



**Cuyahoga County Board of Control Agenda
Monday, March 3, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 2/24/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-132

Department of Public Works,

- a) Requesting authority to apply for grant funds from U. S. Department of Transportation Federal Aviation Administration in the total amount not-to-exceed \$807,310.00 in connection with the Federal Aviation Administration Airport Improvement Program for the period 9/5/2024-9/5/2028 at the Cuyahoga County Airport as follows:
 - 1) For the reconfiguration of existing Taxiways A and A3, including the installation of signate and MITL – (Design)
 - 2) To reconstruct Taxiway B Connectors B2, B3 and B4, including the installation of signate and MITL – (Design)
- b) Submitting grant agreements from U. S. Department of Transportation Federal Aviation Administration in the total amount not-to-exceed exceed \$807,310.00 in connection with the Federal Aviation Administration Airport Improvement Program for the period 9/5/2024-9/5/2028 at the Cuyahoga County Airport as follows:
 - 1) For the reconfiguration of existing Taxiways A and A3, including the installation of signate and MITL – (Design)

- 2) To reconstruct Taxiway B Connectors B2, B3 and B4, including the installation of signate and MITL – (Design)

Funding Source: 90% (\$726,579.00) U. S. Department of Transportation Federal Aviation Administration and 10% (\$80,731.00) Cash Match from Capital Improvement Project Fund

BC2025-133

Department of Public Works, submitting an amendment to Contract No. 4470 with JADCO Construction Services, Inc. for restriping and pavement markings in the Cuyahoga County Huntington Park Garage for the period 7/25/2024-12/31/2024 to extend the time period to 9/1/2025, to expand the scope of services to include items identified in Exhibits 3 & 4, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$332,268.00, which includes the contingency fee of \$15,000.00 for deck repairs.

Funding Source: Parking Services Fund

BC2025-134

Department of Development, recommending an Economic Development Loan to JSAACC LLC or designee in the amount not-to-exceed \$450,000.00 for real estate acquisition, construction, furniture, fixtures, equipment, and soft costs for the re-development of the Africa Town Plaza located at 7515 Cedar Avenue in the City Cleveland.

Funding Source: Economic Development Loan Fund

BC2025-135

Department of Sustainability, submitting a Grant Agreement with AquaMissions (via Contract No. 5212) in the amount not-to-exceed \$200,000.00 to provide funding to offer free swim lessons to fourth grade students in the Cleveland Metropolitan School and Warrensville Heights City School Districts to focus on increasing water safety and building the region's freshwater culture effective upon signatures of all parties for a period of 2 years.

Funding Source: U.S. Department of Housing and Urban Development - Fresh Water Institute Development Project Grant

BC2025-136

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems in the amount not-to-exceed \$23,391.44 for a state contract purchase of an ID Badging System, software, miscellaneous equipment, installation and programming services for use by the Cuyahoga County Welcome Center.
- b) Recommending an award on Purchase Order No. 25000620 to Integrated Precision Systems in the amount not-to-exceed \$23,391.44 for a state contract purchase of an ID Badging System, software,

miscellaneous equipment, installation and programming services for use by the Cuyahoga County Welcome Center.

Funding Source: Health and Human Services Levy Fund

BC2025-137

Department of Information Technology on behalf of the Department of Housing and Community Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$12,966.00 for a joint cooperative purchase of (6) each Microsoft Surface Pro 10 Tablets, docking stations, keyboards with slim pens and (12) monitors.
- b) Recommending an award on Purchase Order No. 25000678 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$12,966.00 for a joint cooperative purchase of (6) each Microsoft Surface Pro 10 Tablets, docking stations, keyboards with slim pens and (12) monitors.

Funding Source: Emergency Rental Assistance 2

BC2025-138

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$89,452.00 for a state contract purchase of (44) HP ZBook Firefly mobile workstations, each to include HP Care Pack Absolute Control for Education (5 year warranty), HP Care Pack Premium Onsite Support (4 year warranty) and docking stations for the Veterans Service Commission.
- b) Recommending an award on Purchase Order No. 25000758 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$89,452.00 for a state contract purchase of (44) HP ZBook Firefly mobile workstations, each to include HP Care Pack Absolute Control for Education (5 year warranty), HP Care Pack Premium Onsite Support (4 year warranty) and docking stations for the Veterans Service Commission.

Funding Source: General Fund

BC2025-139

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$7,281.75 for a joint cooperative purchase for maintenance and support services of the XIA Network Taps with various effective dates between 1/28/2025 and 3/3/2025 through 1/27/2026.

- b) Recommending an award on Purchase Order No. 25000774 to SHI International Corp. in the amount not-to-exceed \$7,281.75 for a joint cooperative purchase for maintenance and support services of the XIA Network Taps with various effective dates between 1/28/2025 and 3/3/2025 through 1/27/2026.

Funding Source: General Fund

BC2025-140

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to DNS Technologies, Inc. in the amount not-to-exceed \$44,470.16 for all technical and professional services, labor, equipment, and materials for relocation of the Board of Elections Data Center to 1801 Superior Avenue, Cleveland, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 5189 with DNS Technologies, Inc. in the amount not-to-exceed \$44,470.16 for all technical and professional services, labor, equipment, and materials for relocation of the Board of Elections Data Center to 1801 Superior Avenue, Cleveland, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2025-141

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5205 (fka Contract No. 4129 with OhioGuidestone for sex offender assessment and treatment services for Court referred youth project for the period 7/1/2023 – 6/30/2025 to extend the time period to 6/30/2026; and for additional funds in the amount not-to-exceed \$155,000.00, allocated as follows for the period:

- a) 7/1/2023 – 6/30/2024 \$35,000.00
- b) 7/1/2024 – 6/30/2025 \$60,000.00
- c) 7/1/205 – 6/30/2026 \$60,000.00

Funding Source: RECLAIM grant

BC2025-142

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5207 (fka Contract Nos. 3911 and 4304) with Cleveland Peacemakers, Inc. dba Cleveland Peacemakers Alliance for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026; and for additional funds in the amount not-to-exceed \$110,600.00.

Funding Source: RECLAIM Grant

BC2025-143

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to New Community Restorative Justice L.L.C in the amount not-to-exceed \$150,000.00 to provide restorative justice diversion programming services to court referred youth 14 years of age or older with pending delinquency matters for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into Contract No. 5125 with New Community Restorative Justice L.L.C in the amount not-to-exceed \$150,000.00 to provide restorative justice diversion programming services to court referred youth 14 years of age or older with pending delinquency matters for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

BC2025-144

County Prosecutor, submitting an amendment to a Memorandum of Understanding (via Agreement No. 5089 (fka Agreement No. 4251) with Ohio Attorney General c/o Treasurer, State of Ohio/Bureau of Criminal Identification and Investigation for eight (8) Ohio CODIS familial searches for the period 3/21/2024 – 9/1/2024 to extend the time period to 12/31/2025, to replace Article II, Section B. Renewal Term, to modify payment terms, effective 9/2/2024 and for additional funds in the amount not-to-exceed \$55,709.75 in connection with the FY2021 and FY2022 National Sexual Assault Kit Initiative and Prosecuting Cold Cases grants.

Funding Source: 39% from FY2021 and 43% from FY2022 Department of Justice, Office of Justice Programs, Bureau of Justice Affair - National Sexual Assault Kit Initiative and 18% Department of Justice, Office of Justice Programs, Bureau of Justice Affair - Prosecuting Cold Cases Using DNA grant

BC2025-145

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Promega Corporation in the amount not-to-exceed \$6,548.38 for the purchase of (1) each PowerPlex Fusion System and (1) DNA IQ systems for forensic case work analysis.
- b) Recommending an award on Purchase Order No. 25000780 to Promega Corporation in the amount not-to-exceed \$6,548.38 for the purchase of (1) each PowerPlex Fusion C6 and DNA IQ systems for forensic case work analysis.

