



**Cuyahoga County Board of Control Agenda
Monday, March 10, 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 – 3/3/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-152

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to National Office Services, Inc. in the amount not-to-exceed \$49,895.61 for the purchase of various pieces of office furniture and fixtures to be delivered and installed at the Jane Edna Hunter Building.
- b) Recommending an award on Purchase Order No. 25000890 to National Office Services, Inc. in the amount not-to-exceed \$49,895.61 for the purchase of various pieces of office furniture and fixtures to be delivered and installed at the Jane Edna Hunter Building.

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

BC2025-153

Department of Public Works, submitting an amendment to a Revenue Generating Agreement (via Contract No. 3011) with Belle Oaks New Community Authority for sanitary sewer mainline maintenance services, County Sewer District 3 located in the City of Richmond Heights for the period 12/27/2022 – 12/31/2024 to extend the time period to 12/31/2025, to change the terms that no fiscal office certificate is required for this amendment and for services performed by Department of Public Works employee may include overhead not to exceed 10% effective upon signatures of all parties and for additional funds in the anticipated amount not-to-exceed \$50,000.00.

Funding Source: Revenue Generating

BC2025-154

Department of Public Works, submitting an amendment to Contract No. 4077 (fka Contract Nos. 984 and CE1600245) with Burgess & Niple, Inc. for design engineering services for improvement of Pleasant Valley Road Bridge Nos. 09.68, 09.03 and 09.35 over the Cuyahoga River, Canal Road and Ohio Canal in the City of Independence and Village of Valley View for additional funds in the amount not-to-exceed \$75,000.00, effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

BC2025-155

Department of Housing and Community Development, submitting an amendment to Contract No. 5096 (fka Contract Nos. 4843 and 3280) with City of Euclid for HOME funded activities for the period 5/1/2023 – 4/30/2025, for additional funds in the amount not-to-exceed \$38,005.96, effective upon signatures of all parties.

Funding Source: Home Investment Partnership Program (Federal)

BC2025-156

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies LLC in the amount not-to-exceed \$26,871.42 for a state contract purchase of various uninterruptable power supply units, extended battery modules, and various accessories for installation at 1801 Superior Avenue and a 2 year limited warranty.
- b) Recommending an award on Purchase Order No. 25000622 to Advizex Technologies LLC in the amount not-to-exceed \$26,871.42 for a state contract purchase of various uninterruptable power supply units, extended battery modules, and various accessories for installation at 1801 Superior Avenue and a 2 year limited warranty.

Funding Source: General Fund

BC2025-157

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies LLC in the amount not-to-exceed \$94,863.96 for the renewal of various licenses for Veeam software subscription services for the period 3/31/2025 – 3/30/2026.
- b) Recommending an award on Purchase Order No. 25000761 to Advizex Technologies LLC in the amount not-to-exceed \$94,863.96 for the renewal of various licenses for Veeam software subscription services for the period 3/31/2025 – 3/30/2026.

Funding Source: General Fund

BC2025-158

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 \$12,017.57 for a state contract purchase of various equipment, installation and programming services for (4) surveillance cameras, each to include 1 year Care Plus for XProtect Corporate Device License for Jail II.
- b) Recommending an award on Purchase Order No. 25000864 to Integrated Precision Systems in the amount not-to-exceed \$12,017.57 for a state contract purchase of various equipment, installation and programming services for (4) surveillance cameras, each to include 1 year Care Plus for XProtect Corporate Device License for Jail II.

Funding Source: Sheriff Central Security Internal Service Fund

BC2025-159

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to ERC Services, Inc. in the amount not-to-exceed \$8,010.00 for the purchase of (2) days of workplace investigation training for Human Resources and Labor Relations to be held in February or March, 2025.
- b) Recommending an award on Purchase Order No. 25000384 to ERC Services, Inc. in the amount not-to-exceed \$8,010.00 for the purchase of (2) days of workplace investigation training for Human Resources and Labor Relations to be held in February or March, 2025.

Funding Source: General Fund

BC2025-160

Department of Human Resources, submitting an amendment to Contract No. 2885 with Medical Resource Group Inc. for independent medical examinations and/or independent psychiatric or psychological evaluations for the period 1/1/2023 - 12/31/2025 for additional funds in the amount not-to-exceed \$100,000.00, effective upon signatures of all parties.

Funding Source: Workers' Compensation Fund

BC2025-161

Department of Human Resources,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Archer Company, LLC in the amount not-to-exceed \$63,000.00 for Classification and Compensation Analysis effective upon signatures of all parties through 12/31/2027.

- b) Recommending an award and enter into Contract No. 5234 with Archer Company, LLC in the amount not-to-exceed \$63,000.00 for Classification and Compensation Analysis effective upon signatures of all parties through 12/31/2027.

Funding Source: General Fund

BC2025-162

Court of Common Pleas/Juvenile Court Division, submitting amendments to agreements with various municipalities for Community Diversion Program services for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2026, to replace the insurance requirements, effective 1/1/2025, and for additional funds in the total amount not-to-exceed \$27,000.00.

- a) Agreement No. 4036 with City of Warrensville Heights in the amount not-to-exceed \$7,800.00.
- b) Agreement No. 4376 with City of Bedford Heights in the amount not-to-exceed \$2,400.00.
- c) Agreement No. 4467 with City of Cleveland Heights in the amount not-to-exceed \$16,800.00.

Funding Source: Health and Human Services Levy

BC2025-163

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 5133 with Board of Developmental Disabilities in the amount not-to-exceed \$172,000.00 for (1) full time Forensic Liaison for the period 7/1/2024 – 6/30/2026.

Funding Source: RECLAIM Grant

BC2025-164

Public Defender's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Monarch Endeavors, LLC in the amount not-to-exceed \$2,000.00 for a civility workshop, effective upon signatures of all parties through 5/31/2025.
- b) Recommending an award and enter into Contract No. 5060 with Monarch Endeavors, LLC in the amount not-to-exceed \$2,000.00 for a civility workshop, effective upon signatures of all parties through 5/31/2025.

Funding Source: General Fund, Reimbursable @78% from Ohio Public Defender

BC2025-165

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$29,528.90 for a joint cooperative purchase of general lab supplies and equipment for use by the Toxicology Lab.

- b) Recommending an award on Purchase Order No. 25000831 to Fisher Scientific Company LLC in the amount not-to-exceed \$29,528.90 for a joint cooperative purchase of general lab supplies and equipment for use by the Toxicology Lab.

Funding Source: General Fund

BC2025-166

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to UCT, LLC in the amount not-to-exceed \$13,041.00 for the purchase of (5,000) clean screen columns for use by the Toxicology Department.
- b) Recommending an award on Purchase Order No. 25000915 to UCT, LLC in the amount not-to-exceed \$13,041.00 for the purchase of (5,000) clean screen columns for use by the Toxicology Department.

Funding Source: General Fund

BC2025-167

Medical Examiner's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Thermo Electron North America LLC in the amount not-to-exceed \$139,588.00 for preventative maintenance, service plans for various Spectrometers, TSQ and Vanquish equipment for the period 1/1/2025 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 5122 with Thermo Electron North America LLC in the amount not-to-exceed \$139,588.00 for preventative maintenance, service plans for various Spectrometers, TSQ and Vanquish equipment for the period 1/1/2025 – 12/31/2025.

Funding Source: General Fund

BC2025-168

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5135 with Cleveland Rape Crisis Center in the amount not-to-exceed \$75,000.00 for juvenile diversion services for at-risk minority youth for the Positive Youth Development: Preventing Delinquency Through Gender-Specific Programming in connection with the 2024 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2024 – 3/31/2026.

Funding Source: Funding Source: Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.

BC2025-169

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5137 with Golden Ciphers, Inc. in the amount not-to-exceed \$40,000.00 for mentoring, life skills and training services for the Strategic Environmental and Social Assessment (SESA) - I Transform My Life Rites

of Passage Program in connection with the 2024 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2024 – 3/31/2026.

