



**Cuyahoga County Board of Control Agenda  
Monday, April 21, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

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

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

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 4/14/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-262**

Department of Public Works, recommending an award on Purchase Order No. 25001453 to Ohio Machinery Co. dba Ohio Cat in the amount not-to-exceed \$329,912.06 for a joint cooperative purchase of (2) replacement mini hydraulic excavators and a 5 year extended warranty for the Sanitary Engineering Division.

Funding Source: Sanitary Sewer

**BC2025-263**

Department of Development, recommending an award on Purchase Order No. 25001535 with Carahsoft Technology Corp. in the amount not-to-exceed \$50,461.76 for a joint cooperative purchase of (1) Salesforce Government Cloud and (15) Public Sector Foundation Advanced-Unlimited Edition subscription services with various effective dates between 4/21/2025 and 9/1/2025 through 4/20/2026.

Funding Source: General Fund

**BC2025-264**

Department of Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to BMI Associates, Inc. dba BMI Productivity Solutions in the amount not-to-exceed \$53,110.00 for licensing, maintenance, support and web training on the Portfol Management System, Salesforce Sync subscription services,

migration and onboarding of existing data to PorfolCloud/Web and syncing of up to 50 current and historical loans to Salesforce for the period 5/6/2025 – 5/5/2028.

- b) Recommending an award and enter into Contract No. 5365 to BMI Associates, Inc. dba BMI Productivity Solutions in the amount not-to-exceed \$53,110.00 for licensing, maintenance, support and web training on the Portfol Management System, Salesforce Sync subscription services, migration and onboarding of existing data to PorfolCloud/Web and syncing of up to 50 current and historical loans to Salesforce for the period 5/6/2025 – 5/5/2028.

Funding Source: General Fund

**BC2025-265**

Department of Information Technology, recommending an award on Purchase Order No. 25001300 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$72,739.40 for a joint cooperative purchase of various IT related equipment (workstations, monitors, associated accessories) and support services for the Court of Common Pleas/Juvenile Court Division:

Funding Source: RECLAIM Grant

**BC2025-266**

Department of Information Technology on behalf of the Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies, LLC in the amount not-to-exceed \$20,338.24 for the purchase of (2) HPE DL380 Gen11 servers, (1) storage controller card, various accessories, licensing and support for the AXON interview rooms at the Justice Center.
- b) Recommending an award on Purchase Order No. 25001473 to Advizex Technologies, LLC in the amount not-to-exceed \$20,338.24 for the purchase of (2) HPE DL380 Gen11 servers, (1) storage controller card, various accessories, licensing and support for the AXON interview rooms at the Justice Center.

Funding Source: Federal Equitable Sharing Account

**BC2025-267**

Department of Information Technology, recommending an award on Purchase Order No. 25001541 to SHI International Corp. in the amount not-to-exceed \$13,211.70 for a joint cooperative purchase of (30) Cisco Shortrange Transceivers.

Funding Source: Capital Improvement Plan

**BC2025-268**

Department of Information Technology, submitting an amendment to Contract No. 5152 (fka Contract No. 3287) with Mythics, LLC for Oracle database software support and maintenance services for various departments for the period 6/1/2023 – 5/31/2025 to extend the time period 5/31/2026, to replace Section 1.1 Scope of Agreement with Schedule A, to incorporate the terms of Mythics quote number SR

5498718 FY26 in accordance with Region 4 (Omnia) – R240202 into the contract, effective 6/1/2025, and for additional funds in the amount not-to-exceed \$429,951.96.

Funding Source: 69% Real Estate Assessment Fund, 26% General Fund and 5% Health and Human Services Levy Fund

**BC2025-269**

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

- a) Submitting an RFP exemption, which will result in a payment to Case Western Reserve University on behalf of the Begun Center for Violence Prevention/Mandel School of Applied Social Sciences in the amount not-to-exceed \$28,000.00 as final payment for the period 7/1/2023 – 6/30/2024 for Multi-Systemic Therapy training and consultation services rendered under Contract No. 4147 (fka Contract No. 2759, 1064, 780; 757, 523 and CE1600236) during the contract term of 7/1/2016 – 6/30/2024.
- b) Recommending a payment on Purchase Order No. 25001488 to Case Western Reserve University on behalf of the Begun Center for Violence Prevention/Mandel School of Applied Social Sciences in the amount not-to-exceed \$28,000.00 as final payment for the period 7/1/2023 – 6/30/2024 for Multi-Systemic Therapy training and consultation services rendered under Contract No. 4147 (fka Contract No. 2759, 1064, 780; 757, 523 and CE1600236) during the contract term of 7/1/2016 – 6/30/2024.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda**