Funding Source: General Fund

BC2025-146

Department of Health and Human Services/Office of the Director, submitting a Memorandum of Understanding with Youth Villages, Inc. to define the terms and requirements to receive a funding allocation in the amount not-to-exceed \$300,000.00 for conducting cross-system assessments of existing transition-age youth services to identify opportunities for improvement and to support engagement of

those with lived experience in connection with the Systems Impact Grant effective upon signatures of all parties for a period of 2 years.

Funding Source: \$300,000.00 Youth Villages, Inc. and In-Kind match of \$298,000.00 from Health and Human Services Levy Fund

BC2025-147

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

- a) Submitting an RFP exemption, which will result in a payment to VERGE, Inc. in the amount not-to-exceed \$69,547.84 as final payment for invoices for the period 10/1/2024 – 10/31/2024 for the Comprehensive Case Management Employment Program-Employment, Education and Training Services for Young Adults rendered on Contract No. 2389 during the contract term 4/1/2022 – 10/31/2024.
- b) Recommending a payment on Purchase Order No. 25000231 to Verge, Inc. in the amount not-to-exceed \$69,547.84 as final payment for invoices for the period 10/1/2024 – 10/31/2024 for the Comprehensive Case Management Employment Program-Employment, Education and Training Services for Young Adults rendered on Contract No. 2389 during the contract term 4/1/2022 – 10/31/2024.

Funding Source: Temporary Assistance for Needy Families

C. – Exemptions

BC2025-148

Medical Examiner's Office, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$40,000.00 for the purchase of meals, refreshments and supplies for participants of the Citizens Academy and Medicolegal Death Investigation training programs for the period 3/1/2025 – 12/31/2025:

- a) Dave's Supermarket
- b) Gordon Food Service dba GFS
- c) Italian Cravings DBA Italian Creations
- d) LaPizzeria
- e) Walmart

Funding Source: General Fund – 100% reimbursement from the participants

D. – Consent Agenda

BC2025-149

Department of Public Works, recommending to amend Board Approval No. BC2025-81, dated 2/3/2025, which approved a Direct Open Market Purchase and made an award on Purchase Order No. 25000202 to Gear Grid Corporation for (3) Wall mounted lockers with 9 openings for the Cuyahoga County Maintenance Facility by changing the amount from \$8,205.00 to \$8,978.00.

Funding Source: General Fund

BC2025-150

Department of Health and Human Services, submitting a License Agreement with Greater Cleveland Food Bank, Inc. for office space and workstations for Cuyahoga Job and Family Services' employees to provide individuals served by the Greater Cleveland Food Bank support with employment, benefits and community services offered by Cuyahoga County Department of Health and Human Services for the period 11/1/2023 – 11/1/2026.

Funding Source: n/a

BC2025-151

Department of Purchasing, presenting proposed purchases for the week of 3/3/2025:

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
25000725	Miscellaneous hydraulic hoses	Department of Public Works	Triad Technologies, LLC	Not-to-exceed \$18,000.00	56% Sanitary Sewer Fund, 27% General Fund and 17% Road and Bridge Fund
25000846	Various Dodge repair parts	Department of Public Works	Spitzer Motor City, Inc.	Not-to-exceed \$40,000.00	50% Sanitary Fund and 50% General Fund
25000848	Various cleat tread and cleat parts	Department of Public Works	TruGrit Traction, Inc.	\$5,698.75	Sanitary Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000776	Automotive Repair - Misc. repairs on S-440 Truck for the Fleet Division*	Department of Public Works	Valores Truck Painting & Body	\$8,404.81	Sanitary Sewer Fund
25000872	Factory Authorized – Vehicle transmission replacement services**	Department of Public Works	Tim Lally Chevrolet, Inc.	\$5,779.01	General Fund
25000845	Out-of-home care placement services for the period of 1/6/2025-1/31/2025***	Division of Children and Family Services	Alliance Summit Group, LLC	\$46,643.58	66% Health and Human Services Levy and 34% Title IV-E

					Reimbursement Fund
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*Approval No. BC2023-513, dated 8/14/2023, which approved an alternative procurement process resulting in award recommendations and issuance of purchase orders to various vendors in the amount not-to-exceed \$125,000.00 for the purchase of various automotive repair services in connection with vehicles involved in an accident for the Fleet Division on an as-needed basis for the period 8/14/2023 – 8/13/2025.

**Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which amended BC2022-735, dated 11/29/2022, which approved an alternative procurement process resulting 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.

***Approval No. BC2024-987, dated 12/23/2024, which amended BC2024-77 dated 1/29/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2024 in the amount not-to- exceed \$1,000,000.00 by extending the time period to 12/ 31/ 2025 and by changing the amount not-to-exceed from \$1,000,000.00 to \$1,500,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Human Resources, submitting a grant agreement with Ohio Department of Development in the amount of \$29,995.00 for reimbursement of technology training for County employees in connection with the Ohio TechCred grant program for the period 10/1/2024-1/31/2026.

Funding Source: General Fund eligible for reimbursement by Ohio Department of Development

Item No. 2

Department of Public Safety and Justice Services, submitting a grant agreement with Ohio Emergency Management Agency in the amount of \$193,702.00 for the FY2024 Emergency Management Performance Grant Program for the period 10/1/2023 – 12/31/2025.

Funding Source: Office of Emergency Management

Item No. 3

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to a grant award with Cleveland Foundation for Improving the Linguistic Environment in Infant and Toddler Classrooms in connection with LENA Grow Program for the period 7/1/2023 – 12/31/2024 to extend the time period to 7/1/2025; no additional funds required.

Funding Source: Cleveland Foundation

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	5112	Jolie Higazi Coaching	Effective communications training sessions	\$4,500.00	Public Defender's Office	2/1/2025 – 4/30/2025	General Fund	(Executive) 2/13/2025 (Law) 2/12/2025
2667	4761 (fka Contract Nos. 1164, and 3348)	Applewood Centers, Inc.	Master contract with various for residential treatment services; to modify the terms of the addendum	\$0.00	Court of Common Pleas/Juvenile Court Division	1/1/2024 – 12/31/2025	(Original) Health and Human Services Levy Fund	(Executive) 2/13/2025
2667	4762 (fka Contract No. 1165 and 3310)	Bellefaire Jewish Children's Bureau	Master contract with various for residential treatment services to modify the terms of the addendum	\$0.00	Court of Common Pleas/Juvenile Court Division	1/1/2024 – 12/31/2025	(Original) Health and Human Services Levy Fund	(Executive) 2/13/2025

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	Reconstruction of Miles Road from Brainard Road to Lander Road (south side only) in the City of Solon- Council District 6	\$501,348.00		\$250,000.00 County Road and Bridge Funds \$251,348.00 City of Solon	(Executive) 2/24/2025

Item No. 5

Purchases Processed Not-to-Exceed \$5,000.00 for the period 1/1/2025 – 12/31/2025 (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 “3/3/2025 – Board of Control Meeting”.

VI – PUBLIC COMMENT**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control

Monday, February 24, 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 11:01 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)

Mellany Seay, Finance and Operations Administrator, Department of Public Works

(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner attended at 11:07 a.m.