Funding Source: Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.

BC2025-170

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5138 with Jewish Family Service Association of Cleveland, Ohio in the amount not-to-exceed \$75,000.00 for teen dating violence prevention services for the Know Abuse Project in connection with the FY2024 Title II Formula Juvenile Justice and Delinquency Prevention Grant passing through the Ohio Department of Youth Services for the period 10/1/2024 – 3/31/2026.

Funding Source: Ohio Department of Youth Services the Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.

BC2025-171

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 through 12/31/2026.

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

BC2025-172

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3157 (formerly Contract Nos. 956 and 1465) with US Together, Inc. for interpretation and translation services for various County agencies for the period 3/1/2021 – 2/28/2025 to extend the time period to 6/30/2025, to amend Section 2.2 Invoicing to replace the existing County contact, effective 3/1/2025, and for additional funds in the amount not-to-exceed \$118,000.00.

Funding Source: 93.22% Federal Temporary Assistance for Needy Families (TANF) dollars; 1.69% Real Estate Assessment Funds - Board of Revision; 4.24% Levy Funds - Witness/Victim Services; and .85% General Fund - Fiscal/Treasurer/Consumer Affairs

BC2025-173

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council,

- a) Submitting an RFP exemption, which will result in a payment to The Ohio State University in the amount not-to-exceed \$5,606.90 as final payment for services through 12/31/2023 as invoiced 2/14/2025 for planning, coordinator and facilitator services for the Youth Advocacy and Leadership

Coalition of Cuyahoga County for services rendered under Contract No. 2605 during the contract term of 1/1/2021 – 12/31/2023.

- b) Recommending a payment on Purchase Order No. 25000823 to The Ohio State University in the amount not-to-exceed \$5,606.90 as final payment for services through 12/31/2023 as invoiced 2/14/2025 for planning, coordinator and facilitator services for the Youth Advocacy and Leadership Coalition of Cuyahoga County for services rendered under Contract No. 2605 during the contract term of 1/1/2021 – 12/31/2023.

Funding Source: Health and Human Services Levy Fund

BC2025-174

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4574 with Bitfocus, Inc. for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 - 12/31/2029 for use by the County and its Continuum of Care providers to expand the scope of services as outlined in Exhibit 1-A and for additional funds in the amount not-to-exceed \$81,800.00, effective for period 1/1/2025 through 12/31/2025 only.

Funding Source: US Department of Housing and Urban Development Planning Grant

BC2025-175

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5198 (fka Contract No. 4141) with Housing Innovations, LLC for technical assistance to develop and implement a strategy to comply with the HEARTH ACT, including short-term and long-term planning and implementation of strategies at reducing and ending homelessness in connection with the Cuyahoga County Continuum of Care Evaluation and Planning Project for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025, to change the reference of Frontline to “HI”, effective 1/1/2025 and for additional funds in the amount not-to-exceed \$220,000.00.

Funding Source: U.S. Department of Housing & Urban Development Planning Grant Original

BC2025-176

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5223 (fka Contract No. 4252) with A Place 4 Me Collaborative for provision of system coordination planning and implementation activities for ending and preventing youth homelessness in connection with the Continuum of Care Program for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025, to amend Exhibit II Budget to add Exhibit II-A representing the budget for the amendment term, effective 1/1/2025, and for additional funds in the amount not-to-exceed \$446,612.00.

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

C. – Consent Agenda

BC2025-177

Department of Public Work, recommending to amend Board Approval No. BC2022-522, dated 1/24/2022, which made an award on Purchase Order No. 22000260 in the amount not-to exceed \$475,000.00 for the purchase of washed limestone for the period 1/24/2022 – 1/23/2025, by changing the amount of the award from \$475,000.00 to \$540,000.00 and to extend the time period to 9/30/2025.

Funding Source: Sanitary Operating Fund

BC2025-178

Department of Purchasing, presenting proposed purchases for the week of 3/10/2025:

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
25000666	Industrial Compactor	Department of Public Works	Republic Services, Inc.	\$47,283.21	General Fund
25000684	Various Caterpillar parts for heavy equipment repairs	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	Not-to-exceed \$49,000.00	76% Sanitary Fund and 24% Road and Bridge Fund
25000744	Various replacement auto parts	Department of Public Works	Valley Ford Truck, Inc.	Not-to-exceed \$49,000.00	78.5% Sanitary Fund and 21.5% Road and Bridge Fund
25000825	Galvanized and welded wire mesh fencing	Department of Public Works	Bluestone Supply LLC dba Gabionsupply.com	\$7,332.00	Road and Bridge Fund
25000830	Bridge Tracker Rental with operator for one week	Department of Public Works	Harcon Corporation	Not-to-exceed \$25,325.00	Road and Bridge Fund
25000877	(60) Hon convergence mid-back office task chairs	Cuyahoga Job and Family Services	Amico LLC dba United Business Supply	\$13,978.80	50% Health and Human Services Levy Fund and 50% Federal and State Reimbursement Fund
25000958	Various Ford automotive parts	Department of Public Works	Valley Ford Truck, Inc.	Not-to-exceed \$30,000.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000559	Factory Authorized – Engine Replacement 308EZ Mini Excavator*	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$21,414.80	General Fund
25000800	Disposal of clean fill**	Department of Public Works	P&P Valley View Holdings Inc. dba Boyas Excavating	Not-to-exceed \$45,000.00	78% Sanitary Fund and 22% Road and Bridge Fund

*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

**Approval No. BC2024-92, dated, which approved an alternative procurement process, which will result in various award recommendations to P&P Valley View Holdings dba Boyas Excavating in the total amount not-to-exceed \$200,000.00 for disposal of clean fill for the period 2/5/2024– 2/4/2026.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works submitting a Deviation on BC2024-655, dated 9/16/2024 authorized by Section 501.06 of the Cuyahoga County Code which authorized the application and a grant agreement for grant funds from the U. S. Department of Transportation Federal Aviation Administration in the total amount not-to-exceed \$1,025,553.00 as follows:

- 1) For the reconfiguration of existing Taxiways A and A3 and reconstruction of Taxiway B Connectors at the Cuyahoga County Airport in the amount not-to-exceed \$833,563.00.
- 2) For the reconstruction of Taxiway B at the Cuyahoga County Airport in the amount not-to-exceed \$191,990.00.

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to Agreement No. 4113 with City of Shaker Heights for advancing youth through Restorative Justice Program, in connection with the 2023 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2023 – 3/31/2025 for a decrease in the amount of (\$12,500.00), effective upon signatures of all parties.

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes
Cuyahoga County Board of Control
Monday, March 3, 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 11:00 a.m.

Attending:

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

II. – REVIEW MINUTES – 2/24/2025

Michael Chambers motioned to approve the minutes from the February 24, 2025, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no Public Comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

The following item was withdrawn at the request of the department.

~~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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-133 was approved by unanimous vote.

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

Matthew Keri, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-134 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology on behalf of the Department of Sustainability, presented. Meredith Turner commented that she had an opportunity to accompany the Executive over to Cleveland State University a month or two ago when Congresswoman Shontell Brown presented a nice fat check for this program. Superintendent Donald Jolly was also there. She is really excited that one of the pilot programs is taking place in her district, Warrensville Heights; remarked this is amazing; noted she also supports an organization that provides swim lessons and swim safety for kids and adults in the community; asked what we have to do to make this program sustainable throughout Cuyahoga County. Again she thinks this is an amazing program and I support you on this. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-135 was approved by unanimous vote.

The following item was transferred at the request of Council President to County Council pursuant to Section 501.04 (A) (1) (k) of the County Code.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-137 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-138 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-139 was approved by unanimous vote.

