



**Cuyahoga County Board of Control Agenda  
Monday, January 13, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

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

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

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 1/6/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-19**

Fiscal Office on behalf of the County Executive’s Office, submitting a Grant Agreement with Lutheran Metropolitan Ministry (via Contract No. 5025) in the amount not-to-exceed \$300,000.00 to provide funding for the operation of Workforce Development’s Building Maintenance and Repair training program effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

**BC2025-20**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3881 with Project Lift Behavioral Health Services for Restorative Justice Diversion Program for the period 7/1/2023 – 6/30/2025 to extend the time period to 6/30/2026, to expand the scope of services to include (12) community trainings/workshops at a rate of \$1,200.00 each and to replace the insurance requirements, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$211,300.00.

Funding Source: RECLAIM Grant

**BC2025-21**

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 \$60,000.00.

- a) Agreement No. 4242 (fka Agreement No. 3928) with City of North Olmsted in the amount not-to-exceed \$29,400.00, allocating \$4,800.00 of these funds for services rendered in fiscal year 2024.
- b) Agreement No. 4249 (fka Agreement No. 3981) with City of Solon in the amount not-to-exceed \$4,800.00.
- c) Agreement No. 4374 with City of Bay Village in the amount not-to-exceed \$14,400.00.
- d) Agreement No. 4379 with City of Brooklyn in the amount not-to-exceed \$11,400.00.

Funding Source: Health and Human Services Levy Fund

**BC2025-22**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5056 (fka Contract Nos. 2792 and 413) with Reaching Above Hopelessness and Brokenness Ministries, Inc. dba RAHAB Ministries for trauma-informed mentoring services for youth assigned to the Safe Harbor Docket for the period 7/1/2020 – 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 \$186,755.04.

Funding Source: RECLAIM Grant

**BC2025-23**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, Mandel School of Applied Social Sciences in the amount not-to-exceed \$92,000.00 for Multi-Systemic Therapy training and consultation services for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into Contract No. 5065 with Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, Mandel School of Applied Social Sciences in the amount not-to-exceed \$92,000.00 for Multi-Systemic Therapy training and consultation services for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

**BC2025-24**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$100,000.00 for the Youth Acceptance Project - Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024- 6/30/2026.
- b) Recommending an award and enter into Contract No. 5076 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$100,000.00 for the Youth Acceptance Project - Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024- 6/30/2026.

Funding Source: RECLAIM Grant

**BC2025-25**

Department of Public Safety and Justice Services, submitting a Memorandum of Understanding with Alliance for HOPE International to outline the collaborative roles and responsibilities on the creation and development of Camp HOPE America – Ohio Program and authorize payment of the affiliation fee listed in the Memorandum of Understanding in the amount not-to-exceed \$3,500.00 for the period 1/1/2025 – 12/31/2025.

Funding Source: Witness Victim Service Center Health and Human Services Levy Fund

**BC2025-26**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Manicz Media LLC in the amount not-to-exceed \$68,500.00 for digital advertising services to raise awareness and foster enrollment in workforce development programs administered by Cuyahoga Job and Family Services and the Benefit Bridge Pilot Program for the period 1/1/2025-12/31/2025.
- b) Recommending an award and enter into Contract No. 5054 with Manicz Media LLC in the amount not-to-exceed \$68,500.00 for digital advertising services to raise awareness and foster enrollment in workforce development programs administered by Cuyahoga Job and Family Services and the Benefit Bridge Pilot Program for the period 1/1/2025-12/31/2025.

Funding Source: 90% Temporary Assistance for Needy Families (TANF) and 10% Federal/State Funding

**BC2025-27**

Department of Health and Human Services/Division of Senior and Adult Services and Department of Community Initiatives Division/Family and Children First Council recommending an award on RQ14607 and enter into Contract No. 5070 with CaseWorthy, Inc. (44-9) in the amount not-to-exceed \$240,200.00

for implementation and deployment of a Client and Case Management System, software licensing, maintenance and support for the period 1/1/2025 – 6/30/2026.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda**

**BC2025-28**

Department of Housing and Community Development, submitting an amendment to Contract No. 3812 with Lutheran Metropolitan Ministry for affordable housing and related support services for families leaving homelessness as a response to COVID-19 for the period 10/1/2023 – 12/31/2024 to extend the time period to 5/31/2025; no additional funds required.

Funding Source: Federal Community Development Block Grant – CV

**V- OTHER BUSINESS**

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

**Item No. 1**

**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
6453	1646	Tri Mor Corporation	Reconstruction and widening of Sprague Road from West 130 <sup>th</sup> Street to York Road in the Cities of Parma and North Royalton	\$0.00	Department of Public Works	N/A	(Original) General Fund	12/30/2025 (Executive)

**Various 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
R2024-0336	Resurfacing of Alexander Road from Fitzwater Road to Eastern Corporation Line in the Village of Valley View – Council District	\$2,000,000.00		\$1,000,000.00 Road and Bridge Funds \$1,000,000.00 Village of Valley View	1/6/2025 (Executive)

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, January 6, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