Trevor McAleer, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

II. – REVIEW MINUTES – 2/18/2025

Leigh Tucker motioned to approve the minutes from the February 18, 2025, meeting; Robert Schleper 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

BC2025-115

Department of Public Works, recommending an award on RQ15234 and enter into Purchase Order No. 25000317 with Greve Chrysler, Jeep, Dodge Ram (12-3) in the amount not-to-exceed \$80,880.00 for the purchase of (2) replacement, new, never titled 2025 Dodge Durango Pursuit for the County's Fleet Division.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-115 was approved by unanimous vote.

BC2025-116

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with Northeast Ohio Areawide Coordinating Agency (via Contract No. 5161) in the amount not-to-exceed \$50,000.00 to conduct an Engineering and Feasibility Study for the Cuyahoga Valley Scenic Railroad Extension to spur economic growth in Cuyahoga County effective upon contract signatures of all parties for a period of 1 year.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2025-116 was approved by unanimous vote.

BC2025-117

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$126,046.00 for a state contract purchase of (62) HP ZBook Firefly mobile workstations, each to include HP Care Pack Absolute Control for Education (5 year warranty), HP Care Pack Premium Onsite Support (4 year warranty), docking stations for the Public Defender's Office.
- b) Recommending an award on Purchase Order No. 25000668 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$126,046.00 for a state contract purchase of (62) HP ZBook Firefly mobile workstations, each to include HP Care Pack Absolute Control for Education (5 year warranty), HP Care Pack Premium Onsite Support (4 year warranty), docking stations for the Public Defender's Office.

Funding Source: General Fund (with anticipated 85% reimbursement from Ohio Public Defender)

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-117 was approved by unanimous vote.

BC2025-118

Court of Common Pleas/Juvenile Court Division, submitting a grant award from Ohio Department of Youth Services in the amount of \$95,150.00 for implementing the Credible Messenger Mentoring Movement program in connection with FY2025 Competitive RECLAIM Grant.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2025-118 was approved by unanimous vote.

BC2025-119

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics, LLC in the amount not-to-exceed \$163,170.00 for the purchase of 2 additional units of GrayKey Software Licenses to unlock and decrypt data in mobile devices for the period 2/24/2025 – 12/22/2027 for use by the Internet Crimes Against Children Task Force.
- b) Recommending an award on Purchase Order No. 25000253 recommendation to Magnet Forensics, LLC in the amount not-to-exceed \$163,170.00 for the purchase of 2 additional units of GrayKey Software Licenses to unlock and decrypt data in mobile devices for the period 2/24/2025 – 12/22/2027 for use by the Internet Crimes Against Children Task Force.

Funding Source: Ohio Attorney General Grant Award

Molly Katusin, County Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-119 was approved by unanimous vote.

BC2025-120

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to DataPilot, Inc. in the amount not-to-exceed \$8,790.00 for 1 year renewal of (2) Cyacomb Mobile Triage software licenses and (2) Datapilot software licenses and support for the period 3/7/2025 – 3/6/2026 for the Internet Crimes Against Children.
- b) Recommending an award on Purchase Order No. 25000278 to DataPilot, Inc. in the amount not-to-exceed \$8,790.00 for 1 year renewal of (2) Cyacomb Mobile Triage software licenses and (2) Datapilot software licenses and support for the period 3/7/2025 – 3/6/2026 for the Internet Crimes Against Children.

Funding Source: General Fund

Molly Katusin, County Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-120 was approved by unanimous vote.

BC2025-121

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Pen-Link, Ltd. in the amount not-to-exceed \$16,597.77 for the renewal of PLX software licenses, Professional and Search Warrant editions for the period 1/1/2025 – 12/31/2027.

- b) Recommending an award on Purchase Order No. 25000360 to Pen-Link, Ltd. in the amount not-to-exceed \$16,597.77 for the renewal of PLX software licenses, Professional and Search Warrant editions for the period 1/1/2025 – 12/31/2027.

Funding Source: General Fund

Ryan Bokoch, County Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-121 was approved by unanimous vote.

BC2025-122

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amico LLC dba United Business Supply in the amount not-to-exceed \$23,460.00 for annual purchase of (1,000) cases clear can liners.
- b) Recommending an award on Purchase Order No. 25000502 to Amico LLC dba United Business Supply in the amount not-to-exceed \$23,460.00 for annual purchase of (1,000) cases clear can liners.

Funding Source: General Fund

Alison Bilak, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-122 was approved by unanimous vote.

BC2025-123

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vasu Communications, Inc. in the amount not-to-exceed \$7,172.06 for a state contract purchase of (2) Kenwood Viking Car Radios and accessories for SWAT Bearcat vehicle.
- b) Recommending an award on Purchase Order No. 25000328 to Vasu Communications, Inc. in the amount not-to-exceed \$7,172.06 for a state contract purchase of (2) Kenwood Viking Car Radios and accessories for SWAT Bearcat vehicle.

Funding Source: Federal Equitable Sharing Account

Padraig Devlin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-123 was approved by unanimous vote.

BC2025-124

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to LexisNexis, a division of RELX Inc. in the amount not-to-exceed \$8,790.00 for online access to legal materials for inmates in the County Jail for the period 2/1/2025 – 1/31/2026.

- b) Recommending an award on Purchase Order No. 25000351 to LexisNexis, a division of RELX Inc. in the amount not-to-exceed \$8,790.00 for online access to legal materials for inmates in the County Jail for the period 2/1/2025 – 1/31/2026.

Funding Source: General Fund

Alison Bilak, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2025-124 was approved by unanimous vote.

BC2025-125

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to ReWorld Solutions, LLC in the amount not-to-exceed \$9,000.00 for incineration of evidence no longer needed for criminal cases.
- b) Recommending an award on Purchase Order No. 25000733 to ReWorld Solutions, LLC in the amount not-to-exceed \$9,000.00 for incineration of evidence no longer needed for criminal cases.

Funding Source: Federal Equitable Sharing Account

Anthony Eddleman, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-125 was approved by unanimous vote.

BC2025-126

Medical Examiner's Office, submitting an amendment to Contract No. 4294 with Hitachi High-Tech America, Inc. for preventive maintenance services on the Hitachi S-3400N-II PC/VP scanning electron microscope for the period 9/1/2023 – 8/31/2026 to change the time period to 4/1/2024 – 3/31/2027, to change the terms of payments to annually, to acknowledge prior payment of \$16,608.00 is applied to year 1; and to amend Exhibits A-1, A-2 and A-3 scope of services, effective upon signatures of all parties; no additional funds required.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-126 was approved by unanimous vote.

BC2025-127

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

- a) Submitting an RFP exemption, which will result in a payment to Charter Communications Operating, LLC dba Spectrum Reach, LLC in the amount not-to-exceed \$1,938.00 as final payment for invoices for the period 11/25/2024 – 12/29/2024 for targeted, digital display and video advertising services to promote services available for women ages 35-75 from the Division of Senior and Adult Services rendered on Contract No. 3029 during the contract term 1/1/2023 – 12/31/2024.