The following item was transferred at the request of Council President to County Council pursuant to Section 501.04 (A) (1) (k) of the County Code.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-141 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. Michael Houser asked of the recidivism services provided by Peachmakers have there been improvements in the age group 11 to 18. Meredith Turner asked what metrics we are using and how we measure the success. The Presenter will follow up with the statistics and metrics for tracking success. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-142 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. Meredith Turner asked how success is being measured. Robert Schleper asked can you provide an examples of what restorative justice diversion programming services looks like; Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-143 was approved by unanimous vote.

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

Mary Weston, Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-144 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-145 was approved by unanimous vote.

The following item was held at the request of the department.

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,~~ **Cuyahoga Job and Family 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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Michael Houser seconded. Item BC2025-147 was approved by unanimous vote as amended.

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

Paul Porter, Department of Purchasing on behalf of the Medical Examiner's Office and Hugh Shannon, Medical Examiner's Office, supplemented. Michael Houser asked how many are in the programs; asked for a summary of the programs since he is new to County Council. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-148 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-149 through BC2025-151; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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

*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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:30 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-152

Title	Public Works /National Office / Purchase Order /Office Furnishings for the Jane Edna Hunter Building		
Department or Agency Name	Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25000299	National Office	NA	\$49,895.61	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval of a purchase order, per the chart above, in the amount of \$49,895.61 for the procurement of office furnishings for the Jane Edna Hunter Building.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: old, age is unknown. How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To procure new office furnishings for the Jane Edna Hunter Building in the amount of \$49,895.61. These furnishings will match existing furniture in the building.

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: National Office 15655 Brookpark Road Cleveland, Ohio 44142	Owner, executive director, other (specify): Lisa Musarra, Sales Rep
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The County intends on procuring this furniture as an Exemption utilizing the State contract prices extended to the County by National Office for the purchase of these office furnishings. Approximately 77% of the total cost is with Gen2 furniture on the State contract. The remaining 23% is for Sit On It seating and is listed on the State contract but the vendor's information has not yet been posted so it is not considered a full State contract purchase. *See Justification for additional information.
The total value of the solicitation: \$49,895.61	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date State Contract – STS009872 and Sit On It Contract 010940 <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 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 HHS Funds - 66% HHS Levy and 34% Title IV-E.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260130 / 55140 (UCH00101)
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):

BC2025-153

Title	2025 Belle Oaks Sewer Maintenance 2 nd Amendment- time extension through 12/31/2025, \$50,000 additional revenue generating funds
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3011	Belle Oaks New Community Authority	12/27/2022- 12/31/2023	\$35,000	12/19/2022	BC2022-773
A-1	3011	Belle Oaks NCA	12/31/2024	\$0	1/29/2024	BC2024-78
A-2	3011	Belle Oaks NCA	12/31/2025	\$50,000	TBD	TBD

Service/Item Description (include quantity if applicable).

The primary goal is for the County to continue to assist with sanitary engineering as well as sanitary mainline maintenance services with the Belle Oaks New Community Authority in the City of Richmond Heights. This is a revenue generating direct bill agreement.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

The primary goal is for the County to continue to assist with sanitary engineering as well as sanitary mainline maintenance services with the Belle Oaks New Community Authority in the City of Richmond Heights. This is a revenue generating direct bill agreement.

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):
Belle Oaks New Community Authority 26789 Highland Road Richmond Heights, Ohio 44143	Paul Ellis- Chairman
Vendor Council District:	Project Council District:
11	11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Richmond Heights

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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<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 revenue generating agreement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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. PW715100-5200-SWD0346- Sanitary funds (deposit only- revenue generating)
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): NA
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW715100-5200-SWD0346- Sanitary funds (deposit only- revenue generating)
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Negotiations between legal on both sides took longer than anticipated- which caused a delay in receiving signed agreement from Belle Oaks.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	October 16, 2024
Date documents were requested from vendor:	November 15, 2024
Date of insurance approval from risk manager:	NA- not written into rev gen agreement
Date Department of Law approved Contract:	November 15, 2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: none	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-154

Title	2025 Public Works Requesting approval of Amendment 3; Burgess & Niple. Inc.; RFQ 36295
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE1600245	Burgess & Niple, Inc.	12/13/2016 – No end date	\$ 740,169	12/13/2016	R2016-0212
A-1	CE1600245	Burgess & Niple, Inc.	No end date	\$ 927,228	9/12/2017	R2017-0147
A-2	CE1600245	Burgess & Niple, Inc.	No end date	\$ 2,404,474	9/25/2019	R2019-0174
A-3	CM 4077	Burgess & Niple, Inc.	No end date	\$ 75,000	pending	pending

Service/Item Description (include quantity if applicable). This is the 3 rd amendment to Burgess & Niple, Inc.'s contract for design & engineering services for Pleasant Valley Road Bridges 09.03, 09.35, and 09.68. This amendment adds \$75,000 of funding to the contract.
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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):		
The goal of this request is to approve the 3 rd amendment. The goal of the amendment is to retain the consultant for engineering review through the re-construction phase of the Pleasant Valley Road Bridges 09.03 and 09.3.		

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):
Burgess & Niple, Inc. 330 Rush Alley, Suite 700 Columbus, OH 43215	Mark E. Bernhardt, PE Chief Executive Officer
Vendor Council District:	Project Council District:
N/A	6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>36295</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$740,169	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 12	<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 (30%) SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Qualification based selection	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A - Qualification based selection	<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. Road & Bridge 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270205 73300
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): (see above)

BC2025-155

Title	Department of Housing and Community Development/ Amendment 1/ City of Euclid/ HOME Consortium 2023
Department or Agency Name	Department of Housing and Community Development
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3280- 4843- 5096	City of Euclid	5/1/2023 – 4/30/2025	455,426.00	5/1/2023	BC2023-269
A-1	5096	City of Euclid	5/1/2023 – 4/30/2025	38,005.96	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Housing and Community Development is requesting approval of an amendment to the contract with the City of Euclid per the chart above to add funding in the amount not to exceed \$38,005.96 for the completion of eligible HOME activities to complete the rehabilitation, home buyer assistance and new construction project costs for the community.

Under the agreement with the US Department of Housing and Urban Development set forth in 24 CFR 92, the communities of Cleveland Heights, Euclid, Lakewood, and Parma Ohio have collectively formed the Cuyahoga Housing Consortium to receive funds for the purposes of carrying out the objectives of the Cranston-Gonzalez Affordable Housing Act.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goals of the project are for the City of Euclid to use HOME funds for eligible buyer assistance, new construction, and rehabilitation costs.

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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):
City of Euclid 585 East 222 nd Street Euclid, Ohio 44123	Kristen Holzheimer Gail, Mayor
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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 Amendment will add funding to the HOME Consortium Contract with the City of Euclid. *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) GOVP <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Home Investment Partnership Program (Federal)
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. HC223135/ 55120/ M-17-DC-38-PROJ
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-156

Title	Eight Uninterruptable Power Supply Units for 1801 Superior
Department or Agency Name	Department of Information Technology

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input 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.
	25000622 STAC	Advizex Technologies		\$26,871.42	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Advizex Technologies, LLC., for Eight Uninterruptable Power Supply Units for 1801 Superior in the amount of \$26,871.42.
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): An uninterruptable power supply (UPS) is a device that provides backup power when the main power source fails. Qty. 1 9PX 6k TAA (UPS) Qty. 1 Outlets, Extended Run, Network Card Option, LCD, USB, DB9, 2U Rack/Tower TAA (UPS) Qty. 6 SmartPro 1950VA 1950W 120V Line-Interactive Sine Wave UPS-7 Outlets, Extended Run, Network Card Option, LCD, USB, DB9, 2U Rack/Tower, TAA (UPS)

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):
Advizex Technologies, LLC. 6480 Rockside Woods Boulevard, Suite 190 Independence, Ohio 44131	Keith McLeod 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	Provide a short summary for not using competitive bid process. All vendors who are awarded Ohio state term schedule contracts have gone through a formal bidding and award