**BC2025-270**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 3961 with Osgood Group, LLC for strategic planning consultant services and creating framework for the development of a three-year strategic plan for the period 12/5/2023 – 6/30/2025, to expand the scope of services in accordance with Exhibit VI which includes the budget and payment schedule for the additional funds being added through this amendment in the amount not-to-exceed \$6,000.00, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

**BC2025-271**

Fiscal Department, presenting proposed travel/membership requests for the week of 4/21/2025:

Dept:	Sheriff's Department
Event:	2025 IACP Annual Conference
Source:	International Association of Chiefs of Police
Location:	Denver, CO

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	10/15/2025 – 10/22/2025	\$0.00	\$350.00	\$1,540.00	\$805.00	\$500.00	\$3,195.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Denver, CO to attend the 2025 IACP Annual conference and exposition which offers education workshops, access to law enforcements leading, tacticians, veteran experts and future leaders.

Dept:	Sheriff's Department							
Event:	34 <sup>th</sup> Annual INIA Drug/Terrorist Interdiction Training Conference							
Source:	International Narcotics Interdiction Association							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Anthony Quirino	4/27/2025 – 5/1/2025	\$450.00	\$300.00	\$792.00	\$0.00	\$0.00	\$1,542.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Drug and Terrorist interdiction that provides numerous trainings directly related to my position as a K9 Handler, which include but not limited to: search warrants, asset forfeiture, freight and parcel interdiction, bulk cash investigations, etc. Many of these topics are directly related to my day-to-day functions and investigations and will provide me with the current trends and changes within the laws provide an up to date understanding of the newest trends.

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Development	Fund for Our Economic Future	\$34,000.00	10/1/2025 – 9/30/2026	General Fund

Purpose of Membership:

The Fund for Our Economic Future is a creative space for philanthropic funders and civic leaders to explore what matters and implement what works to achieve equitable economic growth, emphasizing systemic, long-term change. The Fund for Our Economic Future combines the philanthropic leverage of a funding collaborative, the curiosity and insight of a think tank, the innovation of an incubator and the convening power of an association. For the past two decades the Fund for Our Economic Future has developed, shaped, and funded enduring strategies and shifted the way our region thinks about true prosperity.

**BC2025-272**

Department of Purchasing, presenting proposed purchases for the week of 4/21/2025:

**Direct Open Market Purchases**  
**(Purchases between \$10,001 - \$200,000.00 unless requiring assistance from**  
**the Department of Purchasing – See Below):**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001429	Out-of-home care placement services for the period of 3/1/2025-3/31/2025*	Division of Children and Family Services	Compassion Care Group	\$60,350.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

\*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 Purchasing, on behalf of the County Treasurer’s Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to increase

allocations for two user departments and to provide funding sources in accordance with the Procurement Card Program Services section of the Master Services Agreement.

- a) Cuyahoga County Board of Development Disabilities from \$12,000.00 to \$24,000.00; General Fund
- b) Veterans Service Commission from \$22,000.00 to \$25,000.00; General

Funding Source: General Fund

## Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to the Notice of Award and Grant Agreement from Ohio Emergency Management Agency for the FY2023 State Homeland Security Grant Program for the period 9/1/2023 – 12/31/2025, to extend the time period to 5/31/2026; no additional funds required.

Funding Source: FY2023 State Homeland Security Grant Program

## Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting a grant agreement with Western Reserve Area Agency on Aging in the amount not-to-exceed \$21,242.87 for the HOME Energy Assistance Program effective upon signatures of all parties through 8/31/2025.

Funding Source: SFY2025 HOME Energy Assistance Program (HEAP) Outreach Grant

## Item No. 4

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 14451	4969	Summit Food Service, LLC	For Jail food services in the Cuyahoga County Corrections Center <b>to delete Schedule 1 pricing schedule and replace with Enhanced Menu Schedule 1 and to amend the terms in Section 2.1.3</b>	\$0.00	Sheriff's Department	1/1/2025-12/31/2027	(Original) General Fund	(Executive) 4/2/2025 (Law) 4/10/2025
RQ 7449	2311	Richard L. Bowen & Associates, Inc.	For General Architectural - Engineering Services	\$0.00	Department of Public Works	4/12/2022-4/11/2025 <b>to extend the time period to 2/28/2026</b>	(Original) General Fund	(Executive) 4/10/2025 (Law) 4/10/2025
RQ 7449	5354 (fka 2312)	Makovich & Pusti	For General Architectural - Engineering	\$0.00	Department of Public Works	4/12/2022-4/11/2025 <b>to extend the</b>	(Original) General Fund	(Executive) 4/10/2025 (Law)

		Architects, Inc.	Services <b>for the assignment and assumption of the contract to CPL Architects, Engineers and Landscape Architect, D.P.C.</b>			<b>time period to 2/28/2026</b>		4/10/2025
RQ 42556 (BuySpeed)	1175 (fka AG1800067)	The MetroHealth System	For the MetroHealth Select Network health benefit plan for County employees and their eligible dependents	\$0.00	Department of Human Resources	1/1/2016 – 6/30/2025 to <b>update the terms in Exhibit B-1 and Exhibit C effective 1/1/2025 and to extend the time period to 6/30/2026</b>	(Original) Self-Insurance Fund	(Executive) 4/14/2025 (Law) 4/16/2025
NA	4361	City of Shaker Heights	First Call Cuyahoga Mental Health Response Team Program	\$0.00	Department of Public Safety and Justice Services	4/23/2024 – 5/31/2025 to <b>extend the time period to 3/31/2026</b>	(Original) 73% The George Gund Foundation \$200,000.00 and 27% General Fund \$75,000.00	(Executive) 4/14/2025 (Law) 4/11/2025
NA	5358 (fka 4999)	IFS Properties LLC	In connection with the State of Ohio, Brownfield Remediation Funding Match Program <b>to amend the terms of the Loan Agreement effective April 14, 2025; no additional funds</b>	\$0.00	The Department of Development	10/21/2024 – 10/21/2027	(Original) General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services	

#### Item No. 5

Purchases Processed (No Vote Required) in the amount not-to-exceed \$5,000.00 for the period 3/1/2025 – 3/31/2025 (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 “4/21/2025 – Board of Control Meeting”.

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

#### VI – PUBLIC COMMENT

#### VII – ADJOURNMENT

## Minutes

Cuyahoga County Board of Control  
Monday, April 14, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

### **I – CALL TO ORDER**

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

#### Attending:

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

### **II. – REVIEW MINUTES – 4/7/2025**

Michael Chambers motioned to approve the minutes from the April 7, 2025, meeting; Michael Dever seconded. The minutes were approved by unanimous vote, as written.

### **III. – PUBLIC COMMENT**

There was no public comment.

### **IV. – CONTRACTS AND AWARDS**

#### **A. – Tabled Items**

#### **B. – New Items for Review**

##### **BC2025-251**

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP exemption, which will result in an award recommendation to 21C LLC dba Compass Energy Platform in the amount not-to-exceed \$250,000.00 for general engineering and construction management services for Cuyahoga Green Energy, the County Utility effective upon signatures of all parties for the period 1/1/2025 – 12/31/2027.
- b) Recommending an award and enter into Contract No. 5350 with 21C LLC dba Compass Energy Platform in the amount not-to-exceed \$250,000.00 for general engineering and construction management services for Cuyahoga Green Energy, the County Utility effective upon signatures of all parties for the period 1/1/2025 – 12/31/2027.



Funding Source: 90% Utility Operations, 6% Cleveland Foundation Grant and 4% George Gund Foundation Grant

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-251 was approved by unanimous vote.

#### **BC2025-252**

Department of Information Technology, recommending an award on Purchase Order No. 25001430 with Integrated Precision Systems in the amount not-to-exceed \$21,508.43 for a state contract purchase of various access control equipment, (1) Double magnetic door lock system with ADA-compliant exit devices and (1) Single magnetic door lock, related accessories, installation and programming services for 1801 Superior Avenue, Cleveland.

Funding Source: Capital Project – General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-252 was approved by unanimous vote.

#### **BC2025-253**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Citibot, Inc. in the amount not-to-exceed \$67,600.00 for integration of an automated chatbot to interact with users on the County Treasurer's Office website, effective upon signatures of all parties for a period of 5 years.
- b) Recommending an award and enter into Contract No. 5221 with Citibot, Inc. in the amount not-to-exceed \$67,600.00 for integration of an automated chatbot to interact with users on the County Treasurer's Office website, effective upon signatures of all parties for a period of 5 years.

Funding Source: Delinquent Tax Assessment Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Meredith Turner stated she doesn't have a question but would like to commend and acknowledge the great work that the Fiscal Offices are doing with the Great Estates Program and is sure this will be very helpful in assisting constituents of the County and not to stop the outreach as it's been amazing. Michael Chambers commented we're receiving hundreds of thousands of calls and hopefully this will help reduce the volume of calls. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-253 was approved by unanimous vote.

#### **BC2025-254**

Department of Law,

- a) Submitting an RFP exemption which will result in a final payment to Calfee, Halter & Griswold LLP in the amount not-to-exceed \$10,757.00 for representing Cuyahoga County in connection with Internal

Revenue Service's audit of the County's Various Purpose Sales Tax Revenue Bonds, Series 2014 in September and October 2023 and May 2024.

- b) Recommending an award on Purchase Order No. 25001464 to Calfee, Halter & Griswold LLP in the amount not-to-exceed \$10,757.00 as final payment for representing Cuyahoga County in connection with Internal Revenue Service's audit of the County's Various Purpose Sales Tax Revenue Bonds, Series 2014 in September and October 2023 and May 2024.

Funding Source: General Fund

Gregory Huth, Department of Law, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-254 was approved by unanimous vote.

**BC2025-255**

Department of Internal Audit, recommending an award on Purchase Order No. 25001314 to Carahsoft Technology Corp. in the amount not-to-exceed \$22,098.00 for a joint cooperative purchase for renewal of (6) TeamMate audit software subscriptions, maintenance and support for the period 5/7/2025 - 5/6/2026.

Funding Source: General Fund

Joshua Ault, Department of Internal Audit, presented. There were no questions. Michael Dever motioned to approve the item; Robert Schleper seconded. Item BC2025-255 was approved by unanimous vote.

**BC2025-256**

Court of Common Pleas/Domestic Relations Court Division, submitting an amendment to Contract No. 5326 (formerly Contract No. 4157 and 2985) with Justice Innovation Inc. dba Center for Justice Innovation fka Center for Court Innovation for the period 12/1/2022 – 6/30/2025 to extend the time period to 6/30/2026; no additional funds required effective upon signatures of all parties.

Funding Source: 50% State Justice Institute Project Grant and 50% Ohio State Bar Foundation Grant

Susan Sweeney, Court of Common Pleas/Domestic Relations Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-256 was approved by unanimous vote.

**BC2025-257**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Charity Blasdel in the amount not-to-exceed \$42,000.00 for pathology assistant services, effective upon signatures of all parties through 12/31/2025.
- b) Recommending an award on Contract No. 5313 to Charity Blasdel in the amount not-to-exceed \$42,000.00 for pathology assistant services, effective upon signatures of all parties through 12/31/2025.

Funding Source: Coroner Lab Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-257 was approved by unanimous vote.

**BC2025-258**

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5324 with Camp Ho Mita Koda Foundation (40-1) in the amount not-to-exceed \$24,253.00 for the Camp HOPE America Model Program, effective upon signatures of all parties through 8/1/2025.

Funding Source: Health and Human Services Levy Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-258 was approved by unanimous vote.

**BC2025-259**

Department of Health and Human Services/Office of the Director, recommending an award on Purchase Order No. 25001324 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$22,824.00 for a state contract purchase of (3) HPE ProLiant Servers, each to include Advanced Pack Subscription Licenses, operational support for HPE hardware and software for a period of 5 years, (4) solid state hard drives and (1) additional processor.

Funding Source: Health and Human Services Levy Fund

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-259 was approved by unanimous vote.

**BC2025-260**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to Contract No. 3529 with Relink for production services of a comprehensive resource guide for the period 7/10/2023 – 7/9/2025 to update Exhibit 1 Scope of Work and Budget to include Exhibit I-A which represents the budget for the additional funds added through this amendment and for additional funds in the amount not-to-exceed \$20,580.00, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-260 was approved by unanimous vote.

### C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-261; Michael Dever seconded. The Consent Agenda Items were approved by unanimous vote.

#### BC2025-261

Department of Purchasing, presenting proposed purchases for the week of 4/14/2025.

**Direct Open Market Purchases**  
**(Purchases between \$10,000.01 - \$200,000.00 unless requiring assistance from**  
**the Department of Purchasing – See Below):**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001204	(1) Rental of bridge snooper truck with mobilization of equipment, driver and operator	Department of Public Works	Pittsburgh Rigging Company	Not-to-exceed \$18,000.00	Road & Bridge Fund
25001406	(1) 32" standing mower for various County locations	Department of Public Works	Best Truck Equipment Inc.	\$7,799.00	General Fund
25001537	Miscellaneous hardware and supplies for the Road and Bridge Division	Department of Public Works	Sutton Industrial Hardware	Not-to-exceed \$15,000.00	Road & Bridge Fund
25001428	(75) Customized ID badges with (75) badge holders	Medical Examiner's Office	Novak Supply LLC	\$5,413.50	General Fund
25001474	Various replacement gas and chemical detection sensors for MultiRae detection units for the Cuyahoga County HazMat teams	Department of Public Safety and Justice Services	Safeware, Inc.	\$17,846.88	FY23 Urban Area Security Initiative Grant (UASI)
25001476	Various replacement gas and chemical detection sensors for AreaRae detection units for the Cuyahoga County HazMat teams	Department of Public Safety and Justice Services	Safeware, Inc.	\$11,319.24	FY23 Urban Area Security Initiative Grant (UASI)

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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25001451	Factory Authorized – (2) Variable frequency drive parts and labor*	Department of Public Works	Direct Air Systems, Inc.	\$12,936.00	General Fund
25001423	Out-of-home care placement services for the period of 1/1/2025-2/28/2025**	Division of Children and Family Services	Michael A Mitchell dba The Anthony House	\$28,200.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement 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. BC2024-987, 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 Public Works, submitting a Subaward Agreement from Ohio Lake Erie Commission to establish the duties and obligations for the completion of the Euclid Beach Connector Project in connection with the Lakefront Public Access plan in the amount of \$154,000.00 effective upon signatures of all parties through 6/30/2026.

Funding Source: Ohio EPA Lake Erie Management Assistance Grant

#### Item No. 2

### Contracts \$0.00 – \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ No. 13600	4770	Leonardo US Cyber and Security Solutions, LLC	For the fixed Automated License Plate Reader Expansion Project for the purchase and installation of (9) new	\$0.00	Department of Public Safety and Justice Services	9/30/2024 – 11/30/2027 <b>to extend the term for completion of all installation and</b>	(Original) FY2022 Urban Area Security Initiative	(Executive) 4/2/2025 (Law) 4/3/2025

			cameras at various intersections in Cuyahoga County and maintenance services and software warranty support			<b>implementation by April 30, 2025 and to extend the warranty period for 3 years after completion of the installation and implementation until 4/30/2028</b>		
NA	4605	Brink's U.S., A Division of Brink's Incorporated	Armed guard and armored truck services for various County Departments <b>to revise the scope of services to reflect a change in service locations and times by removing Amendment Exhibit A in its entirety and replacing it with Amendment 2 Exhibit A</b>	\$0.00	Department of Purchasing	7/1/2024-6/30/2025	(original) 56% General Fund and 44% Other Health and Safety Fund	(Executive) 4/4/2025 (Law) 4/4/2025

**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
R2023-0321	Reconstruction of the Lake Road – Clifton Boulevard Project in the Cities of Lakewood and Rocky River in connection with the Cuyahoga County Lakefront Access Plan – Council Districts 1 and 2	\$9,500,000.00	\$10,941,271.00	25% County Motor Vehicle License Tax Funds 13% City of Lakewood 4% City of Rocky River 58% Northeast Ohio Areawide Coordinating Agency (NOACA)	(Executive) 4/9/2025

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Meredith Turner seconded. The motion to adjourn was unanimously approved at 11:16 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-262**

Title	Department of Public Works; Ohio Machinery dba Ohio Cat – 2025 Joint Cooperative for two (2)-Excavators.
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	25001453	Ohio Machinery dba Ohio Cat	N/A	\$329,912.06	Pending	Pending

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting approval to purchase two (2) construction excavators from the Joint Cooperative - Sourcewell contract with Ohio CAT.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" 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: Both 2014      How will replaced items be disposed of? GovDeals
Project Goals, Outcomes or Purpose (list 3): To have a vendor in place that can provide replacement excavators for the County's Sanitary division. The new excavators will replace two (2) 2014 excavators that are costing more to maintain.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Ohio Machinery Co dba Ohio Cat 3993 E. Royalton Rd. Broadview Hts., OH 44147	Kevin Keeter / Controller

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 is able to secure the needed equipment via an approved cooperative that has been previously bid and/or negotiated, providing consistent service and price along with quicker delivery time.  *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 011723-CAT 4/14/2027
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.  Sanitary Sewer / Fund 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PW715200 / 70000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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### BC2025-263

Title	PO25001535 – 2025-Department of Development/ Carahsoft Technology Corporation/ Purchase Order/ Salesforce Government Cloud 2025-2026
Department or Agency Name	Department of Development
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	25001535	Carahsoft Technology Corporation	04/21/2025-04/20/2026	50,461.76	Pending	Pending
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Service/Item Description (include quantity if applicable).

The Department of Development requesting approval of a purchase order with Carahsoft Technology Corporation for Salesforce Government Cloud service for the not to exceed cost of \$50,461.76 for the time period from 04/21/2025-04/20/2026.

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):

Provide a universal CRM system for all the divisions within the department to use as the sole system of record so that data related to any business within the department is accessible via a dashboard off site.  
Create an all-inclusive customer relationship management and deal flow management system to increase the accountability and efficiency of the tasks administered by the DoD staff.  
Provide a highly configurable off-the-self system, which will align with the overall objective of the Department of 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):
Carahsoft Technology Corporation 11493 Sunset Hills Road, Suite 100 Reston, Virginia 20190	Craig Abod, President/Founder
Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input 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   R191902 4/30/2025
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:    4/10/2025
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. This is an independent system.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  The project is funded 100% by the Department of Development 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.  DV100100/55130
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.
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Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**BC2025-264**

Title	CM5365 – 2025-Department of Development/ BMI Associates, Inc. dba BMI Productivity Solutions/ Contract/ Portfol Software, Maintenance and Training 2025-2028
Department or Agency Name	Department of Development
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	5365	BMI Associates, Inc	05/06/2025- 05/05/2028	53,110.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Development requesting approval of a contract with BMI Associates, Inc. dba BMI Productivity Solutions for Software Maintenance, Training and Support for the not to exceed cost of \$53,110.00 for the time period from 05/06/2025-05/05/2028.</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>

Project Goals, Outcomes or Purpose (list 3):

To continue the proper maintenance of the Department of Development's Economic Development Loan Portfolio servicing to ensure that all loans issued are accounted for and tracked properly.  
 To provide maintenance, support and training on for the Portfol Portfolio Management Software.  
 To provide an upgrade to Portfol Cloud and the ability to sync selected information to the Department of Development's Salesforce platform.

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):
BMI Associates, Inc. dba BMI Productivity Solutions 475 North 300, West Suite 5 Kaysville, UT 84037	Boyd Mortersen - President
Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  Vendor has specific experience to perform required services. The procurement method for the 2019 contract was sole source affidavit.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 4/10/2025
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. This is an independent system.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  The project is funded 100% by the Department of Development 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.  DV100100/55130 (\$21,500), DV100100/54020 (\$31,610)
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.  The project is continuation of the service contract (CM3374) that is set to expire on 5/5/2025.	
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 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.
O	3374	BMI Associates, Inc.	05/06/2023 - 05/05/2025	\$11,477.00	05/15/2023	BC2023-304

**BC2025-265**

Title	PO25001300JCOP- 2025- Procurement of 24-inch monitors, 10 27-inch monitors, 33 HP workstations on behalf of the Juvenile Courts
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.
	PO25001300 JCOP	MNJ Technologies Direct	2025	\$72,739.40	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology intends to contract with MNJ Technologies Direct for the procurement of 35 24-inch monitors, 10 27-inch monitors, 33 HP workstations, and related accessories, in the amount of \$72,739.40, on behalf of the Juvenile Courts.

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

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

Project Goals, Outcomes or Purpose (list 3):

Procurement of 35 24-inch monitors, 10 27-inch monitors, 33 HP workstations, and related accessories for the Juvenile Courts.

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Contract pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. NCPA-01-148 Expires on 11.30.2025  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date  NCPA-01-148 Expires on 11.30.2025
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:
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<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% 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 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):
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**BC2025-266**

Title	HPE DL380 Servers for AXON Interview Rooms
Department or Agency Name	Department of Information Technology on behalf of the County Sheriff

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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.
	25001473 EXMT	Advizex Technologies LLC		\$20,338.24	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology on behalf of the County Sheriff plans to contract with Advizex Technologies, LLC., for DL380 Servers for AXON Interview Rooms in the amount of \$20,338.24.
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): These servers will be used by the County Sheriff for AXON interview rooms. AXON Interview is a cloud-based system that streamlines the interview process by allowing the user to capture and manage interviews local, as well as live stream sessions. HPE Servers are an approved Department of Information Technology standard. Advizex is offering lower pricing than their approved Ohio STS contract, #534515.

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input 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% Federal Equitable Sharing Account SH285180
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.  SH285180
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):
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**BC2025-267**

Title	30 Cisco Shortrange Transceivers
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.
	25001541 JCOP	SHI International Corp.	12 Months	\$13,211.70	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp., for 30 Cisco Shortrange Transceivers in the amount of \$13,211.70.</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>Replenish Stock</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>Shortrange transceivers, used for fiber optic connections, provide high-speed data transmission over multimode fiber. This enables high speed data transfer within a limited distance. With the recent purchase of the additional NetApp storage appliances and some miscellaneous upgrades from 1Gb connectivity to 10Gb connectivity, the IT Department's stock of Cisco Shortrange 10Gb transceivers is low and needs to be replenished.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873	Mark Brum 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
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB   <input type="checkbox"/> RFP   <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal                      Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>A competitive process was completed through Sourcwell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcwell contract #121923.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcewell contract #121923, which expires February 27, 2028.
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% Capital Improvement Plan
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.  IT600100
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):
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**BC2025-268**

Title	CM5152 fka CM3287- Mythics LLC Oracle Database Software Support and Maintenance
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <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	3287	Mythics, LLC	06/01/2023- 05/31/2024	\$397,515.10	05/30/2023	BC2023-346
A-1	3287	Mythics, LLC	06/01/2024 – 05/31/2025	\$413,415.35	05/28/2024	BC2024-402
A-2	5152	Mythics, LLC	06/01/2025- 05/31/2026	\$429,951.96	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to amend Contract No. CM5152 fka CM3287 with Mythics LLC, to extend time period to May 31, 2026 for Oracle Database Software Support and Maintenance in the amount of \$429,951.96.</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):

Renew Mythics contract – Amendment 2 through 05/31/2026
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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):
Mythics, LLC. 4525 Main Street, Suite 1500. Virginia Beach, Virginia 23462	Deonte J. Watters, Vice President, Contracts
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process. This is a request for a 2nd amendment to continue services for 2025-2026 on the active contract CM5152 fka CM3287  *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) Exemption <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.	
4% General Fund	CP100105
69% Real Estate Assessment Fund	FS305100
22% General Fund	IT100110
5% Health and Human Services Levy Fund	HS260110
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. CP100105 FS305100 IT100110 HS260110	
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
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**BC2025-269**

Title	The Division of Children and Family Services needs to make a final payment on expired Contract CM4147 which expired on 6/30/2024
Department or Agency Name	Division of Children and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	25001488			\$28,000.00	pending	pending

Service/Item Description (include quantity if applicable). The vendor provides training and consultation services for Juvenile Court and Division of Children and Family Services (DCFS) Multi-System Therapy (MST) Teams. This is purchase order PO25001488 to make a payment for 7/1/2023-6/30/2024 services for DCFS portion of the contract (CM4147) that expired on 6/30/2024
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): - Organizational and clinical consultation, Development of program implementation, MST clinical training sessions.

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):
Case Western Reserve University, 10900 Euclid Ave., Cleveland, Ohio 44106	Diane Domanovics, Asst. Vice President for Sponsored Projects.
Vendor Council District:	Project Council District:
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	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:	X 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% by Health and Human Services Levy 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.  HS260160 / 55130 / UCH02123
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.	
Payment on an expired contract	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: This was a joint contract between DCFS and Juvenile Court. When the contract ended DCFS decided to not continue. The invoice came in and we were sure if there was enough funding to cover the final invoice. There was some back and forth between and unfortunately the contract was closed before payment could be made. The Division of Contract Administration and Performance was asked to process a Purchase Order to make final payment in February of 2025. We wanted to ensure that no duplicate payments would be made as there were invoices paid in the same amount previously. It was determined that we could make the payment. We entered the item in Infor and it was approved on 4/3/2025. However the next step of entering into OnBase did not occur until 4/16/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2.4.2025
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: 2.4.2025 - Request to complete Purchase Order 2.4.2025 – followed up with DCFS staff to ensure payment not a duplicate 4.1.2025 – confirmation received to process PO 4.1.2025 – assigned to staff and completed 4.3.2025 – DoP approved 4.16.2025 – OnBase completed	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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### C. - Consent Agenda

**BC2025-270**

Title	Office of Early Childhood, Invest in Children with The Osgood Group. Amendment 3: Effective upon execution – 6/30/2025
Department or Agency Name	Office of Early Childhood – Invest in Children
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	3961	The Osgood Group	12/05/2023- 12/31/2024	\$70,000.00	12/04/2024	BC2023-788
A-1	3961	The Osgood Group	3/29/24 – 12/31/2024	\$500.00	4/9/2024	ION-4
A-2	3961	The Osgood Group	7/9/24 – 6/30/2025	\$15,000.00	7/8/24	BC2024-523
A-3	3961	The Osgood Group	Effective upon execution – 6/30/2025	\$6,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Office of Early Childhood, Invest in Children is seeking to enter the 3rd amendment with The Osgood Group, LLC. This third amendment is to add funding in the amount of \$6,000.00.

The Osgood Group will provide additional support to Invest in Children/Office of Early Childhood on operationalizing and connecting the strategies and tactics of the 2024-2027 strategic plan into the work portfolio of all IIC/OEC staff.

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):

With these additional funds, The Osgood Group will focus on leadership development, team development, recruitment & orientation support, and travel/accommodations.

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 Osgood Group, LLC 731 47 <sup>th</sup> . St Sarasota, FL 34234	Owner, Nancy Osgood
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	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 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 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.	

<b>FUNDING SOURCE:</b> 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.  HS260240 – 55130 – UCH09999

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

Provide status of project.

Services are Ongoing and transitioning into the next phase - Implementation

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): see chart above

#### BC2025-271

(See related items for proposed travel/memberships for the week of 4/21/2025 in Section C. above).

#### BC2025-272

(See related items for proposed purchases for the week of 4/21/2025 in Section C. above).

#### V – OTHER BUSINESS

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

##### Item No. 1

Title	KeyBank Banking and Treasury Services P-Card	
Department or Agency Name	Department of Purchasing	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Adding funds for 2025 to contract 4645 for the Pcard program.	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4645	KeyBank National Association	10/1/2024 to 9/30/2028	\$4,600,000.00	R2024-0305	9/24/2024
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$52,000.00 to various user departments	CON2024-98	10/21/2024
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$550,975.00 to various user departments	CON2025-04	2/3/2025
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$15,000.00 to CCVSC and BODD	PENDING	PENDING

Service/Item Description (include quantity if applicable).

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

Allocate funds for Banking and Treasury Services in the total amount not to exceed \$15,000.00

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

Age of items being replaced: N/A How will replace items be disposed of? N/A

Project Goals, Outcomes or Purpose (list 3):

Allocating funds from the KeyBank contract to the Board of Developmental Disabilities and Cuyahoga County Veterans Service Commission in accordance with the P-Card program.

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):
KeyBank, National Association 127 Public Square Cleveland, Ohio 44114	Charles Wise Susan Todaro
Vendor Council District:	Project Council District:



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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 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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.  Board of Developmental Disabilities: General Fund: \$12,000.00
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Cuyahoga County Veterans Service Commission – General: \$3,000.00
Funding Source Breakdown %: General 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.  VC100100  DD210125
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Allocating funds from the current Pcard contract	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/21/2025
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**Item No. 2**

TITLE	PSJS; 2024; 1 <sup>st</sup> Amendment of FY2023 State Homeland Security Grant Program (Grant Award) – Extension of Performance Period
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
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<p><b>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</b></p>	<p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	State Homeland Security Grant Program	9/1/2023-12/31/2025	\$83,800.00	12/11/23	CON2023-127
AMENDMENT (A-1)	State Homeland Security Grant Program	9/1/2023-5/31/2026	\$0	Pending	Pending
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Ohio EMA made the award to Cuyahoga County to support the County applications for the Northeast Ohio Regional Fusion Center (NEORFC) Sustainment. The grant extension will allow the social media threat intelligence software contract term to stay within the grant period.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Provide funds to build response capabilities at the state and local level through planning, equipment, training and exercise activities			
		Implement the goals and objectives included in the State Investment Justification and State Homeland Security Strategy.			

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

PROJECT COUNCIL DISTRICT:	All Districts
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY2023 State Homeland Security Grant Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

### Item No. 3

TITLE	DIVISION OF SENIOR AND ADULT SERVICES (DSAS); WESTERN RESERVE AREA AGENCY ON AGING – 2024-2025 HOME ENERGY ASSISTANCE PROGRAM (HEAP) GRANT; Upon Execution - 8/31/2025
DEPARTMENT OR AGENCY NAME	Division Of Senior and Adult Services (DSAS)

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).  <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Western Reserve Area Agency on Aging	Upon Signature – 8/31/2025	\$21,242.87	CON2024-15	2/5/2024
AMENDMENT (A-1)					
AMENDMENT (A- )					

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Division of Senior and Adult Services requesting approval of a grant from Western Reserve Area Agency on Aging in the amount of \$21,242.87. The grant period is Upon Signature - 8/31/2025.</p> <p>HEAP Outreach funds will be used to implement the Low-Income Home Energy Assistance Program Outreach Plan.</p> <p>DSAS will provide outreach, information and assistance in completing assistance applications for the winter regular HEAP program and for the Summer Crisis Program to individuals who are 60 years of age and older or have disabilities; this includes mailings and flyers to targeted audiences, such as Senior Farmer's Market and Meals On Wheels recipients; in person presentations; and attendance at group outreach events such as health and wellness fairs.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>To distribute HEAP applications to seniors</p> <p>To assist seniors with completing and submitting HEAP applications.</p>

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	<p>Chief Executive Officer, Dr. Douglas Beach, Ph.D</p> <p>Western Reserve Area Agency on Aging</p> <p>1700 East 13<sup>th</sup> Street, Suite 114</p> <p>Cleveland, OH 44114</p>
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 7
DOLLAR AMOUNT ALLOCATED:	\$21,242.87

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

FUNDING SOURCE:	<p>Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.</p> <p>100% Grant Funding</p> <p>Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
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	<p>If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.</p>
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**Item No. 4**

(See related list of Contracts \$0.00 - \$10,000.00 processed and executed for the week of 4/21/2025 in Section V. above).

**Item No. 5**

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$5,000.00 for the period 3/1/2025 – 3/31/2025 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**