**I – CALL TO ORDER**

The meeting was called to order at 11:09 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)  
Michael Chambers, Fiscal Officer, serving as Chairman  
Nichole English, Administrator, Planning and Programming, Department of Public Works  
(Alternate for Michael Dever)  
Paul Porter, Director, Department of Purchasing  
Councilmember Meredith Turner  
Councilmember Michael Houser  
Councilmember Robert Schleper

**II. – REVIEW MINUTES – 12/23/2024**

Michael Chambers motioned to approve the minutes from the December 23, 2024, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-01**

Department of Public Works,

- a) Requesting authority to apply for grant funds from Ohio Department of Natural Resources in the amount of \$1,719,314.50 for the Euclid Beach Connector Trail in connection with Land and Water Conservation Fund Outdoor Recreation Legacy Partnership (ORLP) Program for the period 10/01/2024-9/30/2027.
- b) Submitting a grant agreement with Ohio Department of Natural Resources in the amount of \$1,719,314.50 the Euclid Beach Connector Trail in connection with Land and Water Conservation Fund Outdoor Recreation Legacy Partnership (ORLP) Program for the period 10/01/2024-9/30/2027.

Funding Source: This project requires a 100% Cash Match using the County's General Fund.

Nichole English, Department of Public Works, presented. Robert Schleper asked is it a relatively common practice to use general fund for the Cash Match. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-01 was approved by unanimous vote.

**BC2025-02**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Office Revolution II, LLC in the amount not-to-exceed \$31,898.90 for a joint cooperative purchase of office furniture for the Cuyahoga County Animal Shelter.
- b) Recommending an award on Purchase Order No. 24005277 to Office Revolution II, LLC in the amount not-to-exceed \$31,898.90 for a joint cooperative purchase of office furniture for the Cuyahoga County Animal Shelter.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Meredith Turner commented it's been a while since Councilwoman Simon and her were at the shelter and maybe we can have an invitation in the future to view the site along with our new Council members. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-02 was approved by unanimous vote.

**BC2025-03**

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 \$22,338.79 for a joint cooperative purchase of various types of office furniture for the 4<sup>th</sup> Floor Council Room and 2<sup>nd</sup> Floor Shared Conference Room at the County Administration Building.
- b) Recommending an award on Purchase Order No. 24005287 to American Interiors, Inc. in the amount not-to-exceed \$22,338.79 for a joint cooperative purchase of various types of office furniture for the 4<sup>th</sup> Floor Council Room and 2<sup>nd</sup> Floor Shared Conference Room at the County Administration Building.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Michael Houser asked what the bidding process for the different furniture throughout the county is. Michael Chambers motioned to approve the item; Nichole English seconded. Item BC2025-03 was approved by unanimous vote.

**BC2025-04**

Department of Public Works, submitting an amendment to Contract No. 3612 with Clark Anthony Construction L.L.C. for automatic door repairs and preventative maintenance for various County

locations for the period 8/30/2023 – ~~8/30/2025~~ **8/29/2025** to add funds in the amount not-to-exceed \$49,999.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Nichole English and Michael Chambers supplemented. Meredith Turner asked do you know anything about our street corner guests allegedly accessing the building on New Year's Day when the doors were supposed to be locked. Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. Item BC2025-04 was approved by unanimous vote as amended.

#### **BC2025-05**

Department of Public Works, submitting an amendment to Contract No. 4639 with S.A.W., Inc. for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025 to extend the time period to 1/31/2026, to remove and replace Exhibit A of the Original Contract with Revised Exhibit A, and for additional funds in the amount not-to-exceed \$128,916.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-05 was approved by unanimous vote.

#### **BC2025-06**

Department of Public Works, recommending an award and enter into Agreement No. 5064 with United States Department of Agriculture, Animal and Plant Health Inspections Service, Wildlife Services (APHIS-WS) in the amount not-to-exceed \$9,706.95 for animal and wildlife control services for the Cuyahoga County Airport for the period 1/1/2025-12/31/2025.

Funding Source: County Airport Operations Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-06 was approved by unanimous vote.

#### **BC2025-07**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3689 with Sophia V. Cook for psychological evaluation services for the Diagnostic Clinic for the period 10/10/2023-12/31/2024 to extend the time period to 12/31/2026, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: Health and Human Services Levy

Marie Andel, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-07 was approved by unanimous vote.

**BC2025-08**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4526 (formerly Contract No. 2225) with Dr. Douglas E. Waltman, Ph. D. psychological evaluation services for the Diagnostic Clinic for the period 1/1/2022 – 12/31/2024 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$100,000.00.

Funding Source: Health and Human Services Levy

Marie Anzel, Court of Common Pleas/Juvenile Court Division, presented. Meredith Turner asked what type of evaluation process we have in place to know that these doctors are doing a good job; asked where these evaluations can be found. Robert Schleper asked how we are assessing the services needed and what is the vetting process to select that practice or individual to provide these services. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-08 was approved by unanimous vote.

**BC2025-09**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4481 with City of Cleveland 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, and for additional funds in the amount not-to-exceed \$82,800.00.

Funding Source: Health and Human Services Levy Funds

Marie Anzel, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-09 was approved by unanimous vote.

**BC2025-10**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$31,670.00 for monitoring of the High Fidelity Wraparound Program for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into Contract No. 5040 with Case Western Reserve University in the amount not-to-exceed \$31,670.00 for monitoring of the High Fidelity Wraparound Program for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

Marie Anzel, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-10 was approved by unanimous vote.