- b) Recommending a payment on Purchase Order No. 25000572 to Charter Communications Operating, LLC dba Spectrum Reach, LLC in the amount not-to-exceed \$1,938.00 as final payment for invoices for the period 11/25/2024 – 12/29/2024 for targeted, digital display and video advertising services to promote services available for women ages 35-75 from the Division of Senior and Adult Services rendered on Contract No. 3029 during the contract term 1/1/2023 – 12/31/2024.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked are you able to provide a list of locations of the digital displays. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-127 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-128 through BC2025-130; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-128

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

Funding Source: Revenue Generating

BC2025-129

Fiscal Department, presenting proposed travel/membership requests for the week of 2/24/2025:

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood							
Event:	Zero to Three Learn Conference							
Source:	Zero to Three							
Location:	Minneapolis, MN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shawna Rohrman	3/16/2025 – 3/20/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Health and Human Services Levy

*Paid to host

**Staff reimbursement

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

**** Zero to Three will cover all expenses

- Registration – \$515.00
 - Meals - \$240.00
 - Lodging – \$821.28
 - Ground TRN/ Mileage - \$188.00
 - Airfare – \$606.97
- Total: \$2,371.25

Purpose:

The Zero to Three conference will be presenting cutting-edge information and research, discussions focused on innovations in the field and a chance to share insights on where this group is heading. Also, the opportunity to meet and connect with various professionals in the early childhood field. Speakers at the event are some of early childhood's most inspiring thinkers, leaders, researchers and doers.

BC2025-130

Department of Purchasing, presenting proposed purchases for the week of 2/24/2025:

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
25000605	(37,440) U.S. Flags for Veterans Service Commission	Department of Public Works	Bridge Associates LLC dba U.S. Flagmaker	\$24,710.40	General Fund
25000683	Various bulk metal parts and services	Department of Public Works	Aztec Steel Corporation	Not-to-exceed \$17,000.00	53% Sanitary Fund, 29% Road and Bridge Fund and 18% General Fund
25000692	Various replacement brushes for the broom vehicle at the County Airport	Department of Public Works	M- B Companies, Inc.	\$8,297.70	General Fund
25000701	Various Freightliner parts	Department of Public Works	Valley Freightliner Trucks dba Cleveland Freightliner, Inc.	Not-to-exceed \$35,000.00	60% Sanitary Fund and 40% Road and Bridge Fund
25000702	Various automotive parts and labor	Department of Public Works	Truck Service, Inc. dba EAB Truck Service	Not-to-exceed \$49,000.00	71% Sanitary Fund, 21% Road and Bridge Fund and 8%

					General Fund
25000709	(1) New, never titled 2024 Chevrolet Equinox	Department of Public Works	Dave Hallman Chevrolet, Inc.	\$28,995.00	General Fund
25000742	Various replacement auto parts	Department of Public Works	Genuine Parts Co. dba NAPA Auto Parts	Not-to-exceed \$49,000.00	49% Sanitary Fund, 22% Road and Bridge Fund and 29% General Fund
25000743	Purchase of various truck parts for the Fleet Division	Department of Public Works	Abel Truck & Automotive Supply	Not-to-exceed \$39,000.00	64% Sanitary Fund, 26% Road and Bridge Fund and 10% General Fund

V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2025-131

Department of Public Works, recommending an award to Industrial Water Management LLC, dba IWM-USA, LLC. in the amount not to-exceed \$25,000.00 for emergency water management services at the Justice Center.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. Robert Schleper asked when we talk about emergency management services understanding what that can look like what is the situation within the jail that is mandating this as an emergency situation. Trevor McAleer asked what we are doing for the inmates in terms of drinking water; asked is the water safe to drink; asked are we supplying bottled water; asked was there a particular event or something that caused us to do the testing or is that part of routine checks; asked does the State inspect the water as part of their annual inspection of the jail. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2025-131 was approved by unanimous vote.

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a Subrecipient Agreement with Cuyahoga County Land Reutilization Corporation in the amount of \$6,810,362.00 to set forth responsibilities and obligations of the parties for implementation of the Brownfield Remediation Program for the period 7/4/2023 – 6/30/2025.

Funding Source: Ohio Department of Development

Item No. 2

Department of Public Works/Division of Public Utilities, submitting a grant award from Cleveland Foundation in the amount of \$15,000.00 for engineering services in connection with Cuyahoga Green Energy Behind the Meter Solar - Commercial, Non-profit, Local Government Project for the period 2/1/2025 - 1/31/2026.

Funding Source: The Cleveland Foundation

Item No. 3

Court of Common Pleas/Juvenile Court Division, submitting a grant award from Ohio Department of Youth Services in the amount of \$12,710.03 to create a mural and reduce noise in a trauma informed setting via noise canceling installation in connection with the FY2025 ODYS Behavioral Health Grant.

Funding Source: FY2025 Ohio Department of Youth Services

Item No. 4

Court of Common Pleas/Juvenile Court Division, submitting a Funding Application Update to a grant agreement and funding application to the State of Ohio, Department of Youth Services for various programs in connection with the RECLAIM Ohio Grant for the period 7/1/2023 – 6/30/2025 to make budget line item revisions and to change the amount from \$9,796,596.67 to \$9,767,485.50.

Funding Source: SFY2025 RECLAIM Ohio Grant

Item No. 5

Court of Common Pleas/Juvenile Court Division, submitting a grant award from Ohio Department of Youth Services in the amount of \$75,000.00 for the establishment of Pre-Arrest Support Services (PASS) program in connection with FY2025 Competitive RECLAIM Grant Program.

Funding Source: RECLAIM Grant

Item No. 6

Department of Health and Human Services/Division of Senior and Adult Services, submitting a grant agreement with Western Reserve Area Agency on Aging in the amount of \$204,820.12 for the Older Americans Act/Senior Community Services Program in connection with the Aging and Disability Resource Network Grant Program for the period 1/1/2025 – 12/31/2025.

Funding Source: Western Reserve Area on Aging through the Older Americans Act/Senior Community Services

Item No. 7

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
14045	4685	Advanced Server Management Group, Inc. "ASMGi"	for migration to .gov domain for local government websites	\$0	Department of Public Safety and Justice Services	8/15/2024 – 2/12/2025 to extend the time period to 6/30/2025	(ORIGINAL) 85% FY2021 State Homeland Security Grant Fund and 15% FY2022 Urban Area Security Initiative Grant Fund	2/18/2025 (Executive) 2/19/2025 (Law)
n/a	4968 (formerly Contract Nos. 2941 and 1796)	OhioGuidestone	for educational and vocational support services for Court-referred youth to change the unit rate section from per diem/daily rates: to hourly \$64.92 for 7/1/2024 – 6/30/2025 and \$67.66 for 7/1/2025-6/30/2026	\$0	Court of Common Pleas/Juvenile Court Division	8/1/2021 – 6/30/2026	(ORIGINAL) RECLAIM Grant	2/19/2025 (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
R2024-0333	Reconstruction of McCracken Road from East 119th Street to East 113 th Street including the intersection with Henry Street in the City of Garfield Heights - Council District 8	\$557,575.00		\$250,000.00 County Road and Bridge Funds \$307,575.00 City of Garfield Heights	2/11/2025

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Robert Schleper seconded. The motion to adjourn was unanimously approved at 11:22.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-132

TITLE	3-39-0021-36-2024
DEPARTMENT OR AGENCY NAME	Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p style="padding-left: 20px;">➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	3-39-0021-36-2024	9/5/24-9/5/28	\$807,310	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Reconfigure Existing Taxiway A, Reconfigure Existing Taxiway A3, Reconstruct Taxiway B Connectors B2				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Reconfigure Existing Taxiway A				
	Reconfigure Existing Taxiway A3				
	Reconstruct Taxiway B Connectors B2				

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Federal Aviation Administration, Ohio Department of Transportation Aviation
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	\$40,366

BC2025-133

Title	Public Works – JADCO Construction Services, Inc. - Amendment - Pavement Markings & Re-striping at the Huntington Park Garage
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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0	CM4470	JADCO Construction Services, Inc.	7.25.2024 – 12.31.2024	\$559,490.00	7.24.2025	R2024-0261
A-1	CM4470	JADCO Construction Services, Inc.	Upon Signature - 9.1.2025	\$332,268.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Public Works is requesting to amend the contract with JADCO Construction, to extend the contract through September 1, 2025 and will be adding an additional \$332,268.00 to this contract for the completion of the work.