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	<p>process. Advizex Technologies has been awarded a state contract and is able to provide Cuyahoga County with state term schedule contract pricing. In order to look at other products, the Department of Information Technology would need to reevaluate the County standard and do a thorough review of other products as this would completely change the current infrastructure.</p> <p>*See Justification for additional information.</p>
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 Contract STS contract #022111 expires September 26, 2029 <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 PW600120
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

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

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):

BC2025-157

Title	PO25000761EXMT -2025- Procurement of VEEAM Backup Renewal Subscription Licenses	
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.
	PO25000761 EXMT	Advizex Technologies	3/31/2025- 3/30/2026	\$94,863.96	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with Advizex Technologies, to purchase VEEAM Backup Renewal Subscription Licenses in the amount of \$ 94,863.96

An evaluation of the product licensure occurred this year and the company's offering of the product has four tiers of licensure. The County currently has the third-tier (out of a four-tier model) license that aligns to the County's needs.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. Procurement of VEEAM Backup Renewal Subscription Licenses

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):
Advizex Technologies 6480 Rockside Woods Boulevard; Independence, Ohio 44131	Keith McLeod Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Advizex is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-97 pricing which is considered lowest and best negotiated pricing for this purchase. *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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO23005164 JCOP	Advizex Technologies	12/26/2023-3/30/2024	\$111,874.06	12/26/2023	BC2023-831

BC2025-158

Title	Integrated Precision Systems, for Four Surveillance Cameras for Jail II
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000864 STAC	Integrated Precision Systems		\$12,017.57	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Integrated Precision Systems, for Four Surveillance Cameras for Jail II in the amount of \$12,017.57.
Indicate whether: <input 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 checked="" type="checkbox"/> Replacement Age of items being replaced: unknown legacy cameras How will replaced items be disposed of? Per ORC
Project Goals, Outcomes or Purpose (list 3): This request is for the procurement, installation, and programming of four surveillance cameras to be installed in Jail II of the Justice Center to replace outdated legacy analog cameras. This equipment is an extension of existing County security systems.

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
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 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 another vendor. A competitive process was completed through the State of Ohio with an award being made to Integrated Precision Systems. All State of Ohio state term contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. IPS is able to provide Cuyahoga County with Ohio State Term Schedule pricing under STS contract #010018, which expires January 31, 2026. *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 contract #010018, which expires January 31, 2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

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

BC2025-159

Title	Human Resources; 2025; Purchase Order with ERC Services, Inc. for Workplace Investigations Training in the amount of \$8,010.00.
Department or Agency Name	Human Resources
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	25000384 EXMT	ERC Services, Inc.	February & March 2025	\$8,010.00		Pending

Service/Item Description (include quantity if applicable). ERC Services, Inc. (ERC) will conduct a two-session course on workplace investigations for the Human Resources employee and labor relations team. This training will provide the staff with the tools necessary to conduct workplace investigations for incidents, records the facts, ask the relevant questions, and organize the findings for use in any future actions. This type of training has not been provided to many of the newer ELR staff and also serves as a great refresher training for those that are more experienced.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The purpose of this training is to give the ELR staff the tools necessary to conduct thorough, quality, and fair investigations when necessary.

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):
ERC Services, Inc. 387 Golf View Lane, Suite 100 Highland Heights, Ohio 44143	Kelly Keefe President & CEO
Vendor Council District:	Project Council District:
11	07
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (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. ERC was identified as being able to provide this training on an expedited timeframe as some of the ELR staff have not gone through this training before. ERC is also a known, reputable training firm in the County and will provide a quality training as compared to what might be solicited via a bid. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR100100
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. No action taken to date.	
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):

BC2025-160

Title	Human Resources; 2025; Amendment with Medical Resource Group Inc. dba MRG Exams for independent medical examinations for additional funds not to exceed \$100,000.00.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2885	Medical Resource Group Inc. dba MRG Exams	1/1/2023- 12/31/2025	\$141,000.00	12/19/2022	BC2022-778

A-1	2885		Effective- 12/31/2025	\$100,000.00		PENDING
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Service/Item Description (include quantity if applicable).

MRG provides the County with independent medical and psychological exams as part of fitness for duty and Workers' Compensation claim investigations. This is a service necessary to ensure that claims are valid or that employees are fit to perform duties required of their position when applicable. Utilization of this contract has increased beyond initial projections, requiring additional funds.

An RFP will be conducted this year for these services to begin 1/1/2026

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goals of the project are to ensure that Workers' Compensation injury claims are valid, employees are fit for duty when required, and to conduct these tests without bias by a third-party entity.

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):
Medical Resource Group, Inc. dba MRG Exams 27991 Center Ridge Road Westlake, Ohio 44145	George Panstares President
Vendor Council District:	Project Council District:
01	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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) Originally an RFP conducted in 2022. <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% Workers' Compensation 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. HR770100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. This is an active contract that will require additional funds for services for the remainder of the year. This will enable to County to adequately review Workers' Compensation claims and conduct fitness for duty exams.
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):	11/26/2024
Date documents were requested from vendor:	12/18/2024
Date of insurance approval from risk manager:	2/20/2025
Date Department of Law approved Contract:	12/18/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-161

Title	Human Resources; 2025; RFP Exemption Resulting in a Contract with Archer Company, LLC for Job Audit and Compensation Consulting Services in the amount not-to-exceed \$63,000.00 for the period ending 12/31/2027.	
Department or Agency Name	Human Resources	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5234	Archer Company, LLC	Execution – 12/31/2027	\$63,000.00		PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>Human Resources requesting approval of a contract with The Archer Company, LLC for job audit and compensation consulting services. The County and the PRC utilize the Archer Company to maintain and make changes to the County Employee Classification Plan. The Archer Company is able to provide market insight and analysis when creating, changing, or deleting classifications. Archer can also provide recommended changes to the County Salary Schedule based on market research and competing employers. Human Resources has primarily used Archer's services to evaluate job audits as part of the job and classification plan maintenance process. The PRC recently contracted with Archer through 2027, and Human Resources believes that the same vendor that consults on the classification plan should provide these services.</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: _____ How will replaced items be disposed of?</p>
Project Goals, Outcomes or Purpose (list 3):

The primary goals of the project are to ensure that County employees are classified correctly in positions that reflect their responsibilities, provide insight on compensation, and maintain classification plan in partnership with the PRC.

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

Vendor Name and address:	Owner, executive director, other (specify):
The Archer Company, LLC 7652 Sawmill Road, Suite 295 Dublin, OH 43016	Sally Archer President
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The PRC currently utilizes Archer for consulting related to the classification plan and salary schedules. Human Resources believes the same vendor should be utilized for job audit and consulting services as they are familiar with the job classifications. The goal is to maintain these services in partnership with the PRC including soliciting and RFP in the future. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input 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% 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. HR100100
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. Services have not been rendered in 2025 but are necessary to supplement the HR compensation team.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4015 (fmr 1234)	Archer Company, LLC	2/3/2020-12/31/2022	\$63,000.00	2/3/2020	BC2020-93
A-1			12/31/2023	\$21,000.00	1/9/2023	BC2023-07
A-2			12/31/2024	\$21,000.00	5/15/2023	BC2023-307

BC2025-162 a)

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4036	City of Warrensville Heights	1/1/24- 12/31/24	\$3,300.00	05/13/2024	BC2024-362
A-1	4036	City of Warrensville Heights	1/1/25-12/31/26	\$7,800.00	Pending	Pending

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

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

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

Vendor Name and address: City of City of Warrensville Heights	Owner, executive director, other (specify): Mya Carstarphen (Programmatic Contact)
4743 Richmond Road Warrensville Heights, Ohio 44128	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Warrensville Heights

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC280105-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor turned in documents late	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	02/20/2025
Date Department of Law approved Contract:	09/19/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-162 b)

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4376	City of Bedford Heights	1/1/24- 12/31/24	\$2,700.00	04/29/2024	BC2024-321
A-1	4376	City of Bedford Heights	1/1/25-12/31/26	\$2,400.00	Pending	Pending

Service/Item Description (include quantity if applicable).