**BC2025-11**

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP exemption which will result in award recommendations to various providers in the total amount not-to-exceed \$400,000.00 for adoption services for the period 1/1/2025 – 12/31/2026:
- 1) Contract No. 4804 Adopt America Network in the anticipated amount of \$20,000.00
  - 2) Contract No. 4807 Adoption Star, Inc. in the anticipated amount of \$5,000.00
  - 3) Contract No. 4812 Beech Brook in the anticipated amount of \$20,000.00
  - 4) Contract No. 4813 Bellefaire Jewish Children’s Bureau in the anticipated amount of \$20,000.00
  - 5) Contract No. 4814 Caring for Kids in the anticipated amount of \$60,000.00
  - 6) Contract No. 4816 Catholic Charities Corporation dba Catholic Charities Diocese of Cleveland in the anticipated amount of \$10,000.00
  - 7) Contract No. 4817 Christian Children’s Home of Ohio, Inc. in the anticipated amount of \$10,000.00
  - 8) Contract No. 4818 Family Services of Westchester, Inc. in the anticipated amount of \$5,000.00
  - 9) Contract No. 4821 Mississippi Families for Kids in the anticipated amount of \$6,500.00
  - 10) Contract No. 4822 National Youth Advocate Program, Inc. (Ohio) in the anticipated amount of \$75,000.00
  - 11) Contract No. 4823 National Youth Advocate Program, Inc. (Georgia) in the anticipated amount of \$5,000.00
  - 12) Contract No. 4980 Nightlight Christian Adoptions in the anticipated amount of \$6,000.00
  - 13) Contract No. 4824 OhioGuidestone in the anticipated amount of \$40,000.00
  - 14) Contract No. 4825 Open Arms Adoptions in the anticipated amount of \$20,000.00
  - 15) Contract No. 4826 Pathway Caring for Children in the anticipated amount of \$40,000.00
  - 16) Contract No. 4827 Specialized Alternatives for Families & Youth of Ohio, Inc. (aka SAFY) in the anticipated amount of \$32,500.00
  - 17) Contract No. 4830 The Bair Foundation in the anticipated amount of \$10,000.00
  - 18) Contract No. 4833 The Village Network in the anticipated amount of \$10,000.00
  - 19) Contract No. 4959 The United Methodist Children’s Home West Ohio Conference of the United Methodist Church dba UMCH Family Services in the anticipated amount of \$5,000.00
- b) Submitting a Master Contract with various providers (as listed above) in the total amount not-to-exceed \$400,000.00 for adoption services for the period 1/1/2025 – 12/31/2026.

Funding Source: State Child Protection Allocation

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked whether this is an exhaustive list of providers that work directly with the County or just up for renewal at this moment. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-11 was approved by unanimous vote.

**BC2025-12**

Department of Health and Human Services/Community Initiatives Division/Office of Re-Entry, recommending an award on RQ14946 and enter into Agreement No. 5044 with Cuyahoga County Public Library (23-2) in the amount not-to-exceed \$450,000.00 to oversee and administer the Cuyahoga County

Sheriff's Adult Basic Education Program for inmates in the County Correctional Facilities for the period 1/1/2025-12/31/2027.

Funding Source: Health and Human Services Levy

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-12 was approved by unanimous vote.

### **C. – Exemptions**

#### **BC2025-13**

Department of Public Works, recommending to amend Board of Control Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735, dated 11/29/2022, which resulted in purchase orders to various Factory Authorized Dealers in the amount not-to-exceed \$1,475,000.00 for vehicle and equipment repairs, parts and services for the period 11/29/2022 - 12/31/2024 to extend the time period to 12/31/2025 and to add funds in the amount not-to-exceed \$450,000.00 for a total amount not-to-exceed to \$1,925,000.00.

Funding Source:

Road & Bridge Fund

Sanitary Sewer Fund

Airport Operations Fund

General Fund/Internal Services Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-13 was approved by unanimous vote.

#### **BC2025-14**

Department of Public Works, requesting approval to amend Board Approval No. BC2023-751, dated 11/20/2023 which amended various Board of Control approvals, which approved an alternative procurement process resulting in award recommendations to various vendors in the amount not-to-exceed \$520,000.00 for the purchase of concrete materials on an as-needed basis for repair and maintenance projects throughout Cuyahoga County for the period 12/19/2022 – 12/18/2024 to extend the time period to 12/31/2025 and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: County Road and Bridge Fund and General Funds (depending on the project)

Thomas Pavich, Department of Public Works, presented. Meredith Turner asked did you say Cars Brothers. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-14 was approved by unanimous vote.

#### **BC2025-15**

Department of Public Works/Division of Public Utilities, recommending to amend Board Approval No. BC2024-408, dated 5/28/24, which established a list of firms pre-qualified for work on the Cuyahoga

County Utility Microgrid Design project, to add 10 additional engineering, procurement and/or construction (EPC) firms for services to be provided in conjunction with Cuyahoga Green Energy’s microgrid and solar projects as listed below:

- a) Better Together Solar
- b) Karpinski Engineering
- c) Eitri Foundry
- d) NextEra Energy Resources
- e) Gem Energy
- f) Melink Solar
- g) Thompson Electric
- h) Mortenson
- i) Prairie Wind Group
- j) YellowLite Inc.