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

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

Project Goals, Outcomes or Purpose (list 3):

To extend the existing contract term and add funds to the contract with JADCO, allowing additional time complete the pavement markings and re-stripping of the Huntington Park Garage project.

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: JADCO Construction Services, Inc. 9901 York Theta Drive North Royalton, Ohio 44133	Owner, executive director, other (specify): Andrew Biegacki, Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: The original RQ#13412 and was procured as an RFP.	Provide a short summary for not using competitive bid process. JADCO Construction Services, Inc. is the current vendor and is requiring additional time to complete the project scope. *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) Was originally procured as an RFP.
	<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. General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW600120 / 55220
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. This is a project based contract and the vendor is requiring additional time to the contract in order to complete the full scope of the contract.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: Time was required to negotiate the appropriate scope of services increase.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12.19.2024
Date documents were requested from vendor:	12.19.2024
Date of insurance approval from risk manager:	2.5.25
Date Department of Law approved Contract:	12.19.2024
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) N/A - The original contract is in place.	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This has been an ongoing project and the vendor has been paid up to date for services already completed, within the contract time period.	

HISTORY (see instructions):

BC2025-134

Title	2025 – Department of Development; JSAACC LLC or designee; Economic Development Loan; Portfol Loan No. 378-01-01
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <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	Pending	JSAACC LLC or Designee	17 Years	\$450,000	Pending	Pending

<p>Loan Description and Terms.</p> <p>Department of Development is seeking approval of an Economic Development Loan to JSAACC LLC (Developer), a newly created entity principally owned by James Sosan. The entity has been created to facilitate the re-development of the Africa Town Plaza Redevelopment located at 7515 Cedar Avenue, Cleveland, Ohio.</p> <p>Loan Amount: not to exceed \$450,000</p> <p>Loan Terms: 2 years interest-only followed by 15 years P&I based on a 15-year amortization at 5.5% interest.</p> <p>Loan Security: A subordinate mortgage and assignment of leases and rents a personal guarantee from James Sosan.</p> <p>Project Purpose/Goals, Outcomes(List 3):</p> <p>Renovation of vacant buildings, preservation of historic property, and creation of new jobs</p>
--

Loan proceeds may be used for real estate acquisition, construction, furniture, fixtures, equipment, and soft costs related to the project at 7515 Cedar Avenue, Cleveland, OH

Number of Jobs created: 9

Number of Jobs retained: 0

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

In the boxes below, list Borrower/Vendor, 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):
JSAACC LLC 32890 Bainbridge Road Solon, OH 44139	James Sosan
Vendor Council District: 6	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	7515 Cedar Avenue, Cleveland, OH

NON-COMPETITIVE PROCUREMENT - X

Provide a short summary for not using competitive bid process.

Economic Development Loan

☐ Exemption

☐ Alternative Procurement Process

☐ Contract Amendment (list original procurement)

☒ Other Procurement Method, please describe:

Loan

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.

Economic Development Fund

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

Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☒ Other (please explain):
Reimbursement for costs

Provide status of project.

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

Reason:

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

HISTORY (see instructions): N/A

BC2025-135

Title	Swimming Lessons for Fourth Grade Students in the Cleveland Municipal School District and Warrensville Heights City Schools		
Department or Agency Name	Department of Sustainability		
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 checked="" type="checkbox"/> Other (please specify): Subgrant Award		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM5212 EXMT	AquaMissions	2 Years	\$200,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Sustainability plans to contract with AquaMissions, for a time period of two-years for Swimming Lessons for Fourth Grade Students in the Cleveland Municipal School District and Warrensville Heights City Schools in the amount of \$200,000.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): AquaMissions is an Ohio non-profit organization that exists to save and change lives by building trust and enhancing skills through introductory water experiences, safety instruction and swim lessons for the youth of Greater Cleveland.

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):
AquaMissions 383 Columbia Road Bay Village, Ohio 44104	Dr. Lynne J. Nagy
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. Cuyahoga County received a Congressional Appropriation from Congresswoman Shontel Brown in which \$200,000.00 of Federal Funding will be used to expand Aqua Missions' program. As this is a subgrant, per procurement procedure, an exemption process is being followed. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:
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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. 100% Cuyahoga County Fresh Water Institute Development Project EX275105
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): This is a new project being funded with grant funds to be received in 2025.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input 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):

BC2025-136

Title	PO25000620STAC- 2025- Procurement of IPS special Badging systems for the CC Welcome Center
Department or Agency Name	The Department of Information Technology

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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.
	PO25000620 STAC	IPS- Integrated Precision Systems	2025	\$23,391.44	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of information technology plans to contract with Integrated Precision Systems to purchase, install and program a special ID Badging Systems for the Cuyahoga County Welcome Center, in the amount of \$23,391.44.</p> <p>This request is on behalf of the Cuyahoga County Welcome Center for the procurement, installation, and programming of a special ID Badging System for the Migrants. This includes the printer and printing supplies, blank PVC cards, for Identification only, with printer option of a laminate overlay, and related supplies and equipment.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. This request is on behalf of the Cuyahoga County Welcome Center for the procurement, installation, and programming of a special ID Badging System for the Migrants.

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):
Integrated Precision Systems 8555 Sweet Valley Drive, Suite B; Valley View, OH 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>IPS is able to provide Cuyahoga County the requested hardware using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award: IPS Ohio State Term Contract #: 010018 Contract end date: 1/31/2027</p> <p>This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) _____ / _____</p>	<p><input checked="" type="checkbox"/> State Contract, list STS number and expiration date</p> <p>Contract #: 010018 Contract end date: 1/31/2027</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): (<input type="checkbox"/>) DBE (<input type="checkbox"/>) SBE (<input type="checkbox"/>) MBE (<input type="checkbox"/>) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (<input type="text"/>).</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____</p>	<p><input type="checkbox"/> Government Purchase</p>
	<p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p>
	<p><input type="checkbox"/> Other Procurement Method, please describe: _____</p>
<p>Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:</p>	
<p><input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.</p>	<p>If item is not on IT Standard List state date of TAC approval: _____</p>
<p>Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.</p>	

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

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

100% HHS Levy Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
HS260100 55130 UCH09999

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

BC2025-137

Title	Department of Information Technology on behalf of the Department of Housing and Community Development		
Department or Agency Name	Three Mobile Workstations for the County Sheriff		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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	25000678 JCOP	MNJ Technologies Direct, Inc.		\$12,966.00	PNDING	PENDING
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Service/Item Description (include quantity if applicable).

The Department of Information Technology on behalf of the Department of Housing and Community Development plans to contract with MNJ Technologies Direct, Inc., for Six Surface Pros for the Department of Housing & Community Development in the amount of \$12,966.00.

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 Department of Information Technology on behalf of the Department of Housing and Community Development plans to contract with MNJ Technologies Direct, Inc., for Six Surface Pros for the Department of Housing & Community Development in the amount of \$12,966.00.