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

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

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

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

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

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

Vendor Name and address: City of Bedford Heights	Owner, executive director, other (specify): Det. Frank Reed (Programmatic Contact)
5661 Perkins Road Bedford Heights, Ohio 44146	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Bedford Heights

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	Provide a short summary for not using competitive bid process. Government Purchase *See Justification for additional information.

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC280105-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	02/06/2025
Date Department of Law approved Contract:	09/19/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-162 c)

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4467	City of Cleveland Heights	1/1/24- 12/31/24	\$12,300.00	05/13/2024	BC2024-362
A-1	4467	City of Cleveland Heights	1/1/25-12/31/26	\$16,800.00	Pending	Pending

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

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

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

Vendor Name and address: City of Cleveland Heights	Owner, executive director, other (specify): Det. Jemond Riffe (Programmatic Contact)
40 Severance Circle Cleveland Heights, Ohio 44118	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Cleveland Heights

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC280105-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor turned in documents late	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	02/19/2025
Date Department of Law approved Contract:	09/19/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-163

Title	INTERAGENCY AGREEMENT - FORENSIC LIAISON		
Department or Agency Name	THE CUYAHOGA COUNTY JUVENILE COURT and CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5133	Juvenile Court and Board of Developmental Disabilities	7/1/2024- 6/30/2026	\$172,000.00	Pending	

Service/Item Description (including quantity if applicable).

The Cuyahoga County Juvenile Court plans to contract with Cuyahoga County Board of Developmental Disabilities, for the term starting July 1, 2024, up to and including June 30, 2026, for an Interagency Agreement for Forensic Liaison in the amount not to exceed \$ 172,000.00

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: n/a How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3): Screen, identify and monitor individuals with developmental disabilities incarcerated at the Cuyahoga County Juvenile Detention Center and/or facing criminal charges in Cuyahoga Juvenile court. This includes individuals eligible for Cuyahoga DD and individuals who are screened for a developmental disability.

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: Cuyahoga County Board of Developmental Disabilities. 1275 Lakeside Ave. Cleveland, Oh 44114	Owner, executive director, other (specify): Richard Rowlett, PhD, Director, Clinical Services
Cuyahoga County Juvenile Court 9300 Quincy Ave. Cleveland, Oh 44106	Tim McDevitt, Court Administrator
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)	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? RFP Exemption – County Code 501.12(D)	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract negotiations and RECLAIM grant award process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/11/2024
Date documents were requested from vendor:	12/19/2024
Date of insurance approval from risk manager:	1/15/2025
Date Department of Law approved Contract:	2/6/2025
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):

BC2025-164

Title	Civility Workshop Speaker Julie Sumner- Monarch Endeavors
Department or Agency Name	Cuyahoga County Public Defenders
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	5060	Monarch Endeavors	3/14/2025- 3/31/2025	\$2,000	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Public Defender's Office is requesting approval of a contract as indicated in the chart above with Monarch Endeavors in the amount of \$2,000 for a one day civility training.</p> <p>Monarch Endeavors will provide a speaker to train on topics such as workplace civility, implicit bias, diversity, equity, inclusion, and belonging.</p>
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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): 1. Ways to identify and resolve conflict 2. Develop ground rules for ways in which they wish to interact with others 3. Discussion of sensitive or contentious topics 4. Having difficult conversations

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):
Monarch Endeavors 30 Edgewater Sq Lakewood OH 44107	Julie Sumner Principal and Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Public Defender General Fund, Reimbursable @ 78% from the Ohio Public Defender
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. PD100100/53100
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. Seminar will be held in March of 2025	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

Have payments been made? ☒ 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.

BC2025-165

Title	Medical Examiner's Office request approval of Purchase Order No. 25000831-JCOP in the amount of \$29,528.90 to Fisher Scientific Company LLC as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for various supplies for Medical Examiner's Toxicology Lab.
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.
O	PO#25000831 JCOP	Fisher Scientific Company LLC	na	\$29,528.90	pending	pending

Service/Item Description (include quantity if applicable).
Purchase of Supplies for the Medical Examiner's Toxicology Lab.

Indicate whether: ☒ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above) Joint Cooperative Purchase with Fisher Scientific Company LLC through Omnia Partners for general lab supplies – Contact No. 2021002889; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process.

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):
Supplies for the Medical Examiner's Toxicology Lab daily operations.

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):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales 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. *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 list number and expiration date Omnia Partners/Fisher Scientific General Lab Supplies Contract Number: 2021002889 Term: June 15, 2021 through June 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 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% 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. 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 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):

BC2025-166

Title	Medical Examiner's Office requests approval of Purchase Order No. 25000915-EXMT to UCT, LLC for Clean Screens for the Toxicology Lab in the amount of \$13,041.00.
Department or Agency Name	Medical Examiner's Office

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO#25000915 EXMT	UCT LLC		\$13,041.00	Pending	Pending

Service/Item Description (include quantity if applicable). Purchase of clean screens for ME's Toxicology Lab
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The UCT Clean Screen extraction columns are used by the Toxicology Unit in the high throughput testing of biological specimens for drugs of abuse, prescribed medications, and other compounds of forensic/medicolegal interest.

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):
UCT, LLC 2731 Bartram Rd Bristol, PA 10997	Michael Telepachak, CEO Brian Shofran, Regional Sales Rep
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. <p style="text-align: center;">The Clean Screens have been bid multiple times in the past few years, with the only response being from UCT LLC.</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
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? UCT LLC was lowest bid based on quotes received.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

BC2025-167

Title	The Medical Examiner's Office requests approval of contract CM#5122 with Thermo Electron North America LLC for period 1/1/2025 thru 12/31/2025 for preventative maintenance services for the Regional Forensics Science Lab equipment of for Q Exactive Focus Mass Spectrometer and two (2) Nicolet iS320 FT-IR Spectrometers in the amount not to exceed of \$139,588.00.
Department or Agency Name	Medical Examiner's Office
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.
0	5122	Thermo Electron North America LLC	1/1/2025 – 12/31/2025	\$139,588.00	Pending	Pending

Service/Item Description (include quantity if applicable). Maintenance plan for field service repair, technical support, inclusive preventive maintenance review, automatic updates to software and firmware, etc.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. Technical support parts and labor 2. Preventive maintenance review. 3. Updates to software and firmware.	

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):
Thermo Electron North America LLC 1400 Northpoint Parkway, Suite 10 West Palm Beach, FL 33407	Marc Casper, President & CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Request for RFP Exemption. This is a new contract for services which were under two separate contracts with vendor and expired 11/23/2024; CM#2484 and CM#2734. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. ME100105/55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Previous contract expired 11/2024. Unable to renew due to funding constraints. Vendor quoted new Preventative Maintenance agreements for one-year 2025 after fiscal deadlines for 2024. Law Dept. delay with draft contract to send to vendor. Delays with negotiations on Terms & Conditions and COI finalized 2/12/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/2/2025 (2025 Funding available)
Date documents were requested from vendor:	1/2/2025 doc req.; 1/22/2025 draft contract to vendor
Date of insurance approval from risk manager:	MED-0484 Ins Reqs received. Final 2/12/2025
Date Department of Law approved Contract:	MED-0483 Draft Contract rec'd for vendor. Final 2/12/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

Amendments (A-#)						
O	CM#2734	Thermo Electron North America LLC	11/17/2022 – 6/15/2024	\$15,964.00	11/14/2022	BC2022-691
A-1	CM#2734	Thermo Electron North America LLC	6/15/2024 – 11/23/2024	\$4,011.44	7/15/2024	BC2024-536
O	CM#2484	Thermo Electron North America LLC	7/6/2022 – 7/5/2024	\$81,444.00	7/5/2022	BC2022-413
A-1	CM#2484	Thermo Electron North America LLC	7/5/2024 – 11-23/2024	\$67,293.33	8/28/2023	BC2023-549