Funding Source: N/A

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-15 was approved by unanimous vote.

**D. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-16 through BC2025-18; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2025-16**

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 December 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

**BC2025-17**

Fiscal Department, presenting proposed travel/membership requests for the week of 1/6/2025:

Dept:	Department of Public Works
Event:	LENCO Bearcat Armored Vehicle Training
Source:	LENCO Armored Vehicles/ Sheriff’s Department
Location:	Pittsfield, MA

Staff	Travel Dates	Registration *	Meals **	Lodging *	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Slaine	1/6/2025 – 1/7/2025	\$0.00	\$120.00	\$151.91	\$0.00	\$0.00	\$271.91	General Fund
James Gugar	1/6/2025 – 1/7/2025	\$0.00	\$120.00	\$151.91	\$0.00	\$0.00	\$271.91	General Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Late Write-Up: There were no BOC meetings after 12/23/2024.

Purpose:

Two fleet mechanics are riding along with Deputies from the Sheriff's Department to go to Lenco Armored Vehicles to be trained on the new SWAT vehicle. This will make sure that fleet services know all aspects of the new SWAT vehicle including how it operates and how to successfully make repairs that may be needed. The training is free throughout the Lenco, and the mechanics will be riding with the Sheriff's deputies who will pay for the transportation to get there and back.

Dept:	Sheriff’s Department							
Event:	Court Safety and Security Conference							
Source:	National Criminal Justice Training Center							
Location:	Appleton, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	3/10/2025- 3/13/2025	\$325.00	\$200.00	\$340.50	\$350.30	\$803.88	\$2,019.68	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 BC2024-597 amending approval to cover the increase in airfare and ground transportation.

Purpose:

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

Dept:	Sheriff's Department							
Event:	44 <sup>TH</sup> AMERICAN Jail Association Conference							
Source:	The American Jail Association							
Location:	Fort Worth, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Russell Jaenke	5/17/2025-5/21/2025	\$395.00	\$240.00	\$724.00	\$250.00	\$365.00	\$1,974.00	General Fund
Phillip Christopher	5/17/2025-5/21/2025	\$395.00	\$240.00	\$724.00	\$250.00	\$365.00	\$1,974.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Annual American Jail Association Conference for professional development. There will be over 55 educational workshops designed for jail professionals including more than 180 exhibitors offering solutions for improving jail operations and safety.

**BC2025-18**

Department of Purchasing, presenting proposed purchases for the week of 1/6/2025:

**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
24005296	On-site build-out of (1) 2023 Dodge Durango for use by the Sheriff's Department	Department of Public Works	Hall Public Safety Upfitters	\$13,906.48	Sheriff Federal Forfeiture Fund

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24005224	Factory Authorized – Lift Repairs and Inspections at Harvard Garage*	Department of Public Works	Northcoast Equipment Specialists Inc.	\$7,448.68	Sanitary

\*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00. **Note – this Board Approval is being amended as listed above in the agenda under item BC2025-13.**

**Open Market Purchases**  
**(Over \$50,000 or requiring assistance from the Department of Purchasing)**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source

**V- OTHER BUSINESS**

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

**Item No. 1**

Sheriff’s Department

- a) Requesting authority to apply for grant funds from Department of Justice in the amount of \$1,000,000.00 for Cuyahoga County Response to Carjacking Initiative in connection with Edward Byrne Memorial Justice Assistance Grant Program BJA FY24 Field Initiated: Encouraging Innovation Program for the period 10/01/2024-9/30/2027.
- b) Submitting a grant award from Department of Justice in the amount of \$1,000,000.00 for Cuyahoga County Response to Carjacking Initiative in connection with Edward Byrne Memorial Justice Assistance Grant Program BJA FY24 Field Initiated: Encouraging Innovation Program for the period 10/01/2024-9/30/2027.

Funding Source: Federal Edward Byrne Memorial Justice Assistance Grant Program BJA FY24 Field Initiated: Encouraging Innovation Program

**Item No. 2**

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, requesting authority to apply for grant funds from Ohio Department of Public Safety, Office of Criminal

Justice Services in the amount not-to-exceed \$80,261.14 for the FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant Program for the period 1/1/2025 – 12/31/2025 to improve forensic science services.

Funding Source: FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant

**Item No. 3**

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
n/a	4301	DLAJ, Inc.	Justice Center Food and Beverage Kiosk (Galleria Level)	Revenue Generating	Department of Public Works	1/1/2024 – 12/31/2024 to <b>extend the time period to 6/30/2025</b>	Not applicable	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 3887	A Place 4 Me Collaborative	Rental Assistance and Supportive Services	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2024- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 3137	Emerald Development & Economic Network, Inc. (EDEN)	Alternative Housing and Related Services and Supports	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2023- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 2872	Emerald Development & Economic Network, Inc. (EDEN)	Homelessness Prevention & Diversion Fund	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2023- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 2873	Joseph's Home	Homelessness Prevention & Diversion Fund	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2023- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 2878	YMCA of Greater Cleveland	Alternative Housing and Related Services and Supports	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2023- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
8737	Amend Contract No. 2977	YWCA of Greater Cleveland	Crisis Intervention and Housing Navigation Services	\$-0-	Health and Human Services - Office of Homeless Services	1/1/2023- 12/31/2024 to <b>extend the time period to 12/31/2025</b>	(Original) General Fund	12/30/2024 (Executive) 12/27/2024 (Law)
22467	Amend Contract	AVI Food Systems, Inc.	Justice Center Café Operations	\$-0-	Department of Public Works	7/1/2012- 12/31/2024 to	(Original) Property	12/30/2024 (Executive)

	No. 3909 fka 3251 & 2584					<b>extend the time period to 6/30/2025</b>	Manage- ment Funds	12/30/2024 (Law)
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**Various 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
R2024-0333	Resurfacing of West Ridgewood Road from State Road to Broadview Road in the City of Parma -Council District 4	\$874,715.00		\$624,715.00 City of Parma \$250,000.00 Road and Bridge Funds	12/30/2024 (Executive)

**Item No. 4**

Purchases Processed Not-to-Exceed \$5,000.00 for the period 11/01/2024-11/30/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “01/06/2025 – Board of Control Meeting”.

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

Meredith Turner asked about the invoice provided on PO24004828 to City of Cleveland Finance Department FireWatch EIP Voting 11/1-11/3 General Election what does it mean. Clerk responded and Nichole English supplemented.

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

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



**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-19**

Title	Executive / Lutheran Metropolitan Ministry / Contract / 3-year contract for grant support to the Workforce Training Center’s Building and Repair Pilot Program
Department or Agency Name	Fiscal Department on behalf of the Executive Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5025	Lutheran Metropolitan Ministry	3-years from Effective Date	\$300,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 This is a grant contract with Lutheran Metropolitan Ministry for a length of 3-years from the effective date for the Workforce Training Center’s Building and Repair Pilot Project. This project is a vocational training program with a focus on light construction, building maintenance, home repair, and remodeling. The not to exceed amount for this contract is \$300,000.00.

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):  
 - Job Creation  
 - Funding for project operations  
 - Vocational job preparation for students

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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Lutheran Metropolitan Ministry 4515 Superior Ave Cleveland, OH 44103	Maria Foschia President and CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This grant agreement is an initiative of the Executive Office  This grant agreement is an initiative of the Executive Office  *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  Yes  No. If yes, complete section below:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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.  FS100500 FS-21-ARP-LFRF
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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**BC2025-20**

Title	RESTORATIVE JUSTICE PROGRAM PROJECT LIFT BEHAVIORAL HEALTH SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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)	3881	Project Lift	7/1/2023- 6/30/2025	\$75,000.00	11/13/2023	BC2023-728
(A#-1)	3881	Project Lift	7/1/2023- 6/30/2026	\$211,300.00	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>The vendor shall engage in Trauma-informed manner to help youth engaged in delinquent matter that has caused harm and identify what they need to feel restored by the harm done. This contract amendment is to extend the time-period of the contract through June 30, 2026, increase the funds in the amount of \$211,300., to add additional services in additional paragraph € section V., and replace the insurance requirements of the contracts.</p>
<p>Indicate whether:   <input type="checkbox"/> New service/purchase   <input checked="" type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles:   <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement  Age of items being replaced:   N/A                      How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The RJP creates a consensus-based plan to “make things right” with persons harmed, the family, the community, and themselves.</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:  Project Lift Behavioral Health Services dba Project LIFT Services.  4415 Euclid Ave. Suite 315  Cleveland, Ohio 44103-1005</p>	<p>Owner, executive director, other (specify):  LaToya Logan CEO and Founder</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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

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

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

Provide status of project.

Is contract/purchase late  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):	8.20.24
Date documents were requested from vendor:	9.19.24
Date of insurance approval from risk manager:	9.15.24
Date Department of Law approved Contract:	12.10.24

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 written into the RECLAIM Grant.

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

HISTORY (see instructions):

**BC2025-21 a)**

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

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4242	City of North Olmsted	1/1/24-12/31/24	\$9,300.00	12/04/2023	BC2023-777
A-1	4242	City of North Olmsted	1/1/25-12/31/26	\$29,400.00	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):

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

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

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

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

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

Vendor Name and address: City of North Olmsted	Owner, executive director, other (specify): Chris Allegra (Programmatic Contact)
5200 Dover Center Road, North Olmsted, Ohio 44070	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of North Olmsted

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: The vendor submitted the documents late and issues with insurance requirements.	
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:	12/06/2024
Date Department of Law approved Contract:	09/19/2024
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
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**BC2025-21 b)**

Title	CCJC 25-26 Community Diversion Program contract with the City of Solon
Department or Agency Name	Cuyahoga County 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/Council Approved	Approval No.
O	3981	City of Solon	1/1/24- 12/31/24	\$6,900.00	12/11/2023	BC2023-801
A-1	4249	City of Solon	1/1/25-12/31/26	\$4,800.00	Pending	pending

<p>Service/Item Description (include quantity if applicable).          Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of Solon	Owner, executive director, other (specify): Laura Watterson (Programmatic Contact)
33000 Solon Road Solon, Ohio 44139	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Solon

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. 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.  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) 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 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 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.  JC280105-55130

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

Provide status of project.