Qty. 6 Microsoft Surface Pro 10 Tablet
Qty. 6 Microsoft Surface Dock 2
Qty. 6 Surface Pro Keyboard with Slim Pen
Qty. 12 HP P22h G5 22" Class Full HD LCD Monitor

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Ohio State term contract pricing. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA contract # NCPA - 01-148 expires November 30, 2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Emergency Rental Assistance 2 (ERA2)
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. HC350105
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):

BC2025-138

Title	Department of Information Technology
Department or Agency Name	Three Mobile Workstations for the County Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000758 STAC	MNJ Technologies Direct, Inc.		\$89,452.00	PNDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Forty-Four Mobile Workstations for the Veterans Service Commission in the amount of \$89,452.00.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Forty-Four Mobile Workstations for the Veterans Service Commission in the amount of \$89,452.00.</p>

Qty. 44 HP ZBook Firefly Mobile Workstations
 Qty. 44 HP Carepack Absolute Data Control
 Qty. 44 HP Carepack Warranty
 Qty. 44 HP USB-C Docking Stations

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Ohio State term contract pricing. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534489 expires July 2, 2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. VC100100
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):

BC2025-139

Title	PO25000774EXMT-2025- Procurement of Ixia Network Tap Support	
Department or Agency Name	The Department of information Technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25000774 EXMT	SHI Internatio nal Corp	Effective date -1.27.2026	\$7,281.75	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp for procurement of Ixia Network Tap Support in the amount of \$7,281.75</p> <p>Ixia Network Tap provides IT infrastructure management software copy of network traffic to send to security devices. Ixia network taps are used to monitor and analyze network traffic. They provide a way to capture network data without interrupting the flow of traffic, allowing for real-time monitoring and analysis.</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): Procurement of Ixia Network Tap Support, 1-year term.</p>
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In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This purchase is an exemption however, SHI is able to provide the County with Cooperative purchasing pricing under contract Name: SW 121923-SHI Contract #: SW 121923-SHI Expires: 2.27.2028 Ixia Network Tap provides IT infrastructure management software copy of network traffic to send to security devices. Ixia network taps are used to monitor and analyze network traffic. They provide a way to capture network data without interrupting the flow of traffic, allowing for real-time monitoring and analysis. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
IT100135

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: Vendor's AIG registration was expired.

Timeline

Project/Procurement Start Date (date your team started working on this item):	1/1/2025
Date documents were requested from vendor:	1/14/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A

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

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24001774 JCOP	SHI international Corp	9/28/2024-1/27/2025	\$7,141.93	5/6/2024	BC2024-342

BC2025-140

Title	CM5189-2025-Procurement of DNS Technologies INC Services Contract
Department or Agency Name	The Department of Information Technology
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM5189	DNS Technologies INC	Effective Date- 1 year	\$44,470.16	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Cuyahoga County Department of Information Technology, on behalf of the Board of Elections, intends to enter into a one-year contract with DNS Technologies for services totaling \$44,470.16.

The scope of services includes the relocation of data center equipment from the BOE Hughes Building to 1801 Superior, which entails the following:

- Disassembly, packing, transportation, unpacking, assembly, and powering up of equipment at the new location
- Support with system startup and troubleshooting
- Documentation of both the current and future states of the data center
- Coordination for the procurement of additional materials as needed
- Post-relocation cleanup

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

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

Project Goals, Outcomes or Purpose (list 3):

1. To enter into a one-year contract with DNS Technologies for services that includes the relocation of data center equipment from the BOE Hughes Building to 1801 Superior

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):
DNS Technologies, INC 1090 Berea Industrial Parkway Berea, OH 44017	David Ponstingle Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	<p>DNS Technologies is prepared to collaborate with the County to deliver the required service. Given the county's preference for a local company with relevant experience, DNS is well-positioned to meet the county's needs within a short timeframe, particularly as the BOE relocation is anticipated for Q1 2025.</p> <p>Considering the potential length of the County's procurement process, which may extend up to six months, we are requesting approval to bypass the competitive bidding process in this instance.</p> <p>DNS Technologies, INC, has previously completed similar projects for the County, which gave the department confidence in their qualifications and capabilities.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW600120
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-141

Title	SEX OFFENDER ASSESSMENT AND TREATMENT SERVICES OHIOGUIDESTONE		
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-#)	Contra ct No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.

(O)	4129	OhioGuidestone	7/1/23-6/30/25	\$30,000.00	02/26/2024	BC2024-155
(A-#1)	4129	OhioGuidestone	7/1/23-6/30/26	\$155,000.00	PENDING	

Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☐ Existing service or purchase. Contract amendment for Sex Offender Assessment and Treatment Services to extend the time period from July 1, 2023, until June 30, 2026. The not to exceed amount is \$185,000.00

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

Project Goals, Outcomes or Purpose (list 3): The delivery of Sex Offender Assessment and Treatment services shall be family centered and trauma informed for youth receiving treatment services. The vendor shall ensure all services maintain fidelity to protect the program's cognitive -behavioral therapy interventions.

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

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

Vendor Name and address:
OhioGuidestone
343 W. Bagley Rd.
Berea, Ohio 44017

Owner, executive director, other (specify):
Brent Russell -President & CEO

Vendor Council District:

Project Council District:

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

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

() MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.	
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This is a contract amendment	<input checked="" type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% funded through 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.	
<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 contract amendment is timely because it expires on 6.30.25	
Timeline: Project/Procurement Start Date (date your team started working on this item):	12/3/2024
Date documents were requested from vendor:	12/30/2024
Date of insurance approval from risk manager:	11/25/2024

Date Department of Law approved Contract:	12/3/2024
Date item was entered and released in Infor:	2/3/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-142

Title	CONTRACT AMENDMENT FOR MENTORING SERVICES CLEVELAND PEACEMAKERS, INC
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)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	3911	Cleveland Peacemakers Inc.	7/1/2023-6/30/2024	\$70,312.00	11/20/2023	BC2023-745
(A)-1	5207/4304/3911	Cleveland Peacemakers Inc.	7/1/2023-6/30/2026	\$110,600.00	pending	

<p>Service/Item Description (include quantity if applicable).</p> <p>The Cuyahoga County Court of Common Pleas, Juvenile Division plans to amend Contract No. 5207 fka 4304 with Cleveland Peacemakers, Inc., to extend the time period of the contract to June 30, 2026, and increase the funds in the amount of \$110,600.00 for mentoring services in the amount not to exceed \$180,912.00.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>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>Youth participants will not incur new delinquency charges while participating in the program and youth admitted to the program will remain in the community and avoid an out of home placement or ODYS commitment at program termination.</p>

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In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Cleveland Peacemakers Inc. 1650 E. 55 th St. Unit 603127 Cleveland, Ohio 44103	Owner, executive director, other (specify): Myesha Watkins Executive Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the RECLAIM Grant notification award and approval process, and issues with the grant budget on activity codes, vendors' delay in returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.7.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) recurring grant program	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-143

Title	RESTORATIVE JUSTICE PROGRAM NEW COMMUNITY RESTORATIVE JUSTICE L.L.C.
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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5125	New Community Restorative Justice LLC	7/1/24- 6/30/26	\$150,000.00	Pending	Pending

Service/Item Description (including quantity if applicable). The vendor shall provide Restorative Justice Programming delivered in a circle process and conducted by a trained RJP facilitator. The court desires to contract with the vendor for a term starting July 1, 2024, until June 30, 2026. This contract shall not exceed \$150,000.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Vendor to provide Restorative Justice Programming for youth and shall prepare each participant in a trauma-informed manner for persons harmed to be able to express how they have been impacted.

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: New Community Restorative Justice LLC 6114 Francis Ave. Cleveland, Ohio 44127	Owner, executive director, other (specify): Richard Gibson, Executive Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / This is an RFP Exemption- County Code 501.12(D). This vendor and program were written and funded 100% by the RECLAIM Grant.	<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 RFP Exemption- County Code 501.12(D). This vendor and program were written and funded 100% by the RECLAIM Grant.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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 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, and vendors' delay in returning documents, purchasing insurance (finding an agent), and understanding how to register in INFOR.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Started negotiations 11/2/23 – Completed 8/26/24
Date documents were requested from vendor:	10/31/2024
Date of insurance approval from risk manager:	11/2/2023,
Date Department of Law approved Contract:	8/26/2024
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):

BC2025-144

Title	MOU with AGO BCI for Ohio CODIS Familial Searching to advance criminal investigations
Department or Agency Name	Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM4251	Ohio Attorney General	3/12/24 – 9/1/24	\$65,915.28	3/11/24 Signed by exec 3/21/24	BC2024-198

A-1	CM5089 Tech problem copied CM4251	Ohio Attorney General	Renewal option 3/12/24 to 12/31/25	\$55,709.75	Pending	pending
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Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☒ Existing service or purchase.

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):

Identify sources of DNA on crime scene evidence through Ohio CODIS Familial searching

Advance cold case investigations via Ohio CODIS Familial searching leads

Reduce number of unsolved sexual assaults and homicides via Ohio CODIS familial searching leads

Prosecute violent offenders identified through Ohio CODIS Familial searches

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Ohio Attorney General, 30 East Broad Street, 15 th Floor, Columbus, Ohio 43215	Dave Yost, Ohio Attorney General
Vendor Council District: n/a	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	BCI has sole access to the Ohio CODIS offender database and is the only entity in Ohio to run Ohio CODIS familial searches. *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	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

() MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: BCI has sole access to the Ohio CODIS offender database and is the only entity in Ohio to run Ohio CODIS familial searches.	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<p>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.</p> <p>FY 2021 Department of Justice, Bureau of Justice Assistance, Sexual Assault Kit Initiative grant (15PBJA-21-GG-04308-SAKI) (Activity PS285105 PS-22-SAKI) includes Recert of unused \$8,031.26 from original amendment to move to active grant year and additional 39% from Amendment 1 in the amount of \$21,968.74.</p> <p>FY 2022 Department of Justice, Bureau of Justice Assistance, Sexual Assault Kit Initiative grant (15PBJA-22-GG-03774-SAKI) will support 43% or \$23,741.01 of Amendment 1 total of \$55,709.75.</p> <p>FY 2021 Department of Justice, Bureau of Justice Assistance, Prosecuting Cold Cases Using DNA grant (15PBJA-21-GG-04357-DNAX) will support 18% or \$10,000 of Amendment 1 total of \$55,709.75.</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase		Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Agreement to start upon BOC approval		
Timeline:	10/1/24	
Project/Procurement Start Date (date your team started working on this item):		
Date documents were requested from vendor:	12/24	
Date of insurance approval from risk manager:	n/a	
Date Department of Law approved Contract:	Contract developed by Prosecutor Civil Division	
Date item was entered and released in Infor:	1/22/25	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: CM4251 had error with submission of decert to OBM – decert processed but IT recommended to move CM4251 to a new contract file and created CM5089 for moving forward with amendment		
If late, have services begun? <input type="checkbox"/> No <input checked="" 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):

BC2025-145

Title	The Medical Examiner's Office requests approval of Purchase Order No. 25000780-EXMT to Promega Corporation, for the purchase of grant-funded DNA kits and supplies in the amount of \$6,548.38 for Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) Parentage and Identification case work analysis.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	PO#25000780-EXMT	Promega Corporation	na	\$6,548.38	pending	pending

Service/Item Description (include quantity if applicable). These are specialized DNA kits used for Parentage and Identification case work analysis.
--

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

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):
Promega Corporation 2800 Woods Hollow Rd Madison, WI 53711	William Linton, CEO Kimberly Houston, Acct. Mgr.
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. These are specialized DNA kits used for forensic case work analysis, *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Alternative Procurement Process BC2024-369 BOC Approved 5/13/2024
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" 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. ME100105 / 52300
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-146

TITLE	Cuyahoga County Youth Transitions Grant
DEPARTMENT OR AGENCY NAME	Cuyahoga County Department of Health and Human Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><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</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	Systems Impact Grant	Effective upon Signature to 12/31/2026	\$300,000	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Systems Impact Grant provides funds that go toward conducting cross-system assessments of existing transition-age youth services to identify opportunities for improvement and to support engagement of those with lived experience. Grant is in the amount of \$300,000 over two years with an in-kind match of \$298,000 each year.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. Map all programs and services in Cuyahoga County that support youth aging out of foster care, ending juvenile justice system involvement and youth transitioning to adult services with ADAMHS and DD systems				
	2. Develop a strategic resource plan to ensure a comprehensive system is in place to serve all youth transitioning from custody				
	3. Evaluate evidence-based youth in transitions interventions and services				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ 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:	County Wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Cuyahoga County Division of Health and Human Services
	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.
	\$298,269.03/per grant year

BC2025-147

Title	Purchase Order for final invoices for Verge, Inc. for Summer Youth Employment Program
Department or Agency Name	HHS - Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25000231	Verge, Inc.	10/1/2024-10/31/2024	\$69,547.84	pending	pending

Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services is requesting approval of a purchase order for the final invoice payment with Verge, Inc., for October 2024 (CM2389). For the Summer Youth Employment Program		
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A		
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • To increase the employability of TANF-eligible youth by providing a summer work experience which will result in improved soft skills necessary for success in the workplace. • To increase the ability of TANF-eligible youth to compete in the current job market by developing a work history and obtaining a positive job reference. • To improve TANF-eligible youth job retention in paid, unsubsidized employment by enhancing workplace skills and offering youth the opportunity to obtain quality, full time employment with benefits. 		

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):
Verge, Inc. 1325 Carnegie Avenue, 2 nd Floor. Cleveland, OH 44115	Shaun Woods, President
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ 8476 _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/26/2022	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$9,397,120.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (94-sent/4-received) There were 94 responses issued to vendors and 4 proposal responses 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? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Purchase Order 25000231

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Temporary Assistance for Needy Families
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100/55130/UCH08301/ \$69,547.84
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Recurring service or purchase.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Verge, Inc. submitted the October 2024 invoice on December 6, 2024. The year end county fiscal bookkeeping was set to close, and the end of the year decertification was completed for Verge during this time. The contract for Verge also ended as of 10/31/2024, and a new contract started on 11/1/2024 under a new CM #.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/14/2025

Date documents were requested from vendor:	11/15/2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain): Services for Verge are continuing under new contract and new CM 4787.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): Master Contract						
Prior Original (O)/Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2390	Youth Opportunities Unlimited	4/1/22-12/31/2023	\$7,997.121.00	5/24/2022	R2022-0216
A-1	2390	Youth Opportunities Unlimited	4/1/22-12/31/2023	\$1,600,000.00	8/15/2022	R2022-0216
A-2	2390	Youth Opportunities Unlimited	4/1/22-12/31/2023	\$819,123.00	10/2/2022	R2022-0329
A-3	2390	Youth Opportunities Unlimited	4/1/22-12/31/2023	\$829,059.00	8/1/2023	R2023-0200
A-4	2390	Youth Opportunities Unlimited	1/1/24-10/31/2024	\$5,225,319.00	12/5/2023	R2023-0237
A-5	2390	Youth Opportunities Unlimited	1/1/24-10/31/2024	\$800,461.00	8/7/2024	R2024-0244
A-6	2390	Youth Opportunities Unlimited	1/1/24-10/31/2024	\$249,997.33	8/19/2024	BC2024-606

C. – Exemptions

BC2025-148

Title	Medical Examiner's Office Request for Alternative Procurement Process (Exemption) for various Purchase Order Awards to Italian Creations, LaPizzeria, Dave's Supermarkets, Gordon Food Service, and Walmart not to exceed \$40,000.00 for supplies used and meals provided to registrants of the 2025 Citizens Academy Spring & Fall Sessions, and Medicolegal Death Scene Investigation Training Courses 2025.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Alternative Procurement

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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0	PO's to be awarded as needed	1. Italian Creations 2. Dave's Supermarket 3. Gordon Food Services 4. LaPizzeria 5. Walmart	3/1/2025 thru 12/31/2025	\$40,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

Provide meals for the registrants of the 2025 Citizens Academy Spring & Fall 10-week sessions, and Medicolegal Death Scene Investigation Training Courses, Sept., Oct., Nov., 2025

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

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

Project Goals, Outcomes or Purpose (list 3):

Purchase supplies and/or equipment for training and educational programs.

Provide refreshments and meals for annual trainings and educational programs offered to law enforcement/legal professionals and other participants.

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

Vendor Name and address:	Owner, executive director, other (specify):
Italian Creations 16104 Hilliard Rd, Cleve, OH 44107	Ross Keller, President
Dave's Supermarket 1929 E 61 st St, Cleve, OH 44103	Burt Saltman, Owner
Gordon Food Service 13865 Cedar Rd S.Euclid OH 44118	Rich Wolowski, CEO
LaPizzeria 2188 Murray Hill Rd, Cleve OH 44106	Bill Salerno, Owner
Walmart (various locations)	Doug McMillon, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT

NON-COMPETITIVE PROCUREMENT

RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 / 53000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		Italian Creations Dave's Supermarket Gordon Food Services LaPizzeria		\$22,000.00	3/15/2024	BC2024-226

D. - Consent Agenda

BC2025-149

TITLE	PW-FAC-HARVARD GARAGE LOCKERS-GEARGRID	
DEPARTMENT OR AGENCY	Department of Public Works	
REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe	
DESCRIPTION/ EXPLANATION OF REQUEST:	To change the amount from \$8,205.00 to \$8,978.00. The original approval did not include freight.	
CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.

ORIGINAL (O)	2/3/2025	\$8,205.00
AMENDMENT (A)	Pending	\$773.00

BC2025-150

TITLE	Great Cleveland Food Bank License Agreement for Cuyahoga County Department of Health and Human Services access to public benefits.
DEPARTMENT OR	Cuyahoga County Department of Health and Human Services

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe Licensing Agreement
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DESCRIPTION/ EXPLANATION OF REQUEST:	Great Cleveland Food Bank License Agreement provides office and workstation space at the premises as may be designated by Greater Cleveland Food Bank to HHS for use by DHHS employees, agents and invitees, and common areas of the premises. This license agreement is granted by Greater Cleveland Food Bank to DHHS for use by DHHS without any rent, royalty, or other fee requirements except for the Reservation and Service Fee required to be paid by DHHS to Greater Cleveland Food Bank in the amount of \$475.00 per event (hosting at least 4 events/year), to be paid to Greater Cleveland Food Bank on the first business day of each quarter thereafter.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	Pending	Pending
AMENDMENT (A)		

BC2025-151

(See related items for proposed purchases for the week of 3/2/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Human Resources; 2025; Approval to Apply and Accept the November 2024 Ohio TechCred Grant from the Ohio Department of Development in the amount of \$29,995.00 for reimbursement of technology training for
DEPARTMENT OR AGENCY NAME	Human Resources

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ohio TechCred # SBIG20255053- R29	10/1/2024- 1/31/2026	\$29,995.00	N/A	PENDING
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Ohio Department of Development is providing the Ohio TechCred grant program to reimburse employers for technology-related training for current and prospective employees. This program reimburses credentialing costs up to \$2,000 per employee per credential.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Skill up the County workforce				
	Provide technological education for County employees				
	Supplement Human Resources' Organizational and Employee Development team				

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:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	N/A

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	General Fund (HR100100) - Reimbursement
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

TITLE	FY2024 Emergency Management Performance Grant (EMPG)
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 checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Emergency Management Performance Grant (EMPG)	10/1/2023- 12/31/2025	\$193,702.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services requests acceptance of the FY2024 Emergency Management Performance Grant (EMPG). This is a pass-through grant from FEMA, with Ohio Emergency Management Agency (OEMA) acting as the State Administrative Agent (SAA). The grant is awarded annually based on federal appropriation. The purpose of the Emergency Management Performance Grant				

	(EMPG) Program is to provide federal funds to states to assist local, territorial, and tribal governments in preparing for all hazards. Title VI of the Stafford Act authorizes DHS/FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, states, and their political subdivisions. The Ohio Emergency Management Agency passes approximately 65% of EMPG funds through to county EMA's.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The primary goals of the FY24 EMPG grant award are to assist the Office of Emergency Management with preparing, mitigating and responding to disasters.

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.
	Federal Emergency Management Agency - FY24 Emergency Management Performance Grant
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	OFFICE OF EARLY CHILDHOOD/ INVEST IN CHILDREN; 2024 – 2025 LENA GRANT AGREEMENT – CONTRACT MODIFICATION – CLEVELAND FOUNDATION
DEPARTMENT OR AGENCY NAME	Office of Early Childhood/ Invest in Children

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><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</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	The LENA Grant	7/1/2023 – 6/30/2024	\$91,029.00	CON2023-88	8/7/2023
AMENDMENT (A-1)	The LENA Grant	7/1/2024 – 12/31/2024	\$0.00	Con2024-74	8/13/2024
AMENDMENT (A- 2)	The LENA Grant	1/1/2025 – 7/1/2025	\$0.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Office of Early Childhood/ Invest in Children requesting approval of a grant agreement modification only to extend the time. Agreement ended 12/31/2024. Requesting to extend date to 7/1/2025.</p> <p>Successful accomplishment of the grant objectives require an extension of the funding. This is for two key reasons: addition of program types to be served and capacity of team to meet the added demand.</p> <p>First, after internal training and some project management changes, Starting Point was able to leverage this funding to serve Family Child Care programs that had not previously had access to LENA programming. This is exciting, as Family Child Care programs are often educating children with a variety of needs in hours that have more flexibility than other programs. And while it is crucial to serve this population, each program has comparatively few children, so Starting Point must provide more time and attention to reach a critical mass of children with this language/literacy-</p>			

	<p>building program. This means more time, and more capacity within the team, hence the request for the grant time period.</p> <p>Second, after making this programmatic shift, Starting Point trained more staff technical assistants (TAs) to support the effort. While this led to more folks being able to offer programming, the shift from contractor TAs to staff ones as well as the delay it took to train additional folks to meet the demand meant that the project functionally did not grow until midyear. A request for midyear to spend down allows for a full year of programming with the current staff capacity.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Improve language environment in classrooms, as measured by the number of conversational turns between children and teachers.
	Provide coaching and support to caregivers in the infant toddler classrooms to improve the classroom's language environment and quality of care.
	Increase equity in teacher-child conversational opportunities through data-informed coaching that shows teachers how their interactions are distributed among children in the classroom.

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	Kathleen Hallissey The Cleveland Foundation 1422 Euclid Avenue Suite 1300 Cleveland, Ohio 44113
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	\$0.00

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	LENA Grow Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	<p>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.</p> <p>This Grant Amendment is to extend time only.</p>
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Item No. 4

(See related list of Contracts \$0.00 - \$4,999.99 and Various Agreements – Processed and executed (no vote required) for the week of 3/3/2025 in Section V. above).

Item No. 5

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 1/1/2025 – 1/31/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT