to include Task 7: Bridge Improvements and Task 8: Additional Engineering Services (If-Authorized) described in Addendum to Exhibit A, effective upon signature of all parties, and for additional funds in the amount not-to-exceed \$150,000.00.

Funding Source: Road and Bridge Fund

BC2024-910

Department of Public Works, recommending an award on RQ14481 and enter into Contract No. 4693 with MS Consultants, Inc. (98-5) in the amount not-to-exceed \$273,769.00 for engineering services for the replacement of Miles Road Bridge No. 12.10 over the Chagrin River in the Villages of Chagrin Falls and Moreland Hills, effective upon signatures of all parties through project completion.

Funding Source: Road and Bridge Fund

BC2024-911

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Honeywell International Inc. in the amount not-to-exceed \$450,000.00 for jail fire alarm testing, inspecting and maintenance services, effective upon signatures of all parties for the period 9/9/2024 – 9/8/2027.
- b) Recommending an award and enter into Contract No. 5015 with Honeywell International Inc. in the amount not-to-exceed \$450,000.00 for jail fire alarm testing, inspecting and maintenance services, effective upon signatures of all parties for the period 9/9/2024 – 9/8/2027.

Funding Source: General Fund

BC2024-912

Department of Public Works/Division of Public Utilities, recommending an award and enter into Agreement No. 5019 with Cleveland State University in the amount not-to-exceed \$50,000.00 for strategic planning support in developing the Cuyahoga County Euclid and Brooklyn Microgrid projects effective upon signatures of all parties through 9/30/2025.

Funding Source: U.S. Department of Energy Grant

BC2024-913

Department of Development, submitting a Grant Agreement with Spartan Alumni Rowing Association (via Contract No. 5010) in the amount not-to-exceed \$131,537.22 to provide funding for brownfield remediation/cleanup activities associated with the Zaclon River Landing Project, located at 2900 Independence Avenue, Cleveland for the period 12/2/2024 – 6/2/2027.

Funding Source: General Fund

BC2024-914

Fiscal Office,

- a) Submitting an RFP exemption, which will result in a payment to CoStar Realty Information, Inc. in the amount not-to-exceed \$17,693.28 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2024 – 3/31/2025.
- b) Recommending a payment on Purchase Order No. 24004963 to CoStar Realty Information, Inc. in the amount not-to-exceed \$17,693.28 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2024 – 3/31/2025.

Funding Source: Real Estate Assessment Fund

BC2024-915

Fiscal Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Automated Business Equipment Corp. aka F & E Payment Pros in the amount not-to-exceed \$62,850.00 for the purchase of (1) additional license and scanning station, and renewal of (2) existing licensing, maintenance and support packages for the Digital Remittance Processing System and scanners for the period 10/1/2024 – 9/30/2027.
- b) Recommending an award and enter into Contract No. 5013 with Automated Business Equipment Corp. aka F & E Payment Pros in the amount not-to-exceed \$62,850.00 for the purchase of (1) additional license and scanning station, and renewal of (2) existing licensing, maintenance and support packages for the Digital Remittance Processing System and scanners for the period 10/1/2024 – 9/30/2027.

Funding Source: Special Interest Fund

BC2024-916

Department of Human Resources, recommending an award on RQ14687 and enter into Contract No. 5016 with P&A Administrative Services, Inc. (23-/10) in the amount not-to-exceed \$210,000.00 for Employee Flexible Spending Account Administration services, effective upon signatures of all parties for the period 1/1/2025 – 12/31/2027.

Funding Source: Self-Insurance Fund

BC2024-917

Department of Information Technology, submitting an amendment to Contract No. 3390 with The Ohio Academic Resource Network (“OARnet”), a division of the Ohio Department of Higher Education's Ohio Technology Consortium for a purchase of AWS Direct Connect Service for the period 8/1/2023 – 7/31/2026 to extend the time period an additional 36 months from the effective date of this amendment; to change the AWS Direct connect from 1 Gb to 5Gb, and to update the monthly recurring charge to \$400.00 and for additional funds in the amount not-to-exceed \$12,600.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2024-918

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to AT&T Corporation in the amount not-to-exceed \$25,000.00 for line assessment and removal services related to migration from Plain Old Telephone Services (“POTS”) to a new technology effective upon signatures of all parties for a period of 3 months.

- b) Recommending an award and enter into Contract No. 4961 with AT&T Corporation in the amount not-to-exceed \$25,000.00 for line assessment and removal services related to migration from Plain Old Telephone Services (“POTS”) to a new technology effective upon signatures of all parties for a period of 3 months.

Funding Source: General Fund

BC2024-919

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4010 with Golden Ciphers for positive youth development services for Court referred youth ages 12 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 \$109,746.40.

Funding Source: RECLAIM Grant

BC2024-920

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Agreement No. 4246 (formerly Agreement No. 3941) with City of Pepper Pike 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 amount not-to-exceed \$1,800.00.

Funding Source: Health and Human Services Levy Fund

BC2024-921

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in a payment to Huntington Convention Center of Cleveland in the amount not-to-exceed \$ 11,225.00 as final payment for audio/visual services and equipment and security in connection with 2024 Civil Treatment Workplace Training for county employees.
- b) Recommending a payment on Purchase Order No. 24004612 to Huntington Convention Center of Cleveland in the amount not-to-exceed \$ 11,225.00 as final payment for audio/visual services and equipment and security in connection with 2024 Civil Treatment Workplace Training for county employees.

Funding Source: General Fund

BC2024-922

Sheriff's Department, recommending an award on 14078 and enter into Contract No. 4967 with Thales DIS USA, Inc. (6-2) in the amount not-to-exceed \$335,000.00 for the purchase of LiveScan and Fingerprint Scanning Equipment, hardware and software licensing, maintenance and support, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-923

Sheriff's Department,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Donald Kern in the amount not-to-exceed \$90,000.00 for implementation and monitoring of the settlement agreement terms in connection with United States District Court, Northern District of Ohio Case No.: 1:20-cv-2649, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties, for a period of 1 year.
- b) Recommending an award and enter into Contract No. 5000 with Donald Kern in the amount not-to-exceed \$90,000.00 for implementation and monitoring of the settlement agreement terms in connection with United States District Court, Northern District of Ohio Case No.: 1:20-cv-2649, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties, for a period of 1 year.

Funding Source: General Fund

BC2024-924

Medical Examiner's Office, recommending an award and enter into Purchase Order No. 24004997 with GenTech Scientific LLC in the amount not-to-exceed \$14,680.00 for a sole source purchase of repairs and (1) preventative maintenance visit on the Thermo TSQ Vantage LC/MS System.

Funding Source: FY2023 Paul Coverdell Forensic Science Improvement Grant Program.

BC2024-925

Medical Examiner's Office, submitting an amendment to Contract No. 1884 with Advantra Group Corporation dba Advantra Waste Solution, Inc. for biomedical waste removal services for various County buildings for the period 1/1/2022 – 12/31/2024 to extend the time period to 12/31/2027, to change the pricing for the renewal term in accordance with Exhibit 1-A and for additional funds in the amount not-to-exceed \$216,452.00.

Funding Source: General Fund (42% Medical Examiner's Office, 30% Common Pleas; 14% Department of Public Works, 10% Sheriff's Department and 4% Juvenile Court)

BC2024-926

Department of Public Safety and Justice Services, recommending an award on Purchase Order No. 24004969 to The City of Bedford in the amount not-to-exceed \$32,366.57 to provide funding to support the Bedford Municipal Court Domestic Violence Victim's Advocate Program for the period 1/1/2025 – 12/31/2025.

Funding Source: General Fund

BC2024-927

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in a payment to AT&T Corporation for network connectivity services for the Next Generation 9-1-1 System in the amount not-to-exceed \$67,060.07 as payment for 9-1-1 circuit charges for out-of-contract circuits for the period 9/1/2024 – 12/8/2024.
- b) Recommending a payment on Purchase Order No. 24004985 to AT&T Corporation for network connectivity services for the Next Generation 9-1-1 System in the amount not-to-exceed \$67,060.07 as payment for 9-1-1 circuit charges for out-of-contract circuits for the period 9/1/2024 – 12/8/2024.
 - 1) for DS1 lines for CAMA T-1 circuits
 - 2) for ASE & Radio Circuits
 - 3) for IP Flex

Funding Source: 98% Wireless 9-1-1 Government Assistance Fund and 2% General Fund

BC2024-928

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 2796 with Mental Health Services for Homeless Persons, Inc. dba Frontline Services for Children Who Witness Violence Program for the period 12/1/2022 – 11/30/2024 to extend the time period to 11/30/2025; and for additional funds in the amount not-to-exceed \$477,565.00 in accordance with Addendum 1, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

BC2024-929

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 5005 (fka Contract No. 2281 and 1141) with AT&T Corporation for renewal of DS1 lines for CAMA T-1 circuits for network connectivity services for the Next Generation 9-1-1 System for the period 7/1/2019-6/30/2024 to extend the time period to 6/30/2025; and for additional funds in the amount not-to-exceed \$35,660.00.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2024-930

Department of Public Safety and Justice Services, recommending an award on RQ14709 and enter into Contract No. 4952 with SHI International Corp. (24-5) in the amount not-to-exceed \$84,694.49 for the dark web threat intelligence platform for Northeast Ohio Regional Fusion Center, effective upon signatures of all parties for a period of 1 year.

Funding Source: FY23 Urban Area Security Initiative Grant

BC2024-931

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to AT&T Corporation in the total amount not-to-exceed \$194,700.00 for renewal of the IP Flex and SIP circuits for network connectivity services for the Next Generation 9-1-1 System for the period 11/01/2024-10/31/2027.
- b) Recommending an award and enter into Contract No. 5027 with AT&T Corporation in the total amount not-to-exceed \$194,700.00 for renewal of the IP Flex and SIP circuits for network connectivity services for the Next Generation 9-1-1 System for the for the period 11/01/2024-10/31/2027.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2024-932

Department of Health and Human Services/Office of the Director, submitting an amendment to Contract No. 4222 (fka Contract No. 3795) with United Way of Greater Cleveland for community resource navigation and MedRefer services to residents of Cuyahoga County for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025, to expand the scope of services to include

proactive customer services as further described in Exhibit I-A, to include terms for a lump sum payment, to amend Exhibit II Budget to add Exhibit II-A representing the budget for the amendment term, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$327,333.00.

Funding Source: Health and Human Services Levy Fund

BC2024-933

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in a payment to Centers for Families and Children in the amount not-to-exceed \$452,282.04 for the Ohio Works First Program for reconciliation of invoices received between 9/1/2024 and 10/31/2024 for services rendered under Contract No. 3438 during the contract term of 1/1/2023 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 24004907 to Centers for Families and Children in the amount not-to-exceed \$452,282.04 for the Ohio Works First Program for reconciliation of invoices received between 9/1/2024 and 10/31/2024 for services rendered under Contract No. 3438 during the contract term of 1/1/2023 – 12/31/2024.

Funding Source: Temporary Assistance to Needy Families (TANF)

BC2024-934

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in a payment to Maximus Human Services, Inc. in the amount not-to-exceed \$489,520.30 for the Ohio Works First Program for reconciliation of invoices received between 8/1/2024 and 10/31/2024 for services rendered under Contract No. 3437 during the contract term of 1/1/2023 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 24004908 to Maximus Human Services, Inc. in the amount not-to-exceed \$489,520.30 for the Ohio Works First Program for reconciliation of invoices received between 8/1/2024 and 10/31/2024 for services rendered under Contract No. 3437 during the contract term of 1/1/2023 – 12/31/2024.