BC2025-168

Title	Public Safety and Justice Services is requesting to enter into a contract (Alternative Procurement), with Cleveland Rape Crisis Center (CRCC), October 1, 2024 through March 31, 2026; Positive Youth Development: Preventing Delinquency Through Gender-Specific Programming. The contract is under FY24 Juvenile Justice Delinquency and Prevention grant.	
Department or Agency Name	Public Safety and Justice Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5135	Cleveland Rape Crisis Center	October 1, 2024 – March 31, 2026	\$75,000	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>CRCC will provide the Girls Circle and Council for Boys and young men programming at partner organization.</p> <p>The Girl's Circle is a weekly program for girls and youth who identify with female development. The program fosters self-esteem helps youth maintain authentic connections with peers and women in their communities, counters trends of self-doubt, and allows for genuine self-expression.</p> <p>The Council for Boys and Young Men is a weekly strengths-based group that promotes safe and healthy passage through pre-teen and adolescent years for boys and youths who identify with male development. In this</p>
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<p>structured environment, youths gain the vital opportunity to address masculine definitions and behaviors and build capacities to find their enter value and create good lives both individually and collectively.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): Cleveland Rape Crisis Center Positive Youth Development: Preventing Delinquency Though Gender-Specific Programming will provide juvenile diversion services for at-risk minority youth. The goals of the project are 1. Provide life skills and entrepreneurial training; 2. Provide youth with the tools and resources to help overcome challenges to minimize contact with law enforcement and juvenile detention; 3. Provide youth with the tools and resources to help overcome challenges to minimize contact with law enforcement and juvenile detention.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address: Cleveland Rape Crisis Cener 2937 W. 25th Street, Second Floor Cleveland, Ohio 44113</p>	<p>Owner, executive director, other (specify): <i>Executive Director Sondra Miller</i></p>
<p>Vendor Council District: 7</p>	<p>Project Council District: 7</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process. There was a competitive bid under an RFP *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) _____ / _____ PSJS received twelve applications by e-mail per the RFP.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Applications can vary in cost. The Juvenile Justice Delinquency and Prevention Allocation Committee scores and determines which applications will be awarded. Awards are approved by the funding agency.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Per the RFP, applicants could submit no more than one application with the request not-to-exceed \$75,000.00. Applications ranged from \$66,967.50 to \$75,000.	<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 checked="" type="checkbox"/> No, please explain. This is a grant funded contract.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is funded 100% by the Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.</p>
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. PJ285145
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. New 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:	
<ol style="list-style-type: none"> 1. On 7/23/2024 PSJS received by e-mail from the Ohio Department of Youth Services providing the allocation amount for FY24 Juvenile Justice and Delinquency Prevention Grant. 2. PSJS submitted the Authority to Apply in OnBase on 9/6/2024. It was approved on 9/23/2024 under BC2024-695 3. PSJS received the grant award for FY24 Title II Juvenile Justice and Delinquency Prevention on 10/16/2024. 4. Working to get other documents completed that were requested by the funding agency as part of the award. (Completed on 10/23/2024). 5. PSJS submitted the accept award in OnBase on 10/23/2024. It was approved on 11/24/2024 under BC2024-823. 6. Waiting for the new accounting unit and activity code to be set up and added to the contract manager before contracts can be released. 7. Appropriation submitted on 12/3/2024. 8. Appropriation approved on 1/28/2025 BOC Agenda. 9. Had to wait until the first week of January to receive 2025 contract forms from the subgrantees due to County closeout. Give subgrantees until 1/4/2024 to get contract documents to PSJS. 	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	RFP Issued on 5/30/2024
Date documents were requested from vendor:	11/5/2024
Date of insurance approval from risk manager:	1/28/2025
Date Department of Law approved Contract:	1/28/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

Amendments (A-#)						
O	4107	Cleveland Rape Crisis Center	10/1/2023 – 3/31/2025	72,745.50	2/20/2024	BC2024-134

BC2025-169

Title	Public Safety and Justice Services is requesting to enter into a contract (Alternative Procurement), with Golden Ciphers Inc., October 1, 2024, through March 31, 2026; SESA – I Transform My Life Rites of Passage Program. The contract is under FY24 Juvenile Justice Delinquency and Prevention grant.
Department or Agency Name	
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		Cleveland Rape Crisis Center	October 1, 2024 – March 31, 2026	\$40,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Golden Ciphers Inc. SESA – I Transform My Life Rites of Passage Program incorporate weekly gender specific groups and co-ed session for youth, monthly family nights for family and community, community learning and service projects, on and off site, monthly cultural lecture series, exposure trips and entrepreneurial and employment training.</p> <p>The program services provide support and build on the youths so there is no separation in the intended outcome, to significantly decrease violence. The services will teach, support and emphasize the importance of individual, family, school and community responsibility.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Golden Ciphers outcome is to teach, support and emphasize the importance of individual, family, school and community responsibility with the youths.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Golden Cipher Inc. 4450 Cedar Avenue – Suite #3 Cleveland, Ohio 44127	Owner, executive director, other (specify): Executive Director, Pamela Hubbard
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. There was a competitive bid under an RFP *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / PSJS received twelve applications by e-mail per the RFP.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Applications can vary in cost. The Juvenile Justice Delinquency and Prevention Allocation Committee scores and determines which applications will be awarded. Along with the funding agency.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Per the RFP, applicants could submit no more than one application with the request not to exceed more	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

than \$75,000.00. Applications ranged from \$66,967.50 to \$75,000.	
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is funded 100% by the Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>PJ285145</p>
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. New 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
<p>Reason:</p> <p>On 7/23/2024 PSJS received by e-mail from the Ohio Department of Youth Services providing the allocation amount for FY24 Juvenile Justice and Delinquency Prevention Grant.</p> <p>PSJS submitted the Authority to Apply in OnBase on 9/6/2024.</p> <p>It was approved on 9/23/2024 under BC2024-695</p> <p>PSJS received the grant award for FY24 Title II Juvenile Justice and Delinquency Prevention on 10/16/2024.</p> <p>Working to get other documents completed that were requested by the funding agency as part of the award. (Completed on 10/23/2024).</p> <p>PSJS submitted the accept award in OnBase on 10/23/2024. It was approved on 11/24/2024 under BC2024-823.</p>

Waiting for the new accounting unit and activity code to be set up and added to the contract manager before contracts can be released.

Appropriation submitted on 12/3/2024.

Appropriation approved on 1/28/2025.

Had to wait until the first week of January to receive 2025 contract forms from the subgrantees due to County closeout. Give subgrantees until 1/4/2024 to get contract documents to PSJS.

Timeline

Project/Procurement Start Date (date your team started working on this item):	RFP Issued on 5/30/2024
Date documents were requested from vendor:	11/5/2024
Date of insurance approval from risk manager:	1/28/2025
Date Department of Law approved Contract:	1/28/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4111	Golden Ciphers Inc.	10/1/2023 – 3/31/2025	\$71,416.00	2/20/2024	BC2024-135
A-1	4111	Golden Ciphers Inc.	10/1/2023 – 6/30/25	\$25,838.50	12/2/2024	BC2024-897

BC2025-170

Title	Public Safety and Justice Services is requesting to enter into a contract (Alternative Procurement), with Jewish Family Service Agency of Cleveland, Ohio (JFSA), October 1, 2024 through March 31, 2026; 2025-2026 Know Abuse. The contract is under FY24 Juvenile Justice Delinquency and Prevention grant.					
Department or Agency Name						
Requested Action		<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):				

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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0	5138	Jewish Family Service Association of Cleveland Ohio	October 1, 2024 – March 31, 2026	\$75,000	Pending	Pending
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Service/Item Description (include quantity if applicable).

The Know Abuse program is a primary prevention program that stops initial perpetration of Teen Dating Violence by teaching teens how to recognize unhealthy behaviors and skills to develop and maintain healthy, respectful, and nonviolent relationships.

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

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

Project Goals, Outcomes or Purpose (list 3):

The goal is to prevent initial intimate partner abuse, victimization and perpetration into adulthood. Promote healthy behaviors among teens as they spend most of their time in and out of school with peers who are likely to impact dating decisions.

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: Jewish Family Service Association of Cleveland 29125 Chagrin Blvd. Pepper Pike 44122	Owner, executive director, other (specify): <i>President and CEO Susan Bichsel</i>
Vendor Council District: 9	Project Council District: 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. There was a competitive bid under an RFP *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) / PSJS received twelve applications by e-mail per the RFP.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Applications can vary in cost. The Juvenile Justice Delinquency and Prevention Allocation Committee scores and determines which applications will be awarded. Along with the funding agency.	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Per the RFP applicants could submit no more than one application with the request not-to-exceed \$75,000.00. Applications ranged from \$66,967.50 to \$75,000.	<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: The project is funded 100% by a grant awarded by the Ohio Department of Youth Services the Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act. The total grant award of \$190,000.00.
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PJ285145	
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. New 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:	
1. On 7/23/2024 PSJS received by e-mail from the Ohio Department of Youth Services providing the allocation amount for FY24 Juvenile Justice and Delinquency Prevention Grant. 2. PSJS submitted the Authority to Apply in OnBase on 9/6/2024. It was approved on 9/23/2024 under BC2024-695 3. PSJS received the grant award for FY24 Title II Juvenile Justice and Delinquency Prevention on 10/16/2024. 4. Working to get other documents completed that were requested by the funding agency as part of the award. (Completed on 10/23/2024). 5. PSJS submitted the accept award in OnBase on 10/23/2024. It was approved on 11/24/2024 under BC2024-823. 6. Waiting for the new accounting unit and activity code to be set up and added to the contract manager before contracts can be released. 7. Appropriation submitted on 12/3/2024. 8. Appropriation approved on 1/28/2025 BOC Agenda. 9. Had to wait until the first week of January to receive 2024 contract forms from the subgrantees due to County closeout. Give subgrantees until 1/4/2024 to get contract documents to PSJS.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	RFP Issued on 5/30/2024
Date documents were requested from vendor:	11/5/2024
Date of insurance approval from risk manager:	1/28/2025
Date Department of Law approved Contract:	1/28/2025
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)	

BC2025-171

TITLE	Cuyahoga County Youth Transitions Grant
DEPARTMENT OR	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				

<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.</p> <p>FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</p>	
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 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.
	\$300,000.00 Youth Villages, Inc. and Cash and In-Kind match of \$298,000.00 from Health and Human Services Levy Fund and HUD Planning Grant Funds.

BC2025-172

Title	HHS-Cuyahoga Job and Family Services; Contract Amendment; US Together, Inc-Interpretation Translation Services for time period 3/1/2025-6/30/2025.
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1465	US Together	3/1/21-2/28/23	\$1,200,000.00	3/23/21	R2021-0070
A-#1	3157 (copy of 1465)	US Together	3/1/23-2/29/24	\$356,000.00	4/3/23	BC2023-196
A-#2	3157 (copy of 1465)	US Together	3/1/24-2/28/25	\$476,804.14	2/20/2024	BC2024-137
A-3	3157	US Together	Effective upon	\$3,700.00	9/30/2024	ION 1

			Signature- 2/28/2025			
A-4	3157	Us Together	3/1/2025- 6/30/2025	\$118,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The agency will provide interpretation and translation services for Limited English Proficient (LEP) individuals and families served by Cuyahoga County Health and Human Services agencies. Cuyahoga Job and Family Services is requesting approval of an amendment with US Together, Inc. to add money to a few agencies and extending the time of the contract.

3/1/2025-6/30-2025 is time extension and amendment amount not to exceed \$118,000.00

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

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

Project Goals, Outcomes or Purpose (list 3):

- To improve access to benefit programs and services for Limited English Proficient (LEP) and hearing-impaired individuals and families.
- To increase understanding by LEP and hearing-impaired individuals of their rights and responsibilities relative to benefit programs and services.
- To reduce LEP and hearing-impaired individuals' non-compliance with program rules.
- To reduce errors/denials in benefits and services for LEP and hearing-impaired individuals and families.

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):
US Together, Inc. 2800 Euclid Ave Cleveland, OH 44115	Nadia Kasvin, Director/Co-Founder
Vendor Council District:	Project Council District:
District 7	CountyWide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: October 28, 2020	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 1,200,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / There were 8 proposals pulled from OPD, 8 proposals submitted for review, 1 proposal approved.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP RQ# 3325 <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. HHS: 93.22% by Federal Temporary Assistance for Needy Families Board of Revision: 1.69% by Real Estate Assessment Funds

Witness/Victim Services: 4.24% by Levy Funds Fiscal/Treasurer/Consumer Affair: .85% by General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260195/55130/UCH08037 PJ280130/55130 PJ325100/55130 BR305100/55130 FS100100/55130
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): See Above

BC2025-173

Title	Family and Children First Council; The purpose of the Purchase Order is to pay for the invoice in the amount of \$5,606.90 to The Ohio State University Extension for a final payment for services provided for the Youth Advocacy Leadership Coalition services through 12/31/2023-12/31/2024.
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Department or Agency Name	Health and Human Services-Family and Children First Council
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	25000823	The Ohio State University Extension	12/31/2023- 12/31/2024	Not to exceed \$5,606.90	Pending	

Service/Item Description (include quantity if applicable). Requesting approval of a Purchase Order for The Ohio State University Extension in the amount of not to exceed \$5,606.90 for the period 12/31/2023-12/31/2024 for an invoice for youth services. Their internal payment system didn't calculate the correct amount in their last invoice submitted on 12/5/24 due to the contract billing end date of 12/31/2024.
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): <ul style="list-style-type: none"> The vendor will provide planning, coordination, and facilitation of the Youth Advocacy and Leadership Coalition in Cuyahoga County, including providing leadership opportunities to serve as youth representatives, discuss and create action plans to advocate for issues important to them and their peers, and to promote positive youth development through community engagement in civic activities in Cuyahoga County

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Ohio State University 1050 Carmack Rd. Columbus OH 43210	Ted Carter President
Vendor Council District:	Project Council District:
na	various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0/0	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Promo Solutions had the lowest price in all IFRQs.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy 100%.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260300/55130/UCH08346

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

Provide status of project. PO was already approved in 2024. Fiscal office closed the PO in error closing out the books for the end of the year. The new PO is needed

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): 2/12/2025

Date documents were requested from vendor: 2/18/2025

Date of insurance approval from risk manager: na

Date Department of Law approved Contract: na

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):

BC2025-174

Title	OHS; Bitfocus, Inc; 2025 Amendment 1 for Homeless Management Information System Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4574	Bitfocus, Inc	1/1/25 – 12/31/29	\$495,000.00	7/1/24	BC2024-499
A-1	4574	Bitfocus, Inc	1/1/25 – 12/31/25	\$81,800.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Bitfocus provides the system administration for Clarity, which operates the Homeless Management Information System (HMIS) for the Cuyahoga County Continuum of Care. HUD requires all CoCs to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing

homelessness. The data collection in HMIS informs needs analyses and allows the CoC to establish funding priorities.

This is the first amendment to add funds in the amount of \$81,100 and to add a scope that is limited to the term of the amendment, 1/1/25 – 12/31/25. There is no change to the original contract scope or original contract term.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Collect, document, and generate data reports on services and housing provided to homeless persons
- Analyze data to provide aggregated client demographics and project outcome reports
- Provide specialized reporting capacity to OHS, including planning and utilizing Coordinated Entry functionality, data cleanup, data analysis support, and custom development.

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

Vendor Name and address:	Owner, executive director, other (specify):
Bitfocus 5940 South Rainbow Blvd. Suite 400 Las Vegas, Nevada 89118	Jeff Ugai, Chief Operating Officer
Vendor Council District: N/A	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. N/A - Adding funds to a five year contract *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) Contract was awarded as exemption. Bitfocus/Clarity was added to the IT standards list so we would not want to competitively procure.
	<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% US Department of Housing and Urban Development planning 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. HS220115
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. While Bitfocus is continuously operating Clarity under the five year contract, this project will begin as soon as amendment is executed.	
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: Contract negotiations took longer than expected.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/7/25
Date documents were requested from vendor:	1/12/25, 1/16/25, 1/28/25, 2/11/25
Date of insurance approval from risk manager:	2/12/25
Date Department of Law approved Contract:	2/12/25
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 type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-175

Title	OHS; Housing Innovations; 2024 Contract Amendment for Continuum of Care Planning Support
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4141	Housing Innovations	1/1/24 – 12/31/24	\$220,000.00	03/11/2024	BC2024-203
A1	5198	Housing Innovations	1/1/25 – 12/31/25	\$220,000.00	pending	pending

Service/Item Description (include quantity if applicable). Housing Innovations consultants will work with OHS to assess and provide recommendations to improve CoC effectiveness and efficiency. This includes coordination of system-wide planning for CoC initiatives, evaluation of strategic use of funding, permanent supportive housing training and implementation, HUD Continuum of Care NOFO competition, developing tools for monitoring CoC projects, staff training and capacity building, assistance with meeting preparation and management, and technical assistance as needed.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Assess and provide recommendations to improve CoC effectiveness and efficiency Assist in coordinating system-wide planning for strategic initiatives Provide technical assistance to the Office of Homeless Services in applying for federal grant programs

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):
Housing Innovations 235 Walnut Road Lake Peekskill, New York, 10537	Suzanne Wagner, Principal
Vendor Council District:	Project Council District:
N/A – located in NY	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Amendment on contract that allows for an extension. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% US Department of Housing and Urban Development planning 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. HS220115
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. New service/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: Contract negotiations took longer than expected.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	2/3/25
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 checked="" type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

BC2025-176

Title	Office of Homeless Services; 2024 A Place 4 Me Collaborative Services Contract for Alternative Housing and Related Services and Supports for COVID Recovery; Amendment 1
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4252	A Place 4 Me Collaborative	1/1/24- 12/31/24	\$461,998.00	3/25/2024	BC2024-242
A-1	5223 (FKA 4252)	A Place 4 Me Collaborative	1/1/25- 12/31/25	\$446,612.00	Pending	Pending

Service/Item Description (include quantity if applicable).

A Place 4 Me Collaborative is a private, nonprofit organization dedicated to preventing and ending youth and young adult homelessness in Cuyahoga County. Its vision is that every young adult in Cuyahoga County has a place to call home. It works to end homelessness through direct services, authentic youth engagement, and systems change coordination efforts to create a safety net. A Place 4 Me serves as an extension of the Cuyahoga County Office of Homeless Services, designated as the coordinator and convener of CoC partners to develop strategies and further the work of ending youth homelessness in conjunction with the Youth Homelessness Demonstration Program.

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

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

Project Goals, Outcomes or Purpose (list 3):

- a) Coordination: Maintain and expand A Place 4 Me boards, assist in YHDP plan execution, coordinate activities, and engage youth and housing partners.
- b) Evaluation: Collect and analyze youth homelessness data, conduct surveys, disseminate grant information, and compile reports.

c) Monitoring: Collaborate to ensure housing resource connections, monitor project compliance, and track progress.
--

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: A Place 4 Me Collaborative 4100 Franklin Blvd. Cleveland, OH 44113	Owner, executive director, other (specify): Kate Lodge
Vendor Council District: 7	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County-wide

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:
--

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% - U.S. Department of Housing and Urban Development Planning 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. HS220115
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Negotiations with vendor took longer than expected.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/21/2025
Date documents were requested from vendor:	2/3/2025 – Only for Contract Signature
Date of insurance approval from risk manager:	2/20/2025
Date Department of Law approved Contract:	2/20/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2025-177

TITLE	Public Works -RAR Contracting Co., Inc. – Limestone – Amend BOC Approval
DEPARTMENT OR AGENCY NAME	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:	Public Works is requesting approval to amend the Board of Control approval with RAR Contracting to extend the time to 9/30/2025 and add \$65,000 to the purchase order until a new contract is in place.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O) 22000260	1/24/2022	BC2022-52
AMENDMENT (A)	Pending	Pending

BC2025-178

(See related items for proposed purchases for the week of 3/10/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Notice of Deviation for BC2024-655 2024 Public Works requests approval to Apply, Accept, and signature of 2 Federal Aviation Administration (FAA) Grants for Taxiway A realignment/reconstruction, Taxiway B connectors, and Taxilane B Extension at the County Airport.
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe Approval of Deviation
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DESCRIPTION/ EXPLANATION OF REQUEST:	DPW is requesting a Notice of Deviation to the previously approved board action to include language specifically requested by grant partner ODOT in order to encumber their matching funds and to also confirm that this board action authorized both grant Application as well as Acceptance as previously presented.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/	APPROVAL NO.
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	COUNCIL'S JOURNAL DATE	
ORIGINAL (O)	09-27-2024	BC2024-655
AMENDMENT (A)		

Item No. 2

Title	Public Safety and Justice Services is requesting a 2 nd contract amendment with the City of Shaker Heights contract #4113. This amendment is to decrease the funding by \$12,500. All else will remain the same.		
Department or Agency Name	Public Safety and Justice Services		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4113	City of Shaker Heights	10/1/2023/ - 3/31/2025	\$45,838.50	2/20/2024	BC2024-135
A-1	4113	City of Shaker Heights	10/1/2023 – 3/31/2025	(\$25,838.50)	12/2/2024	CON2024-113
A-1	4113	City of Shaker Heights	10/1/2023 – 3/31/2025	(\$12,500.00)	Pending	Pending

Service/Item Description (include quantity if applicable).

The City of Shaker Heights Advancing Youth through Restorative Justice will support youth where they are, holding them accountable for their behaviors and actions, keeping them out of the juvenile justice system to prohibit their exposure to other juveniles with records, giving them opportunities to connect with resources to help them and giving the youth an understanding of the opportunities available to them to help them thrive. The mental health practitioner will meet one-on-one with each child and assess them individually, both pre- and post -services. Each child will attend a six-week program with the practitioner with the following social-emotional curriculum: Self-awareness, Self-management, social awareness, Relationship skills and Responsible Decision-making.

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

Public Safety and Justice Services is requesting approval of a 2nd contract amendment with the City of Shaker Heights contract #4113 in the amount not-to-exceed \$7,500.00. Decreasing the funding by \$12,500.00, which will bring the total contract amount not-to-exceed \$7,500.00.

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The City of Shaker Heights goal is to support youth where they are, holding them accountable for their actions, keeping them out of the juvenile justice system to prohibit their exposure to other juveniles with records, giving them opportunities to connect with resources to help them and giving the youth an understanding of the opportunities available to them to help them thrive.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: City of Shaker Heights. 3555 Lee Road Shaker Heights, 44120	Owner, executive director, other (specify): Wayne Hudson, Chief of Police
Vendor Council District: Ward 11	Project Council District: Ward 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	The City of Shaker Heights and Cuyahoga County

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

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A this is an amendment to a contract	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process under BC2023-185
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment 2- (list original procurement) Contract 4113
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Ohio Department of Youth Services is the funding source for Title II FY23 Juvenile Justice and Delinquency Prevention Grant.</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: PJ285145 Activity Code: PJ-23-JJDP-BG
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/23/2024
Date documents were requested from vendor:	10/2/2024
Date of insurance approval from risk manager:	8/5/2022 Nothing has changed
Date Department of Law approved Contract:	10/2/2024 Contract Amendment
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

VI – PUBLIC COMMENT

VII – ADJOURNMENT