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

Reason: The vendor submitted the documents late and issues with insurance requirements.

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: 12/20/2024

Date Department of Law approved Contract: 09/19/2024

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

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

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

HISTORY (see instructions): see chart above

**BC2025-21 c)**

Title	CCJC Amendment Community Diversion Program contract with the City of Bay Village
Department or Agency Name	Cuyahoga County 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/Council Approved	Approval No.
O	4374	City of Bay Village	1/1/24-12/31/24	\$7500.00	BC2024-344	05/06/2024
A-1	4374	City of Bay Village	1/1/24-12/31/26	\$14,400.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.

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

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 Bay Village	Owner, executive director, other (specify): Det. Jameison Pochatek (Programmatic Contact)
350 Dover Center Road Bay Village, Ohio 44140	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Bay Village

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. 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.  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) 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 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.  JC280105-55130
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: The vendor submitted the documents late and issues with insurance requirements.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/12/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	12/24/2024
Date Department of Law approved Contract:	09/12/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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
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**BC2025-21 d)**

Title	CCJC 25-26 Community Diversion Program contract with the City of Brooklyn
Department or Agency Name	Cuyahoga County 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/Council Approved	Approval No.
O	4379	City of Brooklyn	1/1/24- 12/31/24	\$3,900.00	5/13/2024	BC2024-362
A-1	4379	City of Brooklyn	1/1/25-12/31/26	\$11,400.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).          Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</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:          City of Brooklyn</p>	<p>Owner, executive director, other (specify):          Cindy Eschweiler (Programmatic Contact)</p>
<p>8000 Memphis Avenue          Brooklyn, Ohio 44144</p>	
<p>Vendor Council District:</p>	<p>Project Council District:</p>

If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Brooklyn
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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. 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.  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) 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 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 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.  
 JC280105-55130

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

Provide status of project.

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

Reason: The vendor submitted the documents late and issues with insurance requirements.

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:	12/24/2024
Date Department of Law approved Contract:	09/19/2024

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

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

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

HISTORY (see instructions): see chart above

**BC2025-22**

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

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	413	RAHAB Ministries	7/1/2020-6/30/2021	\$93,377.52	11/2/2020	BC2020-590
(A-#1)	2792	RAHAB Ministries	7/1/2020-6/30/2022	\$93,377.52	9/24/2021	BC2021-563
(A-#2)	2792	RAHAB Ministries	7/1/2020-6/30/2023	\$93,377.52	10/31/2022	BC2022-650
(A-#3)	2792	RAHAB Ministries	7/1/2020-6/30/2024	\$93,377.52	10/10/2023	BC2023-620



(A-#4)	5056	RAHAB Ministries	7/1/2020-6/30/2026	\$186,755.04	Pending	
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Service/Item Description (include quantity if applicable). Seeking to extend the contract with RAHAB Ministries, Inc. to extend the time period of the contract for Trauma Informed Youth Mentoring Services from June 30, 2024, to June 30, 2026, and increase the funds in the amount of \$186,755.04 and replace the insurance requirements of the contract. This changes the not-to-exceed value of the contract from \$373,510.08 to \$560,265.12.

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 purpose of this program is to provide community-based options for effective programming for at-risk youth and mentoring youth and their families based on strengths and trauma.

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: Reaching Above Hopelessness and Brokenness Ministries dba RAHAB Ministries  3480 W. Market St. Ste 3030 Fairlawn, Ohio 44333	Owner, executive director, other (specify): Richard Kiko, President, Board of Directors
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Vendor Council District:	Project Council District:

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

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% RECLAIM Grant 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. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations and vendors' delay in returning documents. The Court is not notified of the grant award until shortly before it begins, and then the Court must wait for approval and funding of all the activity codes.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/16/2024
Date documents were requested from vendor:	6/20/2024
Date of insurance approval from risk manager:	5/29/2024
Date Department of Law approved Contract:	6/7/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) recurring program.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2025-23**

Title	MULTI-SYSTEMIC THERAPY (MST) TRAINING AND CONSULTATION CASE WESTERN RESERVE UNIVERSITY, MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input 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 (O)	5065	Case Western Reserve	7/1/2024-6/30/2026	\$92,000.00	Pending	

Service/Item Description (include quantity if applicable). Vendor to provide training and consultation services for Juvenile Court. Funding for this contract shall not exceed \$92,000.00 for a term starting July 1, 2024 until June 30, 2026.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): MST Clinical team training and clinical consultation.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Case Western Reserve University 10900 Euclid Ave. Cleveland, Ohio 44106	Owner, executive director, other (specify): Meghan Schane-Rambert- Assistant VP for Pre-Award Services and Agreements.
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? RFP Exemption – County Code 501.12(D)	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:
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<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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.  Funded 100% by the RECLAIM Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations, and vendors' delay in returning documents.
Timeline
Project/Procurement Start Date (date your team started working on this item): 6.11.24
Date documents were requested from vendor: 9.6.24
Date of insurance approval from risk manager: 7.16.24
Date Department of Law approved Contract: 11.25.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

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

Original (O)	CE1600236	CWRU	7/1/2016 - 6/30/2017	\$78,150.00	8/29/16	BC2016-652
A-1	CE1600236	CWRU	7/1/17 – 6/30/18	\$75,600.00	8/14/17	BC2017-598
A-2	CE1600236	CWRU	7/1/18 – 6/30/19	\$75,600.00	5/21/18	BC2018-315
A-3	CE1600236	CWRU	7/1/19 – 6/30/20	\$75,600.00	9/16/19	BC2019-690
A-4	CE1600236	CWRU	7/1/20 – 6/30/21	\$75,600.00	11/23/20	BC2020-622
A-5	1064	CWRU	7/1/21 – 6/30/22	\$75,600.00	9/27/21	BC2021-527
A-6	2759	CWRU	7/1/22 – 6/30/24	\$75,600.00	10/11/22	BC2022-597
A-7	4147/2759	CWRU	7/1/23 – 6/30/24	\$84,000.00	3/11/2024	BC2024-195

**BC2025-24**

Title	FRONTLINE SERVICES YOUTH ACCEPTANCE PROJECT (FAMILY PRESERVATION AND REUNIFICATION SERVICES)
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5076	Frontline Services	7/1/2024- 6/30/2026	\$100,000.00	pending	

Service/Item Description (include quantity if applicable). The vendor shall provide interventions related to family preservation and reunification intervention and assist families struggling with their child's sexual orientation and/or gender identity/expression. This contract is for a term starting July 1, 20204 until June 30, 2026. This contract shall not exceed \$100,000.00.

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):  
 The goal ultimately is to move families to a place of acceptance of their child.

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: Frontline Services 1744 Payne Ave. Cleveland, Ohio 44114	Owner, executive director, other (specify): Susan Neth- Chief Executive Officer.
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input 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:  n/a	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  This program and vendor were included in the RECLAIM Grant, resulting in a contract exemption.	<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. 100% funded by the RECLAIM Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations and vendors' delay in returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10.11.24
Date documents were requested from vendor:	10.31.24
Date of insurance approval from risk manager:	10.28.24
Date Department of Law approved Contract:	10.28.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**BC2025-25**

TITLE	Camp HOPE America Readiness Grant Program – MOU – Signature needed
DEPARTMENT OR AGENCY	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<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"/> MOU Associated with a Grant Amendment <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)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2018	\$10,000		BC2018-230
AMENDMENT (A-1)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2019	\$5,000	BC2018-230 4/9/2018	BC2019-101
AMENDMENT (A- 2)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2020	\$1,500	BC2019-101 2/4/2019	CON2020-05
AMENDMENT (A- 3)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2021	\$0	CON2020-05 1/13/2020	CON2020-80
AMENDMENT (A- 4)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2022	\$6,500	CON2020-80 11/30/2020	CON2022-14
AMENDMENT (A- 5)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2023	\$0	CON2022-14 2/7/2022	CON2023-09
AMENDMENT (A- 6)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2024	\$0	CON2023-09 1/17/2023	CON2024-02
AMENDMENT (A- 7)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2025	\$0	CON2024-02 1/2/2024	CON2024-99
DESCRIPTION/ EXPLANATION OF THE GRANT:		This is a continuation of the Camp HOPE America Readiness Grant Memorandum of Understanding (MOU) that is required to implement Camp HOPE America in Cuyahoga County. The MOU outlines the			

	expectations and responsibilities associated with implementing Camp HOPE in Cuyahoga County. The affiliation fee associated with this MOU is \$3,500.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Implement Camp HOPE America in Cuyahoga County in 2025
	Provide specialized technical assistance and training
	Mandatory attendance at the National Family Justice Center Conference

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:	All
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.
	Witness Victim Service Center Health and Human Services Levy Fund
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

**BC2025-26**

Title	The Department of Cuyahoga Job and Family Services plans to contract with Manicz Media, LLC, for the January 1, 2025 – December 31, 2025 for Digital Media Advertising.
Department or Agency Name	Department of Cuyahoga Job and Family 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	5054	Manicz Media, LLC	01/01/2025 – 12/31/2025	\$68,500.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Provide digital media advertising services for targeting individuals 18 - 59 living in select zip codes for Department of Job and Family Services (JFS) for awareness and outreach, recruitment, and potential enrollment within the Benefit Bridge Pilot Program. The Benefit Bridge Pilot is state funded. It is designed to help individuals transition smoothly over the benefit cliff to become self-reliant and no longer requiring public assistance. Participants in Benefit Bridge will get in-depth help from a personal coach and a team of other specialists. The program includes support with goal setting, financial education, earned rewards, and other assistance.

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):

Digital advertising, including streaming from January through December 2025 targeting individuals 18 - 59 living in select zip codes (to be provided).

Reach people in Cuyahoga County with household income of \$50,000 or less

Minimum of 260,000 impressions per month for duration of campaign.

Display creative and dashboard capabilities included.

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):
Manicz Media, LLC	Benjamin Raymond - Digital Sales Manager
Vendor Council District:	Project Council District:
N/A	ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	Manicz Media, LLC 2300 Bethelview Rd, Suite 110-276 Cumming, GA 30040

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 10/28/2024	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) 68 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Not the lowest bid, but provider supplied the most comprehensive requested services.	<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.  TANF- 90% Federal/State 10% 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.  HS260195 55130 UCH08620

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: Initiated the assignment, when given, but after getting all documents completed, it was determined that the scope of the contract was incorrect. Updated the contract and had the new contract resigned by the provider

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/19/2024
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Date documents were requested from vendor:	11/21/2024 and 12/17/2024 Updated Contract to be signed
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Date of insurance approval from risk manager:	12/05/2024
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Date Department of Law approved Contract:	12/05/2024
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

**BC2025-27**

Title	Cuyahoga County Health and Human Services Division of Senior and Adult Services (DSAS) and Families and Children First Council (FCFC); CaseWorthy, Inc, Contract for time period 1/1/2025- 6/30/2026 for client and case management software services.
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Department or Agency Name	Division of Senior and Adult Services (DSAS) and Families and Children First Council (FCFC)
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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	5070	CaseWorthy, Inc	1/1/2025 – 6/30/2026	240,200.00	Pending	Pending

Service/Item Description (include quantity if applicable).

CaseWorthy will provide licenses for and professional services to implement and maintain two deployments of its CaseWorthy CORE software as case management software for Cuyahoga Health and Human Services (HHS) –

one for use by the Division of Senior and Adult Services (DSAS) and one or the Family and Children First Council (FCFC) and its partners. The Deployment will include ServTracker for service and delivery, separate web portals for the respective use of DSAS and FCFC providers and clients, and an anonymous referral kiosk for FCFC. The case management system will provide at least the following functionality:

- Client intake and internal routing workflows
- Referrals to and from contracted providers
- Scheduling of client appointments, services, and events
- Recording of case notes and activity
- Client assessments and forms
- Collection and storage of documents
- Collection of invoices
- Management of contract expenditures
- Full implementation of user access controls

The contract amount is \$240,200.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Create software to streamline operations for DSAS and FCFC separately.
- Improve ability to serve Clients effectively.
- Improve our management of data.

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):
CaseWorthy, Inc. PO Box 70837 West Valley City, Utah 84170	Lauren Schmidt Vice President of Sales
Vendor Council District:	Project Council District:
N/A	Varies
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>    14607    </u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation: \$200,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 44 /9	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  CaseWorthy provided the overall best mix of features, and was especially robust in the key areas of service referral, scheduling, billing, and administrative tools for the county to configure and manage the software.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  CaseWorthy was the 3rd lowest annual cost and has reasonable implementation costs.	<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 checked="" 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 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. HS260110 55130 UCH06100
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. On time.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The contract is late because when the contract was drafted, there were several updates requested and once it was accepted and signed by the vendor, we were in the week of Christmas. When we submitted for legal approval that same week, the certificate of insurance needed an update which, due to the holiday season took several days to update and return from the vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/14/2024
Date documents were requested from vendor:	10/15/2024
Date of insurance approval from risk manager:	12/27/2024
Date Department of Law approved Contract:	12/30/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

**C. - Consent Agenda**

**BC2025-28**

Title	Housing and Community Development/ Contract Amendment CM3812 / Lutheran Metropolitan Ministry / Extend Time Period
Department or Agency Name	Housing and Community Development
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3812	Lutheran Metropolitan Ministry	10/01/2023 – 12/31/2024	\$375,000	12/11/2023	BC2023-798
A-1	3812	Lutheran Metropolitan Ministry	10/01/2023 – 05/31/2025	\$0.00	Pending	Pending



<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Housing and Community Development is requesting approval of a contract amendment with Lutheran Metropolitan Ministry to extend the ending date from December 31, 2024 to May 31, 2025.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>Lutheran Metropolitan Ministry will acquire and renovate five housing units for rental to families leaving homelessness as a response to Covid- 19.</li> <li>Lutheran Metropolitan Ministry would serve households with limited resources and provide the opportunity to achieve financial stability and break the cycles of poverty and homelessness through accessible and affordable housing.</li> </ul>

<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):
Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, OH 44103	Maria Foschia, President
Vendor Council District:	Project Council District:
7	The location of the activity may change during the contract period.
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p><b>COMPETITIVE PROCUREMENT</b></p> <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><b>NON-COMPETITIVE PROCUREMENT</b></p> <p>Provide a short summary for not using competitive bid process.</p> <p>Lutheran Metropolitan Ministry was the only submission eligible to use the CDBG-CV funding.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input 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) Exemption
	<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% Community Development Block Grant-COVID-19 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. HC223185 / 55130 / DV-20-CDBG-CV3
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. Vendor requested extension of time period	
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: Did not receive item in procurement until 12/18/24, had to wait until 12/24/24 for law approval of insurance	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/18/24
Date documents were requested from vendor:	N/A

Date of insurance approval from risk manager:	12/24/24
Date Department of Law approved Contract:	12/17/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Requested law approval of insurance 12/18, did not receive until 12/24	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)      Contract began 10/01/2023	
Have payments been made? <input checked="" 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**

(See related list of Contracts \$0.00 - \$4,999.99 and Various Agreements – Processed and executed (no vote required) for the week of 1/13/2025 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**