Funding Source: Temporary Assistance to Needy Families (TANF)

BC2024-935

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Memorandum of Understanding (via Contract No. 4895) with Cleveland-Cuyahoga County Workforce Development Board in the amount not-to-exceed of \$113,296.00 for Job Readiness and Training for Recipients of Temporary Assistance for Needy Families and Food Assistance Employment and Training services for the period 7/1/2024 – 6/30/2025.

Funding Source: Temporary Assistance for Needy Families (TANF)

BC2024-936

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a Master Contract with various providers for Coordinated Entry expansion services in connection with the Continuum of Care program for the period 11/1/2023-1/31/2025, to add (1) new provider, effective 2/1/2024, to add additional funds in the total amount not-to-exceed \$478,844.00, to add Section 4.5 to Article IV Indemnities and Liabilities, to amend 12.1 Notices section to add a designated recipient for CMHA, amend Exhibit I to add Exhibit I-A representing updates to the Scope of Work, and amend Exhibit II to add Exhibit II-A which represents the budget for the additional funds through this amendment.

- 1) Contract No. 3984 with Mental Health Services for Homeless Persons dba Frontline Service in the anticipated amount not-to-exceed \$198,464.00.
- 2) Contract No. 5022 (fka Contract No. 3985) with United Way of Greater Cleveland in the anticipated amount not-to-exceed \$215,380.00.

New provider:

- 1) Contract No. 4790 with Cuyahoga Metropolitan Housing Authority in the anticipated amount of \$65,000.00.

Funding Source: 98% US Department of Housing and Urban Development Coordinated Entry Grant and 2% Health and Human Services Levy Fund

BC2024-937

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Northeast Ohio Coalition for the Homeless in the amount not-to-exceed \$170,000.00 for Identification Crisis Collaborative services for the period 9/1/2024 – 8/31/2025.
- b) Recommending an award and enter into Contract No. 4975 with The Northeast Ohio Coalition for the Homeless in the amount not-to-exceed \$170,000.00 for Identification Crisis Collaborative services for the period 9/1/2024 – 8/31/2025.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-938

Department of Health and Human Services/Division of Children and Family Services, recommending an alternative procurement process, which will result in payments to various providers for Title IV-E Non-

Recurring Adoption Expenses for children with special needs pursuant to Ohio Administrative Code 5101:2-49-21 for the period 1/1/2025-1/1/2028.

Funding Source: 50% Health and Human Services Levy and 50% Title IV-E

D. – Consent Agenda

BC2024-939

Department of Public Works, submitting an amendment to Contract No. 4986 (fka Contract No. 1816) with MS Consultants, Inc. for general right-of-way services for various road and bridge projects for the period 11/1/2021 – 10/31/2024 to extend the time period to 10/31/2025; no additional funds required effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

BC2024-940

Department of Public Works, submitting an amendment to Contract No. 5014 (fka Contract No. 1821) with O.R. Colan Associates, LLC for general right-of-way services for various road and bridge projects for the period 11/1/2021 – 10/31/2024 to extend the time period to 10/31/2025; no additional funds required effective upon contract signature of all parties.

Funding Source: Road and Bridge Fund

BC2024-941

Department of Public Safety and Justice Services, submitting a Memorandum of Understanding with City of Pepper Pike to outline the terms under which the County will store a deployable Emergency Command/Rehab vehicle owned by the City of Pepper Pike at the County's garage located at 2501 Harvard Avenue, Newburgh Heights effective upon signatures of all parties until either party terminates the agreement.

Funding Source: Not applicable

BC2024-942

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 4026 with Circle Health Services dba The Centers for residential placement for up to 58 children and young adults for high quality childcare for children in custody in connection with the Child Wellness Campus project for the period 12/21/2023 – 6/20/2024 to extend the time period to 12/31/2024; effective upon signatures of all parties; no additional funds required.

Funding Source: Health and Human Services Levy Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Human Resources, recommending to terminate Contract No. 4927 with Clovers AI, Inc. for text analyzer software for biased language for the period 10/28/2024 – 10/27/2027, effective 11/20/2024.

Funding Source: General Fund

Item No. 2

Sheriff's Department, submitting a grant award from Ohio Department of Public Safety/Ohio State Highway Patrol/Ohio Traffic Safety Office in the amount of \$97,572.62 for various grant programs in connection with the FY2025 Ohio High Visibility Enforcement Program for the period 10/1/2024-9/30/2025.

a) Selective Traffic Safety Enforcement program (STEP) \$50,536.31

b) Impaired Driving Enforcement program (IDEOP) \$47,036.31

Funding Source: US Department of Transportation, National Highway and Traffic Safety Administration through the Ohio Traffic Safety Office.

Item No. 3

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting Addendum 1 to the grant agreement with The Cuyahoga County District Board of Health for toxicologic testing services in connection with Overdose Data to Action Grant for the period 9/1/2023 – 8/31/2024 to extend the time period to 8/31/2025, to amend the scope of work as described in Exhibit A-1; no additional funds required.

Funding Source: Cuyahoga County District Board of Health Grant

Item No. 4

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the State of Ohio Emergency Management Agency for the FY2021 State Homeland Security Grant Program for the period 9/1/2021 – 12/31/2024 to extend the time period to 3/31/2025; effective upon signature of all parties; no additional funds required.

Funding Source: State Homeland Security Grant Program

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 Master Contract – Contract Nos. 3946 and 3947	Various Providers	Emergency plumbing services on an as-needed basis to delete and replace insurance requirements, effective upon contract signature of all parties	\$-0-	Department of Public Works	12/18/2023 – 12/17/2024 to extend the time period to 12/18/2025	(Original) Sanitary Fund	12/3/2024 (Executive) 12/2/2024 (Law)

LPA Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0321	Reconstruction of the Lake Road – Clifton Boulevard Project in the Cities of Lakewood and Rocky River in connection with the Cuyahoga County Lakefront Access Plan – Council Districts 1 and 2	\$9,500,000.00	\$9,910,288.00	76% To be determined 12% City of Lakewood 7% City of Rocky River 5% Northeast Ohio Areawide Coordinating Agency (NOACA) – Transportation of Livable Communities Initiative Grant Fund	12/2/2024 (Executive)
R2024-0333	Resurfacing of Ridgebury Boulevard from Iroquois Avenue to Orchard Heights Drive (south side only) in the City of Mayfield Heights in connection with the 2025 – 2026 50/50 Resurfacing Program – Council District 6	\$1,223,400.00		\$250,000.00 – Road and Bridge Fund \$973,400.00 – City of Mayfield Heights	12/2/2024 (Executive)
R2024-0333	Resurfacing of Memphis Avenue from the Northern Corporation Line to the Southern Corporation Line in the Village of Linndale in connection with the 2025 – 2026 50/50 Resurfacing Program – Council District 3	\$150,000.00		\$75,000.00 – Road and Bridge Fund \$75,000.00 – Village of Linndale	12/2/2024 (Executive)

R2024-0334	Rehabilitation of Bunts Road from Lakewood Heights Boulevard to Clifton Road in City of Lakewood – Council District 2	\$17,600,000.00		\$5,886,193.00 – Federal Fund \$1,500,000.00 – Road and Bridge Fund \$10,213,807.00 – City of Lakewood	12/2/2024 (Executive)
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, December 2, 2024 at 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Katherine Gallagher, Chief of Operations & Community Innovation, County Executive’s Office
(Alternate for Chris Ronayne)
Michael Chambers, Fiscal Officer, Fiscal Office, serving as Chairperson
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 Dale Miller
Councilmember Meredith Turner

II. – REVIEW MINUTES – 11/25/2024

Michael Chambers motioned to approve the minutes from the November 25, 2024 meeting; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-876

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

Tom Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-876 was approved by unanimous vote.

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

Tom Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-877 was approved by unanimous vote.

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

Tom Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-878 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-879 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-880 was approved by unanimous vote.

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

Paul Porter, Department of Purchasing, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-881 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, and Jerad Zibritosky, Department of Law, presented. Dale Miller asked what updates were made to the insurance requirements; did the updates increase the contract costs; stated that increased insurance costs would manifest in increased contract costs. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-882 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-883 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-884 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-885 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-886 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-887 was approved by unanimous vote.

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

Paul Smock, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-888 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-889 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-890 was approved by unanimous vote.

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

Marie Andel, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-891 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-892 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-893 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-894 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-895 was approved by unanimous vote.

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

Sharon Allen, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-896 was approved by unanimous vote.

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.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-897 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-898 was approved by unanimous vote.

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 **for various departments:**

- 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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item, as amended; Trevor McAleer seconded. Item BC2024-899 was approved by unanimous vote, as amended.

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

Erin Rearden, Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-900 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-901 was approved by unanimous vote.

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 **2028**.

Funding Source: Health and Human Services Levy

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item, as amended; Trevor McAleer seconded. Item BC2024-902 was approved by unanimous vote, as amended.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-903 through -905; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

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 AAEE 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

Time Sensitive/Mission Critical

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 Place 4 Me Collaborative, effective upon contract signature of all parties	\$-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)

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)
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:38 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-906

Title	Public Works /Carahsoft Technology Corp / Purchase Order / Software Subscriptions for Road & Bridge and Sanitary Divisions of Public Works
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.
A	24001475	Carahsoft Technology Corp	NA	\$12,208.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Public Works is requesting approval of a purchase order, per the chart above, for the renewal of the StormCAD, SewerCAD, FlowMaster, and Microstation Select and Microstation Virtuoso, software subscriptions.</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) Software subscription renewals.</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 secure software subscriptions for the Road & Bridge and Sanitary Divisions of Public Works. These subscriptions provide the engineers and architects software tools that enables the analyzing of plans, waterflow, bridge construction and property lines related to County projects.</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: Carahsoft Technology Corporation 11493 Sunset Hills Road, Suite 100 Reston, VA 20190</p>	<p>Owner, executive director, other (specify): Craig Abod, President</p>

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ n/a _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Renewal of a software license subscription to be used by the County Road & Bridge Division and Sanitary Division.
The total value of the solicitation: \$12,208.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A 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	<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.	

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

Sanitary General Funds 24.46% of the cost @ \$2986.50 – PW715200 / 70000
Road & Bridge Funds 26.81% of the cost @ \$3273.50 - PW270100 / 52600
Real Estate Assessment Fund 48.73% of the cost @ \$5948.00 – FS305100 / 54300

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

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

PW715200 / 70000 - \$2986.50
PW270125 / 52600 - \$3273.50
FS305100 / 54300 – \$5948.00

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):	
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Date documents were requested from vendor:	
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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	24000246	Carahsoft Technology Corp	1.1.2024 – 12.31.2024	\$12,669.00	3.4.2024	BC2024-166
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BC2024-907

Title	Department of Public Works – Great Lakes Petroleum – Fuel – Purchase Order	
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.
	24004630	Great Lakes Petroleum	NA	\$13,564.13	Pending	Pending

Service/Item Description (include quantity if applicable). This purchase order is being requested to close out and cover invoices that were received at the end of the previous contract with Great Lakes Petroleum.

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 purchase order will cover any outstanding invoices from the original contract.
 This purchase order will close out the final invoices stemming from the previous fuel contract, with Great Lakes Petroleum.

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 Lakes Petroleum 4500 Renaissance Parkway Cleveland, OH 44128	Tom Arcoria / CEO
Vendor Council District:	Project Council District:

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund 100%
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Is funding for this included in the approved budget? Yes No (if “no” please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
PW755100 / 52650

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

Provide status of project.

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

Reason:

Timeline

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

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

If late, have services begun? No Yes (if yes, please explain) - Stems from a previously used/active contract

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

HISTORY (see instructions):

BC2024-908

Title	2024 DPW requesting approval of Amendment 3; CBRE; Real Estate Strategic Management Consulting Service Contract	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2538	CBRE	7/1/2022-12/31/2023	\$400,000	7/18/2022	BC2022-436
A-1	2538	CBRE	1/1/2024-12/31/2024	\$450,000	10/16/2023	BC2023-632

A-2	2538	CBRE	Eff Date- 12/31/2024	\$275,000	6/3/2024	BC2024-418
A-3	2538	CBRE	Eff Date- 12/31/2025	\$450,000	tbd	tbd

Service/Item Description (include quantity if applicable).
 Requesting additional funds to be added to the current CBRE contract in the amount of \$450,000 and a term extension through 12/31/2025.

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

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):
 CBRE is currently working on multiple real estate projects for Cuyahoga County. Additional funds are needed for real estate consulting services required to finalize agreements and purchases.

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):
CBRE Inc. 950 Main Avenue, Suite 200 Cleveland, Ohio 44113	Ryan Jeffers, Senior Vice President
Vendor Council District: 7	Project Council District: 7
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 checked="" type="checkbox"/> RFP 4499 <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: May 4, 2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$400,000	<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 (%): (20%) DBE (5%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input 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 type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

BC2024-909

Title	2024 DPW requesting approval of Amendment 1; Orchard, Hiltz, & McCliment, Inc. DBA OHM Advisors; RFQ# 8218; adding \$150,000 and extending the contract to December 31, 2026
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2530	OHM Advisors	8/10/22 – 12/31/24	\$1,448,950	8/8/22	R2022-0216
A-1	4353	OHM Advisors	12/31/26	\$150,000	pending	pending

<p>Service/Item Description (include quantity if applicable). This is an amendment to add \$150,000 in funds and extend the contract through December 31, 2026. These changes are along with a scope of services update to add Tasks 7 & 8 to the contract for design of bridge lighting, fencing, and minor surface repairs.</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 N/A Age of items being replaced: _____ How will the replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The main goal of this request is to approve the first amendment to the contract. Another goal is to allow the current project design consultant to continue working on the project they are already familiar with to handle newly added tasks that were not in the original scope and plans at the start of the project.</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):
OHM Advisors 6001 Euclid Avenue, Suite 130 Cleveland, OH 44103	Matt Hils (216) 865-1336
Vendor Council District:	Project Council District:
7	1 & 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>8218</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: January 11,2022	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) 79 / 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 (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
The selection was made based on qualifications.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
The selection was made based on qualifications.	<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.	

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% County Road & Bridge fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270205 - 73300
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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 above

BC2024-910

Title	Public Works; Approval of Agreement; RFQ 14481; ms Consultants, inc.; Miles Road Bridge 12.10 Replacement - Engineering Services; \$273,769
Department or Agency Name	The Department of Public Works
Requested Action	<input checked="" 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	CM 4693	Ms Consultants, Inc.	Effective date – all work complete	\$273,769	pending	pending

Service/Item Description (include quantity if applicable).

Public Works is requesting approval of the contract agreement resulting from RFQ 14481 – Miles Road Bridge 12.10 Replacement – Engineering Services

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

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

Project Goals, Outcomes or Purpose (list 3):

To secure an open ended (until project completion) contract for Miles Road Bridge 12.10 Engineering Services. The current General Appraisal Rating is 4P based on the most recent bridge inspection on 07/19/2023 by County personnel. Due to its condition, the County intends to completely replace the bridge using a full roadway closure. The consultant should assume that there will be a full roadway closure on Miles Road throughout the duration of the project. The determination of the final scope of the project will be based on the results of a “simplified” alternatives evaluation report/structure type study prepared by the consultant evaluating replacement alternatives and considering initial construction and lifecycle costs associated with the various alternatives. The intent of the study will be to arrive at an optimal design and document the decision-making process. In addition to structure types and costs, the study shall also consider constructability, environmental impacts, hydraulic effects of the river, utility conflicts, aesthetic enhancements, and negative impacts on adjacent properties. At the conclusion of the study, the consultant shall present a recommended alternative for the replacement of the existing Miles Road Bridge structure.

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: ms consultants, inc. 425 Literary Road, Suite 100, Cleveland, Ohio 44113	Owner, executive director, other (specify): Jonathan Hren Project Manager
Vendor Council District: 8	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# <u>14481</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$273,769	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 100/5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (19%) SBE (9%) MBE (2%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: The RFQ was scored based on qualifications and the contract price was set in advance.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A - The RFQ was scored based on qualifications and the contract price was set in advance.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Road & Bridge General Fund (PW270205 73300)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

BC2024-911

Title	Public Works - Honeywell International Inc. - Jail Fire Alarm Test/ Inspect/ Maintenance/ Critical Parts		
Department or Agency Name	Department of Public Works		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		Honeywell International Inc			Pending	Pending

Service/Item Description (include quantity if applicable).

Department of Public Works is requesting approval of a three (3) contract with Honeywell International Inc., in the amount of \$450,000.00 for fire alarm maintenance and related services.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goal of this project is to contract with a vendor that provides critical preventative maintenance, support, parts and maintenance to the Honeywell Fire Alarm system that's located at the County Jail.

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: Honeywell International Inc 950 Keynote Circle Brooklyn Heights, OH 44131	Owner, executive director, other (specify): Jody Waldner Field Rep
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. Honeywell provides equipment and services on their Honeywell system that's being used in the Jail, which is proprietary. *See Justification for additional information.
The total value of the solicitation: \$450,000.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / Exempt	<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 checked="" type="checkbox"/> No, please explain: Exemption	<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 checked="" type="checkbox"/> Other Procurement Method, please describe: Exemption

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. PW750100 - 55220
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: There were several hurdles to be navigated with the vendor dating back to May 2024. The County initiated the contract process with the vendor on 5/1/24. There were continued follow ups with the vendor, but it was not until 8/29 that the Public Works supervisor demanded a proposal by EOD on 9/3. The proposal was received by the County on 9/3 and has since been in back-and-forth negotiations on the contract as well as County and vendor legal teams.
Timeline
Project/Procurement Start Date (date your team started working on this item): 4/9/2024

Date documents were requested from vendor:	4/25/2024					
Date of insurance approval from risk manager:	11/20/2024					
Date Department of Law approved Contract:	11/20/2024					
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:						
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)						
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)						
HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE1900343	Honeywell International	9/23/2019 – 9/8/2022	\$298,700.00	9/23/2019	BC2019-702
A-1	CM959	“ “	9/23/2019 – 9/8/2024	\$338,456.03	10/31/2024	BC2022-637

BC2024-912

Title	Department of Public Works; Cleveland State University; Contract for Strategic Planning Support for Euclid and Brooklyn Microgrid Projects
Department or Agency Name	Department of Public Works/Division of Public Utilities
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5019	Cleveland State University	Effective Date – 9/30/2025	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
The Department of Public Works/Division of Public Utilities requests approval of a contract with Cleveland State University, through the Energy Policy Center, for strategic planning support related to the ongoing Euclid and Brooklyn microgrid projects. Activities to be performed are at the discretion of Cuyahoga Green Energy, but may include economic modeling, customer identification, economic impact and workforce analyses, regulatory research, etc.

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The goal of this contract with Cleveland State University is to advance the Euclid and Brooklyn microgrid projects to the point of viability and implementation.

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, UR 312 Cleveland, OH 44115	Andrew Thomas Executive in Residence, Energy Policy Center
Vendor Council District:	Project Council District:
7	3, 11
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. Cleveland State University's Energy Policy Center has unique legal and regulatory expertise in the field of microgrid and renewable energy development and has supported Cuyahoga County's utility efforts since 2019. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

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

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

HISTORY (see instructions):

BC2024-913

Title	Department of Development / Spartan Alumni Rowing Association / Contract 5010 / Zaclon River Landing Brownfield Project Grant	
Department or Agency Name	Department of Development	
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	5010	Spartan Alumni Rowing Association	12/2/2024 – 6/2/2027	\$131,537.22	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Development is seeking approval of a grant agreement with claw back provisions that will provide funds to support the completion of the project associated with the State of Ohio’s Brownfield Remediation Grant Program and Ohio EPA Clean Ohio Grant Program through which Spartan Alumni Rowing Association was awarded for the remediation of the Zaclon River Landing.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the grant with claw back provisions is to provide final gap funding in concert with the State of Ohio’s Remediation Grant of the project through the Ohio Department of Development and Ohio EPA. The outcome of this item will allow the project to fully secure the funding needed for the remediation of the Zaclon River Landing.

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

Vendor Name and address:	Owner, executive director, other (specify):
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Spartan Alumni Rowing Association 1003 British Street Cleveland, OH 44113	Aaron Marcovy, Project Coordinator
Vendor Council District: 7	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	2100 Independence Rd., Cleveland, OH 44115

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

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

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

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

General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services (GF due to ARPA) – 100%

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

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

FS100500/55130/FS-21-ARP-LFRF

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

Provide status of project.

Project is ready to commence remediation.

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

Reason: Direction for funding was changed from processing as a loan to processing as a grant, with claw-back provision. The change resulted in the of delay document creation and the need for a change of approval.

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/6/2024
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Date documents were requested from vendor:	10/1/2024
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Date of insurance approval from risk manager:	10/21/2024
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Date Department of Law approved Contract:	11/20/2024
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Item originally submitted as Non-ERP Item, was instructed that the item needed to be submitted through the contract management process instead.

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O – approval as a loan.	N/A	Spartan Alumni		\$131,537.22	12/6/2022	R2022-0405

		Rowing Association				
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BC2024-914

Title	Comprehensive real estate database access and respective license subscription					
Department or Agency Name	Fiscal Department					
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.
	24004963	CoStar Realty Information, Inc.	04/01/2024 – 03/31/2025	\$17,693.28	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Fiscal Department is requesting approval of a purchase order, per the chart above, to secure a purchase order for access to a comprehensive real estate database access and respective license subscription.

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):
 CoStar Realty Information, Inc. is the current and historical provider of this database subscription for the Appraisal Department and Board of Revisions. Access to this comprehensive database with real estate information is necessary in the valuation and appraisal of properties in the county. CoStar is a proven product with known quality.

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):
CoStar Realty Information Inc 600 W Superior Ave #1310 Cleveland, OH 44114	Charles Spryn Account Executive
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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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 vendor has not terminated services. This PO is to pay for services during the ongoing contract negotiations. *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: 01/19/2023
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Is funding for this included in the approved budget? 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.
FS305100

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: Turn over in company and vendor does not provide timely response and issues resolving contract language

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/29/2022
Date documents were requested from vendor:	11/29/2022
Date of insurance approval from risk manager:	Pending
Date Department of Law approved Contract:	11/25/2024

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) Vendor has not discontinued services

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO # 24002589	CoStar Realty Information, Inc.	04/01/2023 – 03/31/2024	\$16,931.40	07/01/2024	BC2024-491

BC2024-915

Title	Fiscal Department / Automated Business Equipment Corp. aka F&E Payment Pros / Contract / 3-year contract for remittance scanner licensing, maintenance, and support
Department or Agency Name	Fiscal Department

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5013	Automated Business Equipment Corp. aka F&E Payment Pros	10/01/2024 – 09/30/2027	\$62,850.00	Pending	Pending

Service/Item Description (include quantity if applicable).
This contract is to repurpose and refurbish the (3) existing Canon CR-190i check scanners. Additionally, Automated Business Equipment Corp. aka F&E Payment Pros will repurpose the (2) existing F&E scanning station licenses and provide (1) new F&E scanning station license. This contract also includes training, support, maintenance, and repair. The contract is from 10/01/2024 – 09/30/2027 and for a not to exceed amount of \$62,850.00.

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: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):
-Software Licensing
-Support Services
-Maintenance

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):
Automated Business Equipment Corp. aka F&E payment Pros 9279 Olde Eight Rd Northfield, OH 44067	Brad Lewis President
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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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 Initial winner of the formal bid could not provide services required by the County. We then did an informal bid, and the County could not come to terms with the winning vendor. Automated Business Equipment Corp. aka F&E Payment Pros was the bidder next in line on both bid opportunities. However, Automated Business Equipment Corp. aka F&E Payment Pros gave pushback on the insurance component of the contract. They then went through the County's Cyber Access Program (CAP). *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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	

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

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

100% Special Interest Fund

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

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

FS290100

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

Provide status of project.

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

Reason: The Initial winner of the formal bid could not provide services required by the County. We then did an informal bid, and the County could not come to terms with the winning vendor. Automated Business Equipment Corp. aka F&E Payment Pros was the bidder next in line on both bid opportunities. However, Automated Business Equipment Corp. aka F&E Payment Pros gave pushback on the insurance component of the contract. They then went through the County's Cyber Access Program (CAP)

Timeline

Project/Procurement Start Date (date your team started working on this item):	04/09/2024 Formal, 06/24/2024 Informal
Date documents were requested from vendor:	09/05/2024 for Automated Business Equipment Corp. aka F&E Payment Pros
Date of insurance approval from risk manager:	Conditional Approval 10/10/2024 Final Approval 11/12/2024
Date Department of Law approved Contract:	11/08/2024

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

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

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

HISTORY (see instructions):

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

O	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 – 09/30/2017	\$42,275.00	12/01/2014	CON2014-55
A-1	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 - 09/30/2018	\$5,450.00	12/11/2017	BC2017-935
A-2	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 - 09/30/2018	\$950.00	05/21/2018	BC2018-313
A-3	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 - 09/30/2019	\$9,335.00	10/15/2018	BC2018-696
A-4	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 - 09/30/2019	\$1,565.00	02/04/2019	BC2019-89
A-5	CE14003 19	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 – 09/30/2020	\$11,245.00	10/15/2019	BC2019-738
A-6	121	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 – 09/30/2021	\$14,495.00	02/01/2021	BC2021-45
A-7	121	F&E Check Protector Company of Ohio dba F&E	10/01/2014 - 09/30/2022	\$18,890.00	05/02/2022	BC2022-264

		Payment Pros				
A-8	121	F&E Check Protector Company of Ohio dba F&E Payment Pros	10/01/2014 – 09/30/2023	\$28,465.00	10/24/2022	BC2022-622
O	3709	Automated Business Equipment Corp. aka F&E Check Protector Company of Ohio dba F&E Payment Pros	09/26/2023 – 09/30/2024	\$40,260.00	09/25/2023	BC2023-583

BC2024-916

Title	Human Resources; RQ14687 (2024) P&A Administrative Services, Inc. Contract for Employee Flexible Spending Account Administration Services for the period 2025-2027 in the amount NTE \$210,000.00	
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	5016	P&A Administrative Services, Inc.	1/1/2025-12/31/2027	\$210,000.00		PENDING

Service/Item Description (include quantity if applicable).
Human Resources requesting approval of a contract with P&A Administrative Services, Inc. for Employee Flexible Spending Account Administration Services for the period 1/1/2025-12/31/2027 for the anticipated cost not-to-exceed \$210,000.00.

P&A will provide administration of County employees' Flexible Spending Accounts within compliance of IRS rules governing pre-tax plans. The current FSA plans include health care, dependent care, and commuter accounts. This is the result of an RFP process in which 10 submissions were reviewed. The contract service period is 1/1/2025-12/31/2027. The flexible spending accounts are funded by employees with the contractual expense covering the administration of the accounts and program. This includes processing claims, providing FSA debit cards, and ensuring compliance with all regulations for the plan.

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 maintain the benefit of flexible spending accounts for County employees, allowing them to use pre-tax funds for qualified expenses including medical, prescriptions, dependent care expenses, and commuter expenses such as parking or public transportation costs.

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):
P&A Administrative Services, Inc. 17 Court Street, Suite 500 Buffalo, New York 14202	Joseph Priselac, Jr. CEO
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14687 (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: \$210,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 23 / 10	<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 (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. P&A Administrative Services, Inc. was not ruled DEI complaint due to a lack of a good faith effort as they were unable to identify any certified partners for these services. The vendor is located out-of-state, and this agreement involves sensitive, protected	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<p>health information governed by HIPAA compliance, limiting potential subcontracting opportunities.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No</p>	
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: As an RFP, scoring included more than pricing. During the evaluation, it was determined that P&A offers the county the best value for the cost.</p>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
<p>How did pricing compare among bids received? Healthcare FSA fees ranged from \$2.00 PEPM (5 vendors) to \$3.65 PEPM. P&A Administrative Services was \$2.15. The average cost was \$2.33 PEPM.</p>	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% Self-Insurance Fund</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>HR765100</p>
<p>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):</p>

<p>Provide status of project. This agreement is set to begin 1/1/2025. As the incumbent, no additional implementation is needed beyond sending enrollment information to the vendor.</p>
<p>Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission</p>
<p>Reason:</p>

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	1862	P&A Administrative Services, Inc.	1/1/22-12/31/24	\$180,000.00	10/18/2021	BC2021-584

BC2024-917

Title	Increase the AWS Direct Connection from 1 GB to 5 GB for an additional 36 months
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	3990	Ohio State University dba OARnet	effective upon contract signature of all parties, for a period of 36 months.	\$10,800.00	7/31/2023	BC2023-479
1 st Amendment	3990	Ohio State University DBA OARnet	12/02/2024 – 11/30/2027	\$12,600.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to amend Contract No. 3390 with The Ohio State University dba OARnet, to increase the AWS Direct Connection from 1 GB to 5 GB for an additional 36 months in the amount of \$12,600.00.</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) 1st Amendment</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): AWS Direct Connect is a direct internet connection to AWS Services – this provides the County to conduct AWS Services through this connection without impacting the main internet connection.</p> <p>The goal is to provide direct connection to various AWS Services, such as Cloud Backup, without affecting or increasing our main Internet connection(s).</p> <p>This request is to increase the connection from 1 GB to 5 GB.</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):
The Ohio State University dba OARnet 1224 Kinnear Road Columbus, Ohio 43212	Kim Ferguson Business Relationship Manager
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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. This request is for a 1st amendment to an already approved and in-use contract. *See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input 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) GOVP Purchase Order <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100135
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): see chart above

BC2024-918

Title	Wiring Professional Services Located at the Justice Center
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/Council Approved	Approval No.
Original	4961	AT&T Corporation	11/11/2024 – 02/10/2025	\$25,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with AT&T Corporation, for a time period of three months for Wiring Professional Services Located at the Justice Center in the amount not-to-exceed \$25,000.00.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Cuyahoga County is preparing to migrate from plain old telephone service (POTS) to new technology. AT&T will provide professional support to perform a site audit to confirm what lines are currently still active and remove the cross connects for the non-active lines. This request is for AT&T's Professional Services division to work to meticulously remove the old unused telephone cross cables in the main Telephone Distribution room of the Justice Center. As part of this project, AT&T will be responsible to also tag each line and provide a spreadsheet of active lines present in this location. This is pre-work associated with the POTS / Centrex modernization project. AT&T will complete the following:</p>

- Confirm pair status (active or non-active).
- Document each pair status.
- Tag each pair with telephone number and date.
- Disconnect any cross connects for non-active lines and remove from 66 block.
- Capture all active telephone numbers in spreadsheet form.

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):
AT&T Corporation 6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer Strategic Account Lead Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is pre-work associated with the POTS / Centrex modernization project. AT&T is the vendor who holds the current POTS (plain old telephone system) contract. Under this new contract, AT&T will be able to identify and remove unused telephone cross cables which needs to be completed before modernization can take place. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval 10/29/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100180
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2024-919

Title	AMENDMENT FOR POSITIVE YOUTH DEVELOPMENT SERVICES GOLDEN CIPHERS
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.
Original (O)	4010	Golden Ciphers	7/1/2023- 6/30/2024	\$59,873.20	01/02/2024	BC2024-12
Amendment (A-1)	4010	Golden Ciphers	7/1/2023- 6/30/2026	\$109,746.40	pending	

Service/Item Description (include quantity if applicable).
 The vendor shall provide various positive youth development activities and entrepreneurial and employment training. This contract amendment is to extend the time period of the contract to June 30, 2026, increase the funds in the amount of \$109,746.40, and replace the insurance requirements.

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 vendor shall provide on-site programming for the various needs of youth referred and provide various positive youth development activities and entrepreneurial and employment training.

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: 4450 Cedar Ave. #3	Owner, executive director, other (specify): Pamela Hubbard- Executive Director
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Cleveland, Ohio 44103	
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
This is a contract amendment.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
This is a contract amendment.	<input type="checkbox"/> Other Procurement Method, please describe: _____

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% RECLAIM Grant 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.
JC330100

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

Provide status of project.

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to the notification of the RECLAIM Grant, 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:	6.10.24

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

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

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

HISTORY (see instructions): see chart above

BC2024-920

Title	CCJC 25-26 Community Diversion Program contract with the City of Pepper Pike
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/	Approval No.
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					Council's Journal Date	
O	4246	City of Pepper Pike	1/1/24-12/31/24	\$600.00	12/4/2023	BC2023-777
A-1	4246	City of Pepper Pike	1/1/25-12/31/26	\$1,800.00	Pending	pending

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

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

Project Goals, Outcomes or Purpose (list 3):

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

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

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

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

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

Vendor Name and address: City of Pepper Pike	Owner, executive director, other (specify): Ptl. Todd Bennett (Programmatic Contact)
28000 Shaker Boulevard Pepper Pike, Ohio 44124	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Pepper Pike

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:	11/18/2024
Date Department of Law approved Contract:	09/19/2024
Date item was entered and released in Infor:	11/18/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-921

Title	Civil Treatment Workplace Training
Department or Agency Name	Sheriff's
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	24004612	Cuyahoga County Convention	1 time payment 2024	11,225.00	Current item	

Service/Item Description (include quantity if applicable).
 Sheriff's department requesting approval of a one-time payment to Huntington Convention Center/Cuyahoga County Convention Center for audio visual rigging IT services and safety & security in the amount of \$11,225.00

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: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):
 Pay invoice for services received.

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):
1 St. Clair Ave NE Cleveland, OH 44114	Monai Stone, Accounting 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. Services already received. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

SH100140 53000

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

Provide status of project.
Services already received and invoiced.

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

Reason:
Services already received and invoiced

Timeline

Project/Procurement Start Date (date your team started working on this item):	10/25/24
Date documents were requested from vendor:	10/25/24
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A

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

If late, have services begun? No Yes (if yes, please explain) Services received 9/4/2024 -10/11/2024

Have payments been made? No Yes (if yes, please explain) Approved PO needed.

HISTORY (see instructions): N/A

BC2024-922

Title	LiveScan & Fingerprint Scanning Equipment
Department or Agency Name	SHERIFF'S DEPARTMENT
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	4967	THALES	3 YEARS	335,000.00	CURRENT ITEM	
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Service/Item Description (include quantity if applicable).
LiveScan and fingerprint scanning equipment for the Sheriff's Department.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)
LiveScan and fingerprint scanning equipment.

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):
Replace the operating but outdated LiveScan software, LiveScan booking stations (5), RapidID fingerprint scanners (10), and duplex laser printers(2), capable of printing standard BCI / FBI 8" x 8" fingerprint and disposition cards and to add one (1) LiveScan remote booking station.

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):
THALES DIS, USA, INC. 9442 CAPITAL OF TEXAS HWY, PLAZA II, SUITE 400 AUSTIN, TX 78759	Miguel R. Alfau Alemán Solution Sales Manager North America
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14078</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 5/6/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 335,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 6 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (8%) SBE (6%) MBE (6%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. No DIV forms submitted.	<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 checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
Completed as an RFP.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
Completed as an RFP.	<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: 6/25/24
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Separate operating system.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100140 70000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/29/24
Date documents were requested from vendor:	7/15/24
Date of insurance approval from risk manager:	1/29/24
Date Department of Law approved Contract:	10/16/24

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

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

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

HISTORY (see instructions): N/A

BC2024-923

Title	MEDICAL SERVICES CONTRACT MONITOR
Department or Agency Name	SHERIFF'S
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	5000	DONALD KERN	EFFECTIVE UPON SIGNATURE – 12 MONTHS	\$90,000.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
 Sheriff's department requesting approval on contract with Donald Kern for Medical Services Contract Monitoring for 12 months NTE \$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: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3): Have a monitor for the Medical Services contract and the ability to make payments for services.

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

Vendor Name and address:	Owner, executive director, other (specify):
Donald Kern 2974 Rhodes Cir S Birmingham, AL 35205	Donald Kern, Owner

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

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

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

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: N/A
Timeline
Project/Procurement Start Date (date your team started working on this item): 10/29/24
Date documents were requested from vendor: 10/31/24
Date of insurance approval from risk manager: 10/29/24
Date Department of Law approved Contract: 10/29/24
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 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): N/A

BC2024-924

Title	Medical Examiner's Office requests approval of Purchase Order 24004997-SOLC for Gentech Scientific LLC for a one-time On-Site Preventative Maintenance (PM) Service Visit for the Thermo TSQ Vantage LC/MS with Dionex UltiMate 3000 HPLC Front End, Includes PM Parts & Labor in the amount not to exceed \$14,680.00.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004997 -SOLC	Gentech Scientific LLC		\$14,680.00	Pending	Pending

Service/Item Description (include quantity if applicable). On-Site Preventative Maintenance (PM) Service Visit for the Thermo TSQ Vantage is an LC-MS/MS system that stands for liquid chromatography-tandem mass spectrometry, it is a technique that combines liquid chromatography with mass spectrometry.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Instruments undergo in-depth preventative maintenance procedures that include extensive cleaning, detector maintenance, line and pump flushing. Routine maintenance is also addressed and filters, liners, tubing, etc. are all replaced as needed. A full calibration and data verification is performed ensuring our refurbished laboratory instruments are in excellent working condition.

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):
GenTech Scientific LLC 23 Mill Street Arcade, NY 14009	Alexis Kozak Senior Sales Associate
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# 0015393 _____ (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 checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (0).

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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 % ME285110 55130 ME-23-COVERDELL Grant
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Grant Funded
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME285110 55130 ME-23-COVERDELL
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	23000424-TSMC	GenTech Scientific LLC		\$17,100.00	2/13/2023	BC2023-92

BC2024-925

Title	The Medical Examiner’s Office plans to amend Contract No. 1884 with Advantra Group Inc. DBA Advantra Waste Solutions Inc., to extend time period for additional 3 years 1/1/2025 thru 12/31/2027 for biomedical waste removal service for various county buildings in the amount not to exceed \$216,452.00.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM#1884	Advantra Group Inc. DBA Advantra Waste Solutions Inc.	1/1/2022 – 12/31/2024	\$243,846.00	11/15/2021	BC2021-661
A-#1	CM#1884	Advantra Group Inc. DBA Advantra Waste Solutions Inc.	1/1/2025 – 12/31/2027	\$216,452.00	Pending	Pending

Service/Item Description (include quantity if applicable). Biomedical Waste Removal Services at various County Buildings/Agencies.
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): Biomedical Waste Removal Services at various County Buildings/Agencies.

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):
Advantra Group Inc. DBA Advantra Waste Solutions Inc. PO Box 467021 Atlanta GA 31146	Jamie Reid President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a request to extend the current contract for an additional 3 years for biohazardous waste removal services at various county buildings. *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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Initial contract was awarded on RFP #7356 for Biomedical Waste Removal Services
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Medical Examiner 42% ME100100; Common Pleas Court 30% CP285130; Sheriff's Dept. 10% SH100150; Juvenile Court 4% JC100115; Public Works 14% PW280100 & PW750100
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. 55130 Medical Examiner 42% ME100100; Common Pleas Court 30% CP285130; Sheriff's Dept. 10% SH100150; Juvenile Court 4% JC100115; Public Works 14% PW280100 & PW750100
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

BC2024-926

Title	RFP Exemption – City of Bedford – Domestic Violence Victim’s Program
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004969	City of Bedford	One-time \$	\$32,366.57	Pending	Pending

Service/Item Description (include quantity if applicable).

The City of Bedford recently lost a long-time source of grant funding for their Domestic Violence Victim Advocate Program. They are requesting one-time funding to allow them to continue to deliver service while they transition to other sources of funding. Bedford’s program works closely with the County Witness Victim Services and is considered an important partner as the Bedford Court Domestic Violence Victim Advocate Program supports victims of intimate partner violence in 14 communities. Bedford’s program has been in-place with the Bedford Court since 2000.

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

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

Project Goals, Outcomes or Purpose (list 3):

- 1) Provide 95% or greater of domestic violence, sexual assault and other intimate partner violence victims with a pending case at Bedford Municipal Court, with both direct and indirect services and resources to address barriers faced within the criminal justice system
- 2) Provide 95% or greater of these victims with a specialized and adaptable safety plan that equips them with more strategies for enhancing their safety and success in their life.

3) Reduce the current percentage of 20% of young adult victims in the Bedford Municipal Court by targeting victims between the ages of 18 and 24 to be leaders and reduce trauma and violence in their own lives to then cause a rippling effect on the next generation.

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):
City of Bedford, 165 Center Rd., Bedford OH 44146	Michael S. Mallis, City Manager
Vendor Council District:	Project Council District:
9	6 & 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	Bedford, Bedford Heights, Bentleyville, Chagrin Falls, Chagrin Falls Twp., Glenwillow, Highland Hills, Moreland Hills, North Randall, Oakwood, Orange, Solon, Warrensville Heights, Woodmere

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:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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. General Fund 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. PJ100105
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. This funding will allow for the continuation of an on-going service to victims of domestic violence.
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):

BC2024-927

Title	RFP Exemption – AT&T – Out of Contract 911 Circuits
Department or Agency Name	Public Safety & Justice Services

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004985	AT&T Corporation		\$67,060.07	Pending	Pending

Service/Item Description (include quantity if applicable). Pay monthly 9-1-1 circuit charges for out-of-contract circuits
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) Provide circuits that connect PSAPs (Public Answering Points) to the network (the Motorola VESTA system) 2) Provide radio tower and redundant circuits 3) Provide DS1 and IP Flex circuits

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):
AT&T 208 S Akard St. Dallas, TX 75202	John Stankey CEO
Vendor Council District:	Project Council District:
N/A	All
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?	24004953
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Wireless Fund 98%; General Fund 2%
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. PJ280105 & PJ100115
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. AT&T has continued to provide access to the circuits while they have been out-of-contract.
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: PSJS did not receive the initial documentation until August 14, 2024, after requesting documentation in December of 2023.
Timeline

Project/Procurement Start Date (date your team started working on this item):	12/14/2023
Date documents were requested from vendor:	12/14/2023
Date of insurance approval from risk manager:	10/25/2024
Date Department of Law approved Contract:	ASE: 09/25/24; DS1: 11/05/2024; IP Flex: 11/18/24
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 checked="" type="checkbox"/> Yes (if yes, please explain) These are continuing utility services	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
ASE & Radio Circuits						
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	CE1900476	AT&T	7/31/2019-7/30/2024	\$924,259.95	01/28/20	R2020-0017
A-1	687	AT&T	7/31/2019-7/30/2024	\$38,952.00	04/06/2021	BC2021-160
A-2	687	AT&T	7/31/2019-7/30/2024	\$116,160.00	04/25/2022	BC2022-253

DS1 Circuits						
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	1141	AT&T	7/1/2019-6/30/2024	\$178,272.00	Approved 7/1/2019 - as purchase order. Approved 3/15/2021 as contract.	BC2019-497/ BC2021-115
A-1	2281	AT&T	7/1/2019-6/30/2024	\$17,826.00	4/26/2022	BC2022-253
A-2	2281	AT&T	7/1/2019-6/30/2024	\$44,030.00	4/24/2023	BC2023-255

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

Amendments (A-#)						
O	688	AT&T	11/1/2019-10/31/2024	\$251,696.68	12/16/2019	BC2019-927
A-1	688	AT&T	11/1/2019-10/31/2024	\$28,764.00	4/26/2022	BC2022-253
A-2	688	AT&T	11/1/2019-10/31/2024	\$72,083.26	4/24/2023	BC2023-255

BC2024-928

Title	RQ#10389; 2024; Mental Health Services for Homeless Persons, Inc. d/b/a FrontLine Service; Children Who Witness Violence Program Operator Service Contract Amendment 1
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	2796	Mental Health Services for Homeless Persons, inc DBA Frontline Services	12/1/2022 – 11/30/2024	\$868,300.00	11/22/22	R2022-0413
A	2796	Mental Health Services for Homeless Persons, inc DBA Frontline Services	12/01/2022 – 11/30/2025	\$477,565.00	TBD	TBD

Service/Item Description (include quantity if applicable).
Department of Public Safety and Justice Services is requesting to amend the contract with Mental Health Services for Homeless Persons, Inc. d/b/a FrontLine Service as the program operator to provide services for the 2022-2024 Children Who Witness Violence Program. We are amending the contract to extend time to November 30, 2025, and to increase the total not to exceed amount by \$477,565.00 to provide one year of additional funding for the Children Who Witness Violence Program Operator contract.

Research has shown children who witness ongoing abuse are more likely than their peers to perpetrate violence as adults or become victims themselves. Furthermore, research has shown that when compared to children not exposed to violence, child witnesses are more likely to have more health issues or experience anxiety and depression or other behavioral or emotional health issues. By providing guidance and assistance to families experiencing a violent incident or crisis, the Witness Victim Service Center aims to end the tragic generational cycle of violence and reduce the potential negative impact on children and communities. Providing an extension to the current contract will avoid an interruption in these crucial services.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide services to children who witness violence.
- Provide 24/7 Hotline Services through referrals from law enforcement and social services agencies.

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):
FrontLine Service 1744 Payne Ave. Cleveland, OH 44114	The Director of Development for the contractor is Corrie Taylor
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. N/A – This is an Amendment *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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) CM 2796
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is funded 100% by the Health and Human Services 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. PJ325100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): see chart above

BC2024-929

Title	2024 Renewal of AT&T DS1 Circuits	
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	1141	AT&T	7/1/2019-6/30/2024	\$178,272.00	Approved 7/1/2019 - as purchase order. Approved 3/15/2021 as contract.	BC2019-497/ BC2021-115
A-1	2281	AT&T	7/1/2019-6/30/2024	\$17,826.00	4/26/2022	BC2022-253
A-2	2281	AT&T	7/1/2019-6/30/2024	\$44,030.00	4/24/2023	BC2023-255
A-3	5005	AT&T	7/1/2024-6/30/2025	\$35,660	Pending	Pending

Service/Item Description (include quantity if applicable).
 AT&T provides network connectivity for Cuyahoga County's 911 System. This amendment will extend the DS1 circuits that transmit for the Cleveland and Columbus headends/data centers where all the CAMA circuits ride into the 911 system.

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):
 a) Renew the DS1 circuits.

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):
AT&T 208 S Akard ST. Dallas TX 75202	John Stankey CEO
Vendor Council District:	Project Council District:
N/A	All.
If applicable provide the full address or list the municipality(ies) impacted by the project.	All.

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) Public Utility (911 System) – O.R.C 128.03 (F) <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: 11/26/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

--

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Wireless Fund (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. Wireless: PJ280105
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. In progress.
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: PSJS did not receive the initial documentation until August 14, 2024, after requesting documentation in December of 2023.
Timeline
Project/Procurement Start Date (date your team started working on this item): 12/14/2023
Date documents were requested from vendor: 12/14/2023
Date of insurance approval from risk manager: 10/25/2024
Date Department of Law approved Contract: 11/05/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) 12/14/2023 - PSJS requested renewal documents from AT&T during monthly call. 01/25/2024 - PSJS repeated request renewal documents from AT&T during monthly call. 02/23/2024 - PSJS repeated request for renewal documents from AT&T during monthly call. 03/28/2024 - PSJS repeated request for renewal documents from AT&T during monthly call. 04/23/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 05/02/2024 - PSJS sent f/u email to A&T requesting clarification on AT&T’s response to renewal request. 05/14/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 05/28/2024 - PSJS repeated request for renewal documents during monthly call. 06/04/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 06/07/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 06/17/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 07/18/2024 - PSJS repeated request for renewal documents from AT&T during monthly call. 07/22/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents. 08/12/2024 - PSJS sent f/u email to AT&T requesting status of contract renewal documents. 08/14/2024 - AT&T submits initial renewal documents allowing PSJS to begin the contract process. 08/20/2024 - PSJS submits documents to Law Department.

08/23/2024 - PSJS receives redlines from Law department.
 08/26/2024 - PSJS and Law meet regarding redlines.
 08/29/2024 - PSJS, Law, and AT&T meet to discuss redlines.
 09/03/2024 - AT&T responds to Law's redlines.
 09/04/2024 - Law responds to AT&T's redlines.
 09/10/2024 - Law sent f/u email to AT&T requesting updated contract renewal documents.
 09/11/2024 - 10/06/2024 - No response from vendor.
 10/07/2024 - Law sent f/u email to AT&T requesting updated contract renewal documents.
 10/08/2024 - 10/20/2024 - No response from vendor.
 10/21/2024 - PSJS receives updated contract renewal documents.
 10/23/2024 - PSJS submits documents to Law.
 10/30/2024 - PSJS submits new pricing to the vendor.
 11/01/2024 - Vendor sent updated contract renewal documents with new pricing.
 11/02/2024 - PSJS submits updated contract renewal documents to Law.
 11/05/2024 - Law approves the updated contract renewal documents.
 11/05/2024 - PSJS f/u with vendor regarding contract renewal document signature.
 11/12/2024 - PSJS sent f/u for signed contract renewal documents.
 11/18/2024 - PSJS receives signed contract renewal documents.
 11/19/2024 - PSJS working on final documentation.
 11/20/2024 - PSJS working on final documentation.

HISTORY (see instructions): see chart above

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1141	AT&T	7/1/2019-6/30/2024	\$178,272.00	Approved 7/1/2019 - as purchase order. Approved 3/15/2021 as contract.	BC2019-497/ BC2021-115
A-1	2281	AT&T	7/1/2019-6/30/2024	\$17,826.00	4/26/2022	BC2022-253
A-2	2281	AT&T	7/1/2019-6/30/2024	\$44,030.00	4/24/2023	BC2023-255

BC2024-930

Title	PSJS; SHI International Corp; Contract for One Year for Dark Web Threat Intelligence Platform for the Northeast Ohio Regional 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	4952	SH International Corp.	One Year upon Execution	\$84,694.49		

Service/Item Description (include quantity if applicable).

Requesting approval of a contract with SHI International Corp. (SHI) in the amount of \$84,694.49 for the period of one year.

The threat intelligence platform will help Fusion Center intelligence analysts identify cyber related threats and criminal activity. The platform will allow analysts to research online activity over the deep and dark web. The solution will update in near real time based on emerging threats and the ever-changing landscape of cyber related vulnerabilities and malicious actors. There will also be an analyst provided by SHI to assist with monitoring and reporting.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide a software platform to the NEOFRC to identify cyber threats on the dark web.
- Provide relevant, real-time warnings and identify data exposure and threats to key assets within the NEOFRC area of responsibility (AOR) which covers Ohio Homeland Security Region 2.
- Provide the NEOFRC with monthly cyber threat assessment reports and quarterly briefings on potential threats to its area of responsibility.

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Ave.	Dan Calabrese Senior Proposal Specialist

Somerset, NJ	
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT X	NON-COMPETITIVE PROCUREMENT
RQ# 14709 (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: 8/8/24	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$84,694.49	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 12 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Grant funded If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Lowest compliant	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? \$35,000.00-\$990,190.00	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 10/24/24
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.
 Urban Area Security Initiative (UASI) Grant FY23 – 100%

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 PJ280125 55130 PJ-23-UASI

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

Provide status of project. On time

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2024-931

Title	Renewal of AT&T IPFlex Circuits
Department or Agency Name	Public Safety and Justice 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	5027	AT&T	11/01/2024-10/31/2027	\$194,700	Pending	Pending

<p>Service/Item Description (include quantity if applicable). AT&T provides network connectivity for Cuyahoga County's 911 System. This agreement will renew the IPFlex Circuits that allows County PSAPs (Public Safety Answering Points) to port their 10-digit lines Admin lines onto the 911 system.</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): a) Renew the IPFlex circuits.</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):
AT&T 208 S Akard ST. Dallas TX 75202	John Stankey CEO
Vendor Council District:	Project Council District:
N/A	All.
If applicable provide the full address or list the municipality(ies) impacted by the project.	All.

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. *See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) _____ / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () 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?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

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 checked="" type="checkbox"/> Other Procurement Method, please describe: Public Utility (911 System) – O.R.C 128.03 (F)

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. Wireless Fund (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. Wireless: PJ280105
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. In progress.	
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: PSJS did not receive the initial documentation until August 14, 2024, after requesting documentation in December of 2023.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/14/2023
Date documents were requested from vendor:	12/14/2023
Date of insurance approval from risk manager:	10/25/2024
Date Department of Law approved Contract:	11/18/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) 12/14/2023 - PSJS requested renewal documents from AT&T during monthly call. 01/25/2024 - PSJS repeated request renewal documents from AT&T during monthly call. 02/23/2024 - PSJS repeated request for renewal documents from AT&T during monthly call. 03/28/2024 - PSJS repeated request for renewal documents from AT&T during monthly call. 04/23/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.	

05/02/2024 - PSJS sent f/u email to A&T requesting clarification on AT&T's response to renewal request.
 05/14/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.
 05/28/2024 - PSJS repeated request for renewal documents during monthly call.
 06/04/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.
 06/07/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.
 06/17/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.
 07/18/2024 - PSJS repeated request for renewal documents from AT&T during monthly call.
 07/22/2024 - PSJS sent f/u email to AT&T requesting contract renewal documents.
 08/12/2024 - PSJS sent f/u email to AT&T requesting status of contract renewal documents.
 08/14/2024 - AT&T submits initial renewal documents allowing PSJS to begin the contract process.
 08/20/2024 - PSJS submits documents to Law Department.
 08/23/2024 - PSJS receives redlines from Law department.
 08/26/2024 - PSJS and Law meet regarding redlines.
 08/29/2024 - PSJS, Law, and AT&T meet to discuss redlines.
 09/03/2024 - AT&T responds to Law's redlines.
 09/04/2024 - Law responds to AT&T's redlines.
 09/10/2024 - Law sent f/u email to AT&T requesting updated contract renewal documents.
 09/11/2024 - 10/06/2024 - No response from vendor.
 10/07/2024 - Law sent f/u email to AT&T requesting updated contract renewal documents.
 10/08/2024 - 11/11/2024 - No response from vendor.
 11/12/2024 - PSJS sent f/u requesting updated renewal documents.
 11/13/2024 - AT&T sent updated contract renewal documents.
 11/18/2024 - Law approves the updated contract renewal documents.
 11/21/2024 - PSJS receives signed contract renewal documents.

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	688	AT&T	11/1/2019-10/31/2024	\$251,696.68	12/16/2019	BC2019-927
A-1	688	AT&T	11/1/2019-10/31/2024	\$28,764.00	4/26/2022	BC2022-253
A-2	688	AT&T	11/1/2019-10/31/2024	\$72,083.26	4/24/2023	BC2023-255

BC2024-932

Title	United Way -211 MedRefer Services Program
Department or Agency Name	Health and Human Services - Health Policy

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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3795	United Way of Greater Cleveland	1/1/2024- 12/31/2024	\$277,333.00	10/30/2023	BC2023-680
A1	4222 (Copy of 3795)	United Way of Greater Cleveland	Effective upon signature – 12/31/2025	\$327,333.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Health and Human Services is requesting approval of a contract amendment with United Way of Greater Cleveland for the support of 211 MedRefer Services in the amount of \$327,333.00 – effective upon signature to 12/31/2025.</p> <p>United Way 211 will provide community resource navigation and MedRefer services to residents of Cuyahoga County. Navigation services are designed to help the public find, understand, and access community resources in their time of need. The service is offered to all residents of Cuyahoga County by dialing “2-1-1” 24 hours a day, every day of the year, or by engaging via chat at 211 oh.org. Professional, trained Community Resource Navigation Specialists ("Specialists") with experience handling a wide array of populations, assess social service needs, review eligibility for programs, provide information and referrals, and offer crisis de-escalation and advocacy as needed. Additionally, the Provider will maintain a specialized service, MedRefer, for the purpose of connecting 2-1-1 callers to free and low-cost medication.</p> <p>Additionally, another scope has been added. Cuyahoga County’s Department of Health and Human Services (DHHS) and the Emergency Management Agency (EMA) are proposing an expansion of the existing 211 services, managed by United Way of Greater Cleveland. The 211 service currently provides residents with access to 24/7 social services and emergency resources through a free phone-based system. However, this proposal seeks to transform the traditional reactive model—where residents reach out when they need help—into a proactive customer service approach that will identify and engage residents before they call. This partnership envisions utilizing "Nudge" techniques to reach out to residents in need, particularly in times of disaster or when new resources become available. The key goal of this proposal is to leverage 211’s existing technology and DHHS resources to create a framework for proactively reaching out to residents in times of need.</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>

Project Goals, Outcomes or Purpose (list 3):

- To provide 24-7 access to health and human services information and referral for Cuyahoga County residents.
- To provide referral services for low income, uninsured or underinsured Cuyahoga County residents seeking prescription drug assistance that is free or low cost.
- Shifting from reactive to proactive: Instead of waiting for residents to call 211, DHHS and EMA want to use 211's data and network to anticipate needs. This means contacting residents when they may be impacted by an event such as a natural disaster or during a community-wide issue, such as a food or housing crisis.
- Nudge techniques: These would be used to engage residents and provide timely information about available resources without waiting for them to request help. For example, residents could receive texts about available rental assistance or disaster relief resources that are short, behavioral economically informed texts that spur a specific action from residents in response.

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: United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Franco Formichelli, Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___N/A_____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP Exemption (Originally CM3795)
	<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. N/A	If item is not on IT Standard List state date of TAC approval: N/A
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
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. Accounting Unit: HS260100; Account Number: 55130; Account Activity: UCH09999 Amount: \$327,333.00
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. Recurring service or purchase/ Effective upon signature	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: N/A	
Timeline N/A	
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

BC2024-933

Title	Purchase Order for Work Experience Program for Recipients of Ohio Works First (OWF)
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004907	Centers for Families and Children	9/1/2024-10/31/2024	\$452,282.04	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of a purchase order for the remaining balance of the September and October 2024 invoice payment with The Centers for Families and Children (CM3438).</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> <ul style="list-style-type: none"> • Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions. • Ensure meaningful client participation in required work and work-related activities. • Leverage the resources of the workforce development system in Cuyahoga County • Utilize professional assessment and planning to determine client and family needs and connect.

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

The Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44103	Eric Morse, CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __10161____ (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: August 18, 2022	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$3,750,000.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Purchase Order 24004907

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% Temporary Assistance for Needy Families

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.
 HS260195/ 55130/ UCH08300/\$452,282.04

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

Provide status of project. Recurring service or purchase

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

Timeline N/A

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

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

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

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

HISTORY (see instructions):

BC2024-934

Title	Purchase Order for Work Experience Program for Recipients of Ohio Works First (OWF)
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004908	MAXIMUS Human Services, Inc.	8/1/2024-10/31/2024	\$489,520.30	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First is requesting approval of a purchase order for the remaining balance of the August, September and October 2024 invoice payment with MAXIMUS Human Services, Inc (CM3437).</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> <ul style="list-style-type: none"> • Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions • Ensure meaningful client participation in required work and work-related activities • Leverage the resources of the workforce development system in Cuyahoga County 	

<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):
MAXIMUS Human Services, Inc. 1600 Tysons Blvd Ste 1400 McLean VA 22102-4893	Lisa Simmons, Vice President
Vendor Council District:	Project Council District:
Out of State Vendor	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# <u>10161</u> (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: \$2,823,646.75</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
<p>Number of Solicitations (sent/received)</p> <p>Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Purchase Order 24004908

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% Temporary Assistance for Needy Families
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. HS260195; 55130; UCH08300; \$489,520.30
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. Recurring service or purchase	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: N/A	
Timeline N/A	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions):

BC2024-935

Title	2024-2025 Cuyahoga County Job and Family Services. Cleveland- Cuyahoga Workforce Development Board
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Memorandum of Understanding

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4895	CC Workforce Development Board	7/1/2024-6/30/2025	\$113,296.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Cleveland-Cuyahoga County Workforce Development Board shall ensure user-friendly access to a broad array of quality workforce services, provide access to the Comprehensive Case Management and Employment and other youth services, process approved Individual Training Accounts for OWF cash and/or SNAP E&T clients , assist with On the Job training opportunities for OWF cash recipients.

Cuyahoga Job and Family Services is requesting approval of a Memorandum of Understanding with the Cleveland-Cuyahoga Workforce Development Board (CCWDB) in the amount of \$113,296.00 for the period of 7/1/2024-6/30/2025.

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

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):

- Ensure user-friendly access to a broad array of quality workforce services are provided to residents seeking employment and/or training

- Process approved individual Training Accounts for OWF cash and/or SNAP E&T recipients seeking skill training
- Provide access to the Comprehensive Case Management and Employment Program (CCMEP) and other youth services for eligible OWF/SNAP E&T participants.

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-Cuyahoga County Workforce Development Board 1910 Carnegie Ave, Cleveland, OH 44115	Laura Chalker, Chief Operating Officer
Vendor Council District: 8	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is funded 100% by Federal Temporary Assistance for Needy Families (TANF) dollars.
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. HS260195 UCH08300 55130
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. Pending due to MOU not being approved	
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: Ohio Means Job switched over to a non-profit status as of 7/1/2024. This changed the way we had to do business with this for the Workforce Development Board. Had to get the MOU drafted and it had to go back to CCWBD to get approval. The Workforce Development Board had a hard time getting coverage for the COI.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/9/2024
Date documents were requested from vendor:	9/19/2024, 10/4/2024, 10/29/2024
Date of insurance approval from risk manager:	8/16/2024
Date Department of Law approved Contract:	11/21/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

Amendments (A-#)						
Original	1158	Department of Workforce Development :OhioMeans Job	7/1/2019-06/30/2020	\$421,580.55	5/20/2019	BC2019-381
A-1	1158	Department of Workforce Development :OhioMeans Job	7/1/2020-6/30/2021	\$255,725.68	6/1/2020	BC2020-311
A-2	1158	Department of Workforce Development :OhioMeans Job	7/1/2021-06/30/2022	\$325,307.44	6/21/2021	BC2021-314
A-3	1158	Department of Workforce Development :OhioMeans Job	7/1/2022-6/30/2023	\$340,006.83	11/07/2022	BC2022-675
A-4	3404 (Copy of 1158)	Department of Workforce Development :OhioMeans Job	7/1/2023-6/30/2024	\$303,469.52	6/5/2023	BC2023-366

BC2024-936

Title	OHS; Various Providers; 2024-2025 Amendment 1 for Coordinated Entry Expansion
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		Various (see below)	11/1/23 – 1/31/25	\$469,229	2/5/24	BC2024-91
	3984	Mental Health Services for Homeless Persons, Inc. DBA FrontLine Service		\$245,250		

	3985	United Way of Greater Cleveland		\$223,979		
A-1		Various (see below)	2/1/24 – 1/31/25	\$478,844	Pending	Pending
	3984	Mental Health Services for Homeless Persons, Inc. DBA FrontLine Service		\$198,464		
	5022 (copy of 3985)	United Way of Greater Cleveland		\$215,380		
	4790	Cuyahoga Metropolitan Housing Authority		\$65,000		

Service/Item Description (include quantity if applicable).

The Office of Homeless Services was awarded a Coordinated Entry expansion grant to further develop CE to better meet the needs of the CoC. OHS used this funding for a pilot project with United Way 211 and FrontLine Service, the current provider of traditional CE services, to improve access to the Continuum of Care for persons facing literal homelessness.

FrontLine Service works with CoC providers to establish and maintain a housing readiness list to identify participants in single and family shelters. Housing navigators work within the shelters to focus on increased engagement and supportive services to identify housing needs and facilitate the successful transition to stable housing.

United Way provides 24/7 screening for callers facing homelessness and housing instability. Those in need of immediate shelter assistance will be forwarded to FrontLine Service Coordinated Entry Intake staff for further assessment and shelter placement, using a designated phone number.

This amendment will add Cuyahoga Metropolitan Housing Authority (CMHA) as a provider, offering housing navigation and application support for CMHA-funded units.

This is the first amendment, adding funds in the amount of \$478,844, adding CMHA as a vendor, and expanding the scope to include their services. No change in term.

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 24-7 screening for Cuyahoga County residents facing homelessness and housing instability

- Ensure that appropriate referrals are directed to Coordinated Entry to best prioritize limited continuum resources for callers facing literal homelessness
- Increase engagement with housing-ready participants to facilitate the transition to stable housing

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

Vendor Name and address: Mental Health Services for the Homeless, dba FrontLine Service 1744 Payne Avenue Cleveland, OH 44114	Owner, executive director, other (specify): Susan Neth, Executive Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Franco Formichelli, Director
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
Vendor Name and address: Cuyahoga Metropolitan Housing Authority 8120 Kinsman Road Cleveland, Ohio 44104	Owner, executive director, other (specify): Jeffrey Patterson, CEO & Safety Director
Vendor Council District: 08	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. RFP exemption due to subgrant. *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 due to subgrant.
	<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: 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. 98% – US Department of Housing & Urban Development Coordinated Entry grant 2% – 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. HS220130 - \$468,045 HS260350 - \$10,799
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: HUD was late in issuing the grant agreement, which was not received until July and not appropriated until August. Further delay due to provider requiring additional legal review of contract an supplying compliant insurance.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/8/24
Date documents were requested from vendor:	7/10/24, 7/12/24, 7/22/24, 7/25/24, 8/1/24, 8/26/24, 9/3/24, 9/16/24, 10/1/24, 10/7/24, 10/16/24, 10/30/24, 11/6/24, 11/13/24
Date of insurance approval from risk manager:	10/7/24
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 checked="" type="checkbox"/> Yes (if yes, please explain) Providers are aware that reimbursement is dependent on final approval of contract.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-937

Title	OHS; Northeast Ohio Coalition for the Homeless; 24-25 Contract for Identification Crisis Collaborative Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4975	Northeast Ohio Coalition for the Homeless (NEOCH)	9/1/24 – 8/31/25	\$170,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
NEOCH operates the Identification Crisis Collaborative (IDCC), which helps homeless and at-risk individuals in Cuyahoga County obtain vital identification documents such as Social Security cards, birth certificates, and state-issued IDs. Through a network of 39 member sites including shelters, churches, and recovery facilities,

IDCC facilitates the procurement of approximately 6,000 identification documents for an estimated 5,000 county residents, enabling them to access essential services, housing, employment, and medical care.

To achieve these goals, IDCC trains site representatives in document procurement and cultural competency, provides transportation assistance through bus passes, and advocates for policy changes that reduce barriers for vulnerable populations. The program will track outcomes through the Homeless Management Information System (HMIS), maintain regular communication with member sites, and engage in community education and awareness campaigns to create lasting systemic change.

This is an existing program that was previously funded through a contract Bridge Foundation which acted solely as fiscal agent. On 9/1/24, the IDCC entered into a merger agreement with NEOCH and is now considered a program of NEOCH.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Assist homeless and at-risk individuals and families in obtaining identification documents necessary to obtain essential services
- Manage the 39-member collaborative responsible for services, through training and coordination of efforts among service agencies and systems serving this population
- Understand the current and changing requirements for obtaining personal identification records.

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: NEOCH 3631 Perkins Ave. Suite 3A-3 Cleveland OH 44114	Owner, executive director, other (specify):
Vendor Council District: 7	Project Council District: county-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	n/a

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a council-sponsored item. *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 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: This project is late because we were waiting for the merger to be completed. Provider also needed additional time to obtain compliant insurance.
Timeline
Project/Procurement Start Date (date your team started working on this item): 9/1/24

Date documents were requested from vendor:	9/10/24, 9/13/24, 9/30/24, 10/7/24, 10/16/24, 10/25/24, 11/7/24
Date of insurance approval from risk manager:	11/19/24
Date Department of Law approved Contract:	11/29/24
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 checked="" type="checkbox"/> Yes (if yes, please explain) Provider understands that payment for services is conditioned upon Board of Control approval	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C.- Exemptions

BC2024-938

TITLE	DCFS 2024: Reimbursement of Title IV-E nonrecurring adoption expenses for a child with special needs.
DEPARTMENT OR AGENCY	Division of Children and Family Services

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	BC2021-131	03/22/2021

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Division of Children and Family Services previously managed an alternate procurement process for the Post Adoption Special Services Subsidy (PASSS). With the State now covering PASSS-related services, this alternate procurement request focuses on the reimbursement of Title IV-E non-recurring adoption expenses for children with special needs. These expenses include one-time costs such as legal fees, court costs, and home studies necessary to finalize adoptions.</p> <p>This request seeks preapproval to establish a mechanism for processing and paying these non-recurring adoption expenses efficiently, ensuring continued support for adoptive families and compliance with Ohio Administrative Code Rule 5101:2-49-21. These expenses are federally reimbursed at a 50% matching rate.</p>
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	We are also seeking the alternate procurement for the period of 01/01/2025-01/01/2028. This alternate procurement request will result in multiple Purchase Orders to the various service providers which are picked by the adoptive parents.
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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.
	50% Department of Health and Human Services Levy and 50% Title IV-E Reimbursement

D. - Consent Agenda

BC2024-939

Title	2024 Public Works requesting approval of Amendment 1; ms consultants Inc.; RFQ 5997; Time extension only
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 1816	ms consultants Inc.	11/1/21-10/31/24	\$ 150,000	10/25/21	BC2021-580
A	CM 4986	ms consultants Inc.	10/31/25	\$ 0	pending	pending

Service/Item Description (include quantity if applicable). This contract provides right-of-way and real estate services for various roadway and bridge construction projects which are authorized on a task order basis.
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 <input type="checkbox"/> N/A Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

The primary goal of this request is to approve this amendment. Another goal of this request is to allow the County to continue to utilize this contract until it runs out of funds. Lastly, this contract is to provide right-of-way and real estate services to assist County personnel in administering roadway and bridge projects.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
ms consultants, inc. 4608 St. Clair Avenue Cleveland, Ohio 44103	Anthony Urankar Regional Manager
Vendor Council District:	Project Council District:
7	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>5997</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: June 11, 2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$300,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 11 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (5%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
N/A - It was qualifications based scoring.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
N/A - It was qualifications based scoring.	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. N/A – no additional funds requested
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A – no additional funds requested
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 an existing Right-of-Way services contract that still has funds remaining. Therefore, we would like to extend the contract end date to take advantage of the funds and delay having to bid out for new contracts for the same services.	
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 vender was responsive about getting needed documents to us; however, their insurance carrier was slow to provide initial COI and updated versions when edits were needed to get approved by law.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/21/24
Date documents were requested from vendor:	10/22/24
Date of insurance approval from risk manager:	11/14/24
Date Department of Law approved Contract:	11/22/24 (contract was approved earlier, but COI held up full approval)
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Unknown at this time, as we fill out the briefing memo prior to entering the item into INFOR.	
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 above

BC2024-940

Title	2024 Public Works requesting approval of Amendment 1; O.R Colan Associates, LLC; RFQ 5997; Time extension only
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 1821	O.R Colan Associates, LLC	11/1/21-10/31/24	\$ 150,000	10/25/21	BC2021-580
A	CM 5014	O.R Colan Associates, LLC	10/31/25	\$ 0	pending	pending

Service/Item Description (include quantity if applicable).
 This contract provides right-of-way and real estate services for various roadway and bridge construction projects which are authorized on a task order basis.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goal of this request is to approve this amendment. Another goal of this request is to allow the County to continue to utilize this contract until it runs out of funds. Lastly, this contract is to provide right-of-way and real estate services to assist County personnel in administering roadway and bridge projects.

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

Vendor Name and address:	Owner, executive director, other (specify):
O.R. Colan Associates, LLC 22710 Fairview Center Drive Fairview Park, Ohio 44126	Steve Toth President & CEO
Vendor Council District:	Project Council District:
1	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>5997</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: June 11, 2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$300,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 11 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (5%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A - It was qualifications based scoring.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A - It was qualifications based scoring.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

Provide status of project.

This is an existing Right-of-Way services contract that still has funds remaining. Therefore, we would like to extend the contract end date to take advantage of the funds and delay having to bid out for new contracts for the same services.

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

Reason:

The vender was responsive about getting needed documents to us; however, their insurance carrier was slow to provide initial COI and updated versions when edits were needed to get approved by law.

Timeline

Project/Procurement Start Date (date your team started working on this item):	10/21/24
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Date documents were requested from vendor:	10/22/24
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Date of insurance approval from risk manager:	11/14/24
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Date Department of Law approved Contract:	11/14/24
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Unknown at this time, as we fill out the briefing memo prior to entering the item into INFOR.

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

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

HISTORY (see instructions): See above

BC2024-941

TITLE	2024 MOU for Emergency Vehicle Storage with the City of Pepper Pike
DEPARTMENT OR AGENCY NAME	Public Safety and Justice Services

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
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CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	City of Pepper Pike	Upon execution and until both parties terminate agreement	Pending	Pending
Amendment (A)				

STATUS OF PROJECT:	<input checked="" type="checkbox"/> New Agreement <input type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	The County will store the Emergency Vehicle that is owned by the City of Pepper Pike at the County's Newburgh Heights garage. This memorandum outlines that the County holds no liability for any damage

	to the vehicle and that the City of Pepper Pike will be held liable for any damage.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. To ensure the City of Peper Pike understands that any damage that occurs to the Emergency Vehicle while being stored at the County's garage is not the fault of the County's.
	2. Centrally locate regional asset to allow for quick deployment.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	City of Peper Pike Fire Department 28000 Shaker Boulevard Pepper Pike, OH 44124
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	John Frazier Fire Chief
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	All
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	All
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	All

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	

BC2024-942

Title	Child Wellness Center Amendment 1
Department or Agency Name	Division of Children and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	4026	The Centers for Families and Children	Eff. Upon signature – 6/30/2024	\$450,000.00	12/19/2023	BC2023-847
A-1	4026	The Centers for Families and Children	7/1/2024 – 12/31/2024	\$0	Pending	pending

Service/Item Description (include quantity if applicable).
The Child Wellness Campus that will serve youth waiting for longer term placement and remove the need for the current onsite childcare room at the Jane Edna Hunter Building. The Child Wellness Campus will operate 24/7, 365 days per year for residential placements of youth.

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

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

Project Goals, Outcomes or Purpose (list 3):

- To provide immediate access to safe and secure residential placement for youth.
- To build upon the above residential services with additional wraparound services to youth placed at the Child Wellness Campus or alternative site.

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

Vendor Name and address:	Owner, executive director, other (specify):
The Centers for Families and Children 4500 Euclid Avenue Cleveland, OH 44115	Eric Morse, President and CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input 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) / 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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Recommended vendor was the best option	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Similar	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260130 55130 UCH09999
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. Child Wellness campus is building is being updated and hiring and onboarding of staff is ongoing
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: A contract cover modification needed to be completed prior to the completion of the contract amendment. The provider also experienced some delays in returning the signed contract to DCAP to complete the process	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/25/2024
Date documents were requested from vendor:	8/23/2024
Date of insurance approval from risk manager:	10/23/2024
Date Department of Law approved Contract:	10.23.2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This was a contract to extend time because more time was needed to complete the preparation of the Child Wellness campus.	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Department of Human Resources, recommending to terminate Contract No. 4927 with Clovers AI, Inc. for text analyzer software for biased language for the period 10/28/2024 – 10/27/2027, effective 11/20/2024.
DEPARTMENT OR AGENCY NAME	Human Resources

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	The County has made repeated attempts to contact Clovers AI, starting on or around October 30, 2024, immediately after the Contract was executed. For weeks, the County did not hear anything back. On November 13, 2024, the County received an email from Nicole Jordan-Dahdal to inform the County that “Due to unforeseen challenges, Clovers is winding down operations and will no longer be able to provide ongoing services.” Likewise, on or around November 12, 2024, the County received a phone call from Scot Sessions who expressed the same sentiment. As of November 20, 2024, Clovers AI’s website is no longer available. The County has not received any services from Clovers nor does the County have an outstanding balance.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL’S JOURNAL DATE	APPROVAL NO.
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ORIGINAL (O)	10/28/2024	BC2024-775
AMENDMENT (A)		

Item No. 2

TITLE	FFY25 High Visibility Enforcement Program Ohio (HVEO) Grant
DEPARTMENT OR AGENCY NAME	Sheriff Department

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 <i>(for grants with Cash Match and/or Subrecipients).</i> <input checked="" type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i> ➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i> <input checked="" type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i> <input type="checkbox"/> Grant Amendments <input checked="" type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FFY25 High Visibility Enforcement Program Ohio (HVEO) Grant	10/1/2024-9/30/2025	Total amount- \$97,572.62 STEP – Selective Traffic Safety Enforcement program \$50,536.31 IDEP – Impaired Driving Enforcement program \$47,036.31	January 16,2024	CON2024-08
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The program is reimbursement for overtime and fuel costs associated with participating in the Ohio High Visibility Enforcement Program. The program is to reduce the number of fatal crashes through highly visible and proactive law enforcement by targeting traffic safety issues.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1) Reduce the number of traffic-related fatal crashes by 3%. 2) Reduce the number of Alcohol-related fatal and serious injury crashes by 3%. 3) Increase seat belt restraint usage to 69.&%.				

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	The project is funded 100% by the US Department of Transportation, National Highway and Traffic Safety Administration through the Ohio Traffic Safety Office (OTSO).
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	PSJS, on behalf of the Cuyahoga County Medical Examiner, Amendment to CDC Overdose Data to Action Grant Agreement between Cuyahoga County Board of Health and Cuyahoga County Medical Examiner's Office – Extension of time period and change to scope of work
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<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).
*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Center for Disease Control: Limiting Overdose through Collaborative Actions in Localities	9/1/2023-8/31/2024	\$308,403.00	October 30, 2023	CON2023-114
AMENDMENT (A-1)	Center for Disease Control: Limiting Overdose through Collaborative Actions in Localities	9/1/2023-8/31/2025	\$0.00	Pending	Pending
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Safety and Justice Services/Division of Fiscal and Grant Services (PSJS), on behalf of the Cuyahoga County Medical Examiner (CCMEO), requesting approval of an Amendment to the Agreement with the Cuyahoga County Board of Health (CCBOH) to amend the scope of work and extend the time period of the Agreement in the amount of \$0.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. Testing of public health samples to improve awareness of people who are using illicit opioids and stimulants who may be at high risk for overdose.
	2. Reduce the number of overdose deaths within Cuyahoga County.
	3. Develop education and outreach of prevention strategies and illustrate emerging drug trends in the County.
	4. Target historically underserved areas of the jurisdiction through substance use treatment and harm reduction programs.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Cuyahoga County District Board of Health Subaward Center for Disease Control and Prevention: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 4

TITLE	2024 Third Amendment to Extend Performance Period FY21 State Homeland Security Grant Program (SHSP) – Ohio Emergency Management Agency (OEMA)
DEPARTMENT OR AGENCY	Public Safety & Justice Services

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

ORIGINAL (O)	FY21 SHSP	9/1/2021-3/31/2024	\$600,061.00	11/22/2021	CON2021-122
AMENDMENT (A-1)		9/1/2021-6/30/2024	No additional funds	3/25/2024	CON2024-29
AMENDMENT (A-2)		9/1/2021-12/31/2024	No additional funds	4/29/2024	CON2024-41
AMENDMENT (A-3)		9/1/2024-3/31/2025	No additional funds	Pending	pending
DESCRIPTION/ EXPLANATION OF THE GRANT:	FY21 State Homeland Security Grant Program (SHSP) is a multi-county grant for which PSJS is the fiscal agent. The grant awards to prepare for, mitigate, prevent, respond to and recover from terrorist events.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The primary goals of the project are 1) to support county preparedness of first responders to terrorist events through the purchase of equipment, and 2) provide funding and support for training and exercises for first responders preparedness for terrorist events.				

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY21 State Homeland Security Grant Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no

	acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 5

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 12/9/2024 in Section V. above).

(See related list of purchases LPA Agreements – Processed and executed (no vote required) for the week of 12/9/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT