



**Cuyahoga County Board of Control Agenda  
Monday, March 18, 2024 - 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 – 3/11/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-208**

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 4280) with City of Berea in the amount not-to-exceed \$400,000.00 for maintenance and repair of storm and sanitary sewers located in County Sewer District No. 8 for the period 4/1/2024-3/31/2025.

Funding Source: Revenue Generating

**BC2024-209**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$29,708.66 for a joint cooperative purchase of (1) Cisco Systems Analog Voice Gateway, various licenses, and accessories.
- b) Recommending an award on Purchase Order No. 24000857 to SHI International Corp. in the amount not-to-exceed \$29,708.66 for a joint cooperative purchase of (1) Cisco Systems Analog Voice Gateway, various licenses, and accessories for the Justice Center.

Funding Source: General Fund

**BC2024-210**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Bugcrowd in the amount not-to-exceed \$39,915.00 for renewal of Vulnerability Disclosure Program Essentials Platform for the period 3/31/2024 – 3/30/2025.
- b) Recommending an award on Purchase Order No. 24001035 to Bugcrowd in the amount not-to-exceed \$39,915.00 for renewal of Vulnerability Disclosure Program Essentials Platform for the period 3/31/2024 – 3/30/2025.

Funding Source: General Fund

**BC2024-211**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$17,625.00 for a state contract purchase of one (1) each Cisco Catalyst Router and On-premises subscription license and Cisco Smart Net Total Care for the period 3/18/2024 – 3/17/2027.
- b) Recommending an award on Purchase Order No. 24001044 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$17,625.00 for a state contract purchase of one (1) each Cisco Catalyst Router and On-premises subscription license and Cisco Smart Net Total Care for the period 3/18/2024 – 3/17/2027.

Funding Source: General Funds

**BC2024-212**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to DLT Solutions, LLC in the amount not-to-exceed \$13,741.02 for the purchase of (18) Pluralsight Business Enterprise licenses for the period 1/31/2024 – 1/30/2025.
- b) Recommending an award on Purchase Order No. 24001072 to DLT Solutions, LLC in the amount not-to-exceed \$13,741.02 for the purchase of (18) Pluralsight Business Enterprise licenses for the period 1/31/2024 – 1/30/2025.

Funding Source: General Fund

**BC2024-213**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$47,864.47 for a joint cooperative purchase of (20) BitSight software licenses and various BitSight Cybersecurity Risk Management platform subscriptions for the period 3/22/2024-3/21/2025.
- b) Recommending an award on Purchase Order No. 24001143 to SHI International Corp. in the amount not-to-exceed \$47,864.47 for a joint cooperative purchase of (20) BitSight software licenses and various BitSight Cybersecurity Risk Management platform subscriptions for the period 3/22/2024-3/21/2025.

Funding Source: General Fund

**BC2024-214**

Department of Human Resources, recommending an award on Purchase Order No. 24001131 with Cleveland State University in the amount not-to-exceed \$19,250.00 for Public Management Academy #13 course for seven (7) employees for the period 3/7/2024 – 2/7/2025.

Funding Source: General Fund

**BC2024-215**

County Executive’s Office, submitting a Grant Agreement with Cuyahoga County Land Reutilization Corporation (via Contract No. 4199) in the amount not-to-exceed \$300,000.00 to match funds with Ohio Department of Development FY24-25 Building Demolition and Site Revitalization Program for demolition of vacant and distressed properties in suburban Cuyahoga County communities effective upon contract signatures of all parties for a period of two (2) years.

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

**BC2024-216**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for Substance Abuse Treatment Program services for Court-referred youth for the period 7/1/2021 – 6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the total amount not-to-exceed \$45,000.00.

- a) Contract No. 2588 (formerly Contract No. 1794) Catholic Charities Corporation in the anticipated amount not-to-exceed \$15,000.00.
- b) Contract No. 3002 (formerly Contract No. 1807) OhioGuidestone in the anticipated amount not-to-exceed \$15,000.00.

- c) Contract No. 3003 (formerly Contract No. 1808) New Directions in the anticipated amount not-to-exceed \$15,000.00.

Funding Source: RECLAIM grant

**BC2024-217**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2993 (fka Contract No. 563 and 20002846) with OhioGuidestone for trauma informed mentoring services to the Promise Team youth population for the period 7/1/2020 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms of insurance, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: RECLAIM Grant

**BC2024-218**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Action Defense LLC in the amount not-to-exceed \$28,600.00 for firearm training for Protective Services Officers to receive their Security Firearms Certification through the Ohio Peace Officer Training Academy Program, for the period 3/18/2024 – 12/31/2024.
- b) Recommending an award on Purchase Order No. 24000848 to Action Defense LLC in the amount not-to-exceed \$28,600.00 for firearm training for Protective Services Officers to receive their Security Firearms Certification through the Ohio Peace Officer Training Academy Program, for the period 3/18/2024 – 12/31/2024.

Funding Source: General Fund

**BC2024-219**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Medical Resource Group, Inc. dba MRG Exams in the amount not-to-exceed \$5,000.00 for fitness for duty examinations for Correction Officers for the period 3/18/2024 - 12/31/2024.
- b) Recommending an award on Purchase Order No. 24001077 to Medical Resource Group, Inc. dba MRG Exams in the amount not-to-exceed \$5,000.00 for fitness for duty examinations for Correction Officers for the period 3/18/2024 - 12/31/2024.

Funding Source: General Funds

**BC2024-220**

Sheriff's Department, recommending an award on RQ13839 and enter into Contract No. 4262 with CLD dba Centerline Dynamics, LLC (52-20) in the amount not-to-exceed \$81,720.00 for the purchase of nitrile gloves for the period 4/1/2024 – 12/31/2025.

Funding Source: General Fund

**BC2024-221**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Phenomenex, Inc. in the amount not-to-exceed \$20,894.64 for the purchase of Strata tubes, screens, columns and cartridges for analytical and research and development applications for the Toxicology Lab.
- b) Recommending an award on Purchase Order No. 24001166 to Phenomenex, Inc. in the amount not-to-exceed \$20,894.64 for the purchase of Strata tubes, screens, columns and cartridges for analytical and research and development applications for the Toxicology Lab.

Funding Source: General Fund

**BC2024-222**

Department of Public Safety and Justice Services, recommending an award on RQ13415 enter into Contract No. 4229 with JANUS Software, Inc., d/b/a JANUS Associates (96-16) in the amount not-to-exceed \$54,927.50 for cybersecurity network technical support and assessment services for the Cuyahoga County Board of Health for the period 3/18/2024 – 6/14/2024.

Funding Source: FY21 State Homeland Security Grant program

**BC2024-223**

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4258 with Noble Supply & Logistics in the amount not-to-exceed \$19,350.00 for a sole source purchase of (2) HazMatIQ safety training courses for specialized emergency management personnel and first responders effective upon contract signatures of all parties through 5/31/2024.

Funding Source: State Emergency Response Commission

**BC2024-224**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Begun Center for Violence Prevention Research and Education and the Center for Innovative Practices, in the Mandel School of Applied Social Science, Case Western Reserve University in the amount not-to-exceed \$313,236.00 for evaluation services, implementation, training and technical assistance for various programs for the period 1/1/2024 - 12/31/2025.
- b) Recommending an award and enter into Contract No. 3910 with The Begun Center for Violence Prevention Research and Education and the Center for Innovative Practices, in the Mandel School of Applied Social Science, Case Western Reserve University in the amount not-to-exceed \$313,236.00 for

evaluation services, implementation, training and technical assistance for various programs for the period 1/1/2024 - 12/31/2025.

Funding Source: Health and Human Services Levy

**BC2024-225**

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

- a) Submitting an RFP Exemption, which will result in a Grant Agreement to Radical Hospitality in the amount not-to-exceed \$50,000.00 to provide seasonal shelter and hospitality services for shelter-resistant persons experiencing homelessness in Cuyahoga County for the period 3/4/2024 - 4/15/2024.
- b) Recommending a Grant Agreement (via Contract No. 4298) with Radical Hospitality in the amount not-to-exceed \$50,000.00 to provide seasonal shelter and hospitality services for shelter-resistant persons experiencing homelessness in Cuyahoga County for the period 3/4/2024 - 4/15/2024.

Funding Source: Health and Human Services Levy Fund

**C. – Exemptions**

**BC2024-226**

Medical Examiner’s Office, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$22,000.00 for the purchase of meals for participants of the Citizens Academy and Medicolegal Death Investigation training programs for the period 4/1/2024 – 12/31/2024.

- a) Daves Supermarket
- b) Gordon Food Service dba GFS
- c) Italian Cravings DBA Italian Creations
- d) LaPizzeria

Funding Source: General Fund - 100 Percent reimbursement back by the participants

**D. – Consent Agenda**

**BC2024-227**

Fiscal Office, submitting an amendment to a Master Contract with various appraisers for various real estate review and appraisal services in connection with the 2024 Sexennial Reappraisal for the period 8/1/2023– 12/31/2024, to change the terms, effective upon contract signatures of all parties; no additional funds required.

New appraiser

- a) Contract No. 4259 CKM Appraisal Services, LLC

Funding Source: Real Estate Assessment fund

**BC2024-228**

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

Funding Source: Revenue Generating

**BC2024-229**

Fiscal Department, presenting proposed travel/membership requests for the week of 3/18/2024:

Dept:	Sheriff's Department							
Event:	Great Lakes Leadership Seminar							
Source:	Federal Bureau of Investigations							
Location:	Niagara Falls, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Richard Peters	5/5/2024 – 5/10/2024	\$375.00	\$140.00	\$445.00	\$0.00	\$0.00	\$960.00	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 Niagara Falls, NY to attend a seminar that will cover a variety of topics affecting law enforcement leaders today. Areas covered will include active crisis management, officer wellness, media engagement, and other subjects important to the interactions of executives and their rank-and-file officers. Instructors from the session are drawn from the FBI's Academy located at Quantico, Virginia, and other subject matter experts from throughout the region.

Dept:	Public Defender's Office							
Event:	ABA Center on Children & the Law Conferences 2024							
Source:	American Bar Association							
Location:	McLean, VA							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Tiffany Smith	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$1,109.66	\$195.10	\$444.20	\$2,337.96	General Fund, Reimbursable @85% from Ohio Public Defender
Sarah Lennon	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$887.05	\$195.10	\$444.20	\$2,115.35	General Fund, Reimbursable @85% from Ohio Public Defender
Bridget Dickens	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$897.85	\$195.10	\$444.20	\$2,126.15	General Fund, Reimbursable @85% from Ohio Public Defender
Seanna Conway	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$897.22	\$195.10	\$444.20	\$2,125.52	General Fund, Reimbursable @85% from Ohio Public Defender
Kenny Kinder	4/10/2024 - 4/13/2024	\$100.00	\$150.00	\$562.74	\$195.10	\$444.20	\$1,452.04	General Fund, Reimbursable @85% from Ohio Public Defender
Hannah Anain	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$1,109.66	\$195.10	\$444.20	\$2,337.96	General Fund, Reimbursable @85% from Ohio Public Defender
Taryn Schoenfeld	4/10/2024 - 4/13/2024	\$439.00	\$150.00	\$911.91	\$195.10	\$444.20	\$2,140.21	General Fund, Reimbursable @85% from Ohio Public Defender

\*Paid to host

\*\*Staff reimbursement

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



**Purpose:**

The Center on Children and the Law National Conferences bring multidisciplinary professionals together to focus on their interconnected roles in improving outcomes for children and families.

Dept:	Medical Examiner's Office							
Event:	2024 American Society of Crime Lab Directors Symposium							
Source:	American Society of Crime Lab Directors							
Location:	Birmingham, AL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harmeet Kaur	4/28/2024 – 5/2/2024	\$1,000.00	\$169.00	\$1,083.00	\$70.00	\$584.20	\$2,906.20	FY2023 Coverdell Grant
Nasir Butt	4/28/2024 - 5/2/2024	\$1,075.00	\$169.00	\$0.00	\$258.30	\$584.20	\$2,086.50	FY2023 Coverdell Grant

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

Requesting to attend the 2024 ASCLD (American Society of Crime Lab Directors) Symposium in Birmingham Alabama from 4/28/24 to 5/2/24 for continuing education. The meeting brings together leaders from different forensic science laboratories from across the country and abroad, hosts various presentations/talks and discussions about recent developments in the forensic field, forensic leadership trainings and challenges faced by forensic laboratories.

**BC2024-230**

Department of Purchasing, presenting proposed purchases for the week of 3/18/2024:

**Direct Open Market Purchases**  
**(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from the Department of Purchasing – See Below):**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24000877	Various topsoil, straw and grass seed materials	Department of Public Works	Three-Z-Inc.	Not-to-exceed \$10,000.00	Road and Bridge Fund

**V- OTHER BUSINESS**

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

**Item No. 1**

Department of Public Works,

- a) Requesting authority to apply for grant funds from U. S. Department of Energy/Office of State and Community Energy Programs in the amount of \$557,250.00 for the Solar for Schools Program in connection with Energy Efficiency and Conservation Block Grant Program (EECBG) for the period 1/1/2024 – 12/31/2025.
  
- b) Submitting a grant award from U. S. Department of Energy/Office of State and Community Energy Programs in the amount of \$557,250.00 for the Solar for Schools Program in connection with Energy Efficiency and Conservation Block Grant Program (EECBG) for the period 1/1/2024 – 12/31/2025.

Funding Source: Energy Efficiency and Conservation Block Grant Program – Bipartisan Infrastructure Law 2021.

**Item No. 2**

**LPA Agreements – Processed and executed (no vote required)**

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0195	Resurfacing of West 140 <sup>th</sup> Street from Puritas Avenue to Lakewood Heights Boulevard in the City of Cleveland – Council Districts 2 and 3	\$5,872,981.00		\$4,698,985.00 – Federal Fund \$586,998.00 – Road and Bridge Fund \$586,998.00 – City of Cleveland	3/7/2024 (Executive)

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

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

**I – CALL TO ORDER**

The meeting was called to order at 11:11 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  
Anitra Curry (Alternate for Paul Porter)  
Joseph Nanni (Alternate for Meredith Turner)  
Councilmember Dale Miller

**II. – REVIEW MINUTES – 3/4/2024**

Michael Chambers motioned to approve the minutes from the March 4, 2024; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**BC2024-179**

Court of Common Pleas/Juvenile Court Division,

- a) Requesting authority to apply for grant funds from the State of Ohio/Office of the Attorney General in the amount of \$82,484.00 for residential treatment services in connection with FY2023-2024 VOCA/SVAA grant programs for the period 10/1/2023 – 9/30/2024.
- b) Submitting a grant agreement with the State of Ohio/Office of the Attorney General in the amount of \$82,484.00 for residential treatment services in connection with the FY2023-2024 VOCA/SVAA grant program for the period 10/1/2023 – 9/30/2024.

Funding Source: State of Ohio/Office of the Attorney General; Grant requires a cash match (\$20,621.00) paid from Health and Human Services Levy Funds. The cash match is a portion of the salary of a Safe Harbor Liaison.

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2024-179 was approved by unanimous vote.

## **B. – New Items for Review**

### **BC2024-191**

Department of Public Works, recommending an award on RQ13947 and enter into Purchase Order No. 24000845 with Sarchione Ford (10-1) in the amount not-to-exceed \$163,170.00 for (3) replacement, new never titled 2024 Ford Transit-350 Cargo RWD Vans for the Sheriff's Department.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller asked why we received only one bid; asked if only one response how we know that the pricing is reasonable. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2024-191 was approved by unanimous vote.

### **BC2024-192**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in a payment to Crown Castle Fiber, LLC in the amount not-to-exceed \$1,966.00 as final payment for dedicated internet access subscription services for the period 1/1/2024 – 2/29/2024.
- b) Recommending a payment on Purchase Order No. 24000967 to Crown Castle Fiber, LLC in the amount not-to-exceed \$1,966.00 as final payment for dedicated internet access subscription services for the period 1/1/2024 – 2/29/2024.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Joseph Nanni asked is this service countywide; commented I thought we use AT&T countywide; asked who uses this service. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-192 was approved by unanimous vote.

### **BC2024-193**

Department of Human Resources:

- a) Requesting authority to apply for grant funds from the Ohio Bureau of Workers' Compensation in the amount of \$25,150.00 for radio flagger systems in connection with the Safety Intervention Grant (SIG) for 2024.
- b) Submitting a grant award from the Ohio Bureau of Workers' Compensation in the amount of \$18,862.50 for radio flagger systems in connection with the Safety Intervention Grant (SIG) for 2024.

Funding Source: 75% Workers' Compensation Safety Intervention Grant and a cash match of 25% Road and Bridge of \$6,287.50.

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-193 was approved by unanimous vote.

**BC2024-194**

Department of Law, submitting an amendment to Contract No. 3624 with Carpenter Lipps, LLP for various legal and advocacy services in connection with the Cuyahoga County Utility Microgrid Design project with Compass Energy Platform for the period of 7/7/2023 – 7/7/2024 to change the time period to 5/16/2023 through project completion, and for additional funds in the amount not-to-exceed \$42,000.00.

Funding Source: General Fund

Greg Huth, Department of Law, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-194 was approved by unanimous vote.

**BC2024-195**

Court of Common Pleas/Juvenile Court Division and Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 4147 (fka Contract No. 2759, 1064, 780; 757, 523 and CE1600236) with Case Western Reserve University on behalf of the Begun Center for Violence Prevention/Mandel School of Applied Social Sciences for Multi-Systemic Therapy training and consultation services for the period 7/1/2016 – 6/30/2024, to change the terms of insurance, effective 7/1/2023, and for additional funds in the amount not-to-exceed \$84,000.00.

Funding Source: 50% RECLAIM Grant and 50% Health and Human Services Levy Fund (Division of Children and Family Services)

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-195 was approved by unanimous vote.

**BC2024-196**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences in the amount not-to-exceed \$15,000.00 for training and technical assistance to newly contracted, grassroots and community-based organizations in performance data collection and evaluation services in connection with RECLAIM Grant activities for the period 7/1/2023-6/30/2024.

b) Recommending an award and enter into Contract No. 4224 with Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences in the amount not-to-exceed \$15,000.00 for training and technical assistance to newly contracted, grassroots and community-based organizations in performance data collection and evaluation services in connection with RECLAIM Grant activities for the period 7/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-196 was approved by unanimous vote.

**BC2024-197**

Court of Common Pleas/Juvenile Court Division,

a) Submitting an RFP Exemption, which will result in an award recommendation to The Mat Project in the amount not-to-exceed \$15,000.00 to provide comprehensive yoga instruction and activities for Detention Center youth for the period 9/1/2023-6/30/2024.

b) Recommending an award and enter into Contract No. 4236 with The Mat Project in the amount not-to-exceed \$15,000.00 to provide comprehensive yoga instruction and activities for Detention Center youth for the period 9/1/2023-6/30/2024.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-197 was approved by unanimous vote.

**BC2024-198**

County Prosecutor, recommending an award and enter into a Memorandum of Understanding (via Agreement No. 4251) with the Ohio Attorney General c/o Treasurer, State of Ohio/Bureau of Criminal Identification and Investigation in the amount not-to-exceed \$65,915.28 for eight (8) Ohio CODIS familial searches effective upon contract signatures of all parties through 9/1/2024 in connection with the FY2020 National Sexual Assault Kit Initiative.

Funding Source: Department of Justice, Office of Justice Programs, Bureau of Justice Affairs FY2020 National Sexual Assault Kit Initiative

Michael Chambers, Fiscal Officer and Hugh Shannon, Medical Examiner's Office on behalf of the County Prosecutor's Office, presented. Dale Miller asked can you describe the services being provided; asked how familial searches will help us to identify perpetrators. Michael Dever motioned to approve the item; Joseph Nanni seconded. Item BC2024-198 was approved by unanimous vote.

**BC2024-199** The following item was transferred at the request of Council President to County Council pursuant to Section 501.04(k) of the County Code.

Sheriff's Department,

- a) ~~Submitting an RFP Exemption, which will result in an award recommendation to Excel K-9 Services, Inc. in the amount not to exceed \$47,200.00 for the purchase of (4) imported narcotic detection, police service dogs and related training services for the period 3/15/2024 – 3/14/2025 for the Corrections Department.~~
- b) ~~Recommending an award and enter into Contract No. 4135 with Excel K-9 Services, Inc. in the amount not to exceed \$47,200.00 for the purchase of (4) imported narcotic detection, police service dogs and related training services for the period 3/15/2024 – 3/14/2025 for the Corrections Department.~~

Funding Source: Commissary Fund

**BC2024-200**

Sheriff's Department, recommending an award on RQ13838 and enter into Contract No. 4234 with The Hearn Paper Company (22-7) in the amount not-to-exceed \$140,400.00 for the purchase and delivery of toilet paper to the County Jail, for the period 5/8/2024 - 12/31/2025.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Dale Miller asked what the price range for the seven bids received was; asked is product widely available and no longer problematic like it was during COVID; asked has the prices come down. Dale Miller motioned to approve the item; Michael Dever seconded. Item BC2024-200 was approved by unanimous vote.

**BC2024-201**

Sheriff's Department, submitting a Revenue Generating Agreement (via Contract No. 4237) with City of Bedford Heights at a per diem rate of \$173.00 per prisoner per day for prisoner board and care services effective upon contract signatures of all parties for a period of three (3) months.

Funding Source: Revenue Generating

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-201 was approved by unanimous vote.

**BC2024-202**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Joseph's Home dba Joseph and Mary's Home in the amount not-to-exceed \$400,000.00 for temporary housing and medical respite for medically fragile homeless women for the period 1/1/2024 – 12/31/2025.

- b) Recommending an award and enter into Contract No. 3994 with Joseph’s Home dba Joseph and Mary’s Home in the amount not-to-exceed \$400,000.00 for temporary housing and medical respite for medically fragile homeless women for the period 1/1/2024 – 12/31/2025.

Funding Source: Health and Human Services Levy Funds

Marcos Cortes, Department of Health and Human Services on behalf of the Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-202 was approved by unanimous vote.

**BC2024-203**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Housing Innovations, LLC in the amount not-to-exceed \$220,000.00 for technical assistance to develop and implement a strategy to comply with the HEARTH ACT, including short-term and long-term planning and implementation of strategies at reducing and ending homelessness in connection with the Cuyahoga County Continuum of Care Evaluation and Planning Project for the period 1/1/2024-12/31/2024.
- b) Recommending an award and enter into Contract No. 4141 with Housing Innovations, LLC in the amount not-to-exceed \$220,000.00 for technical assistance to develop and implement a strategy to comply with the HEARTH ACT, including short-term and long-term planning and implementation of strategies at reducing and ending homelessness in connection with the Cuyahoga County Continuum of Care Evaluation and Planning Project for the period 1/1/2024-12/31/2024.

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

Marcos Cortes, Department of Health and Human Services on behalf of the Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-203 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. BC2024-204 through BC2024-207 as amended; Joseph Nanni seconded. The Consent Agenda Items were approved by unanimous vote as amended.

**BC2024-204**

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount of \$1.00 for the month of February 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating



**BC2024-205**

Department of Internal Audit, submitting an amendment to Contract No. 3597 with JANUS Software, Inc., dba JANUS Associates for County IT Risk Assessment services for the period 9/20/2023 - 12/31/2023 to extend the time period to 6/30/2024; no additional funds required.

Funding Source: General Fund

**BC2024-206**

Fiscal Department, presenting proposed travel/membership requests for the week of 3/11/2024:

Dept:	Department of Human Resources							
Event:	National PELRA 53 <sup>rd</sup> Annual Training Conference							
Source:	National PELRA							
Location:	Savannah, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brooke Deines	4/7/2024-4/11/2024	\$1,744.00	\$188.00	\$2,000.00	\$0.00	\$452.00	\$4,384.00	General Fund
John Kennick	4/7/2024-4/11/2024	\$1,744.00	\$188.00	\$2,000.00	\$578.40	\$452.00	\$4,962.40	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

This is the annual conference of the national Public Employer Labor Relations Association (PELRA). This training includes a one-day Costing Academy which is a workshop on concepts and methods of evaluating economic proposals (e.g., compensation, benefits, and total rewards). The attendees represent HR and the County in negotiations with 32 collective bargaining groups, leads HRs section in planning and analysis, and contributes to policy evaluation and development.

Dept:	Sheriff's Department
Event:	FBI Inservice Training – Narcotic Interdiction
Source:	Federal Bureau of Investigation
Location:	Lexington, KY

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Benedict Meder	2/28/2024-2/29/2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Federal Bureau of Investigation

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* All expenses will be paid by the Federal Bureau of Investigation.

- Registration-\$0.00
  - Meals-\$128.00
  - Lodging-\$134.00
  - Ground TRN/Mileage- \$432.82
  - Airfare -\$0.00
- Total: \$694.82

\*\*\*\*\*Late Item Write-Up: Submittal – Information was not relayed to Deputy in a timely manner by FBI task force.

Purpose:

Benedict Meder will be conducting training to Special Agents and Task Force officers assigned to the Lexington, Kentucky Field Office of the FBI on multiple disciplines of narcotics interdiction. The training would be conducted as part of Benedict Meder’s daily duties as a task force officer assigned to the Cleveland Field office of the FBI. The FBI will pay all expenses related to this training and there will be no cost to the Cuyahoga County Sheriff’s Department

Dept:	Sheriff’s Department							
Event:	AAPP 2024 Seminar							
Source:	American Association of Police Polygraphists							
Location:	Cherokee, NC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jamie Bonnette	3/17/2024 – 3/22/2024	\$375.00	\$263.00	\$596.55	\$0.00	\$0.00	\$1,234.55	Continued Professional Training Fund

Steven Bartczak	3/17/2024 – 3/22/2024	\$375.00	\$263.00	\$596.55	\$0.00	\$0.00	\$1,234.55	Continued Professional Training Fund
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\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Cherokee, NC to attend a seminar for Continuous Education/Training, Legal Updates, and minimum qualifications in compliance with ASTM, AAPP, and APA standards (40 hrs. per 2 years).

Dept:	Department of Information Technology							
Event:	Twelfth Annual Esri Public Sector CIO Summit							
Source:	ESRI							
Location:	Redlands, California							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Andy Johnson	<del>3/20/2024-3/21/2024</del> 3/19/2024-3/22/2024	\$0.00	\$240.00	\$1,300.00	\$800.00	\$1,000.00	\$3,340.00	Real Estate Assessment Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

A geographic information system (GIS) shapes state and local government processes, workflows, policies, and engagement with citizens. GIS provides a means to question how we can constantly improve our environment, infrastructure, safety, health, economies, planning, engineering, and ultimately our world. Advancements in GIS are helping governments modernize operations, gain new perspectives on the balance between natural and built environments, and create equitable and inclusive policies. GIS is a mapping platform for agile government and a tool to guide sustainable communities.

Dept:	Department of Information Technology							
Event:	GISValTech2024							
Source:	Urban and Regional Information Systems Association							
Location:	Charlotte, NC							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Fisher	4/8/2024 – 4/10/2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Urban and Regional Information Systems Association

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* All expenses will be paid by the Urban and Regional Information Systems Association.

- Registration-\$725.00
  - Meals-\$128.00
  - Lodging-\$438.00
  - Ground TRN/Mileage- \$0.00
  - Airfare -\$411.00
- Total: \$1,702.00

Purpose:

This conference is to discuss the importance of data and the analysis of location information for better decision-making within a jurisdiction. The conference features keynote speakers, training, workshops, breakout sessions, sponsorship opportunities, and an exhibition. The GIS/Valuation Technologies Conference for professionals in property assessment, tax administration, mapping and information technology has been the favorite annual event for Assessors and GIS professionals who apply technology to make property assessment and tax administration more accurate and efficient for a quarter of a century. Optional pre-conference and post-conference workshops will provide deep dives into a number of important topics. The conference will feature an abundance of educational sessions, panel discussions, and opportunities to connect with partners and fellow attendees.

Dept:	Department of Public Safety and Justice Services							
Event:	Annual Training Workshop							
Source:	National Association of SARA Title III Program Officials							
Location:	Charlotte, NC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alan Finkelstein (Community Partner)	4/21/2024 – 4/25/2024	\$ 415.00	\$241.00	\$743.35	\$180.00	\$475.00	\$2,054.35	80% Hazardous Materials Emergency Planning

								Grant 20% Local Emergency Planning Committee Discretionary Funds
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\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The Department of Public Safety & Justice Services, on behalf of the Local Emergency Planning Committee (LEPC), requesting authorization for Alan Finkelstein, LEPC Vice Chair, to attend the National Association of SARA Title III Program Official 2024 Conference. This conference will be held in Charlotte, North Carolina, travel dates are 4/21-4/25/2024.

Dept:	Department of Public Safety and Justice Services							
Event:	24 <sup>th</sup> Annual International Family Justice Center Conference							
Source:	Alliance for Hope International							
Location:	San Diego, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jill Smialek	4/22/2024 – 4/25/2024	\$0.00	\$272.00	\$1,094.16	\$284.03	\$600.00	\$2,250.19	Camp Hope America Verizon Grant

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The purpose of this trip is to attend the annual national conference hosted by the Alliance for Hope ("the Alliance"). The Alliance is the creator of the Camp Hope America model and attendance at this annual conference is a requirement for all Camp Hope program affiliates. Cuyahoga County's Witness Victim Services is the only Camp Hope affiliate in the tri-state area and is recognized as a leader in the program.

**BC2024-207**

Department of Purchasing, presenting proposed purchases for the week of 3/11/2024:

**Direct Open Market Purchases**  
**(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from**  
**the Department of Purchasing – See Below):**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001010	Purchase of new and replacement uniforms for Cuyahoga Emergency Communications Systems (CECOMS) staff	Department of Public Safety and Justice Services	Sinatra Uniforms, Inc.	Not to exceed \$5,700.00	General Fund
24000949	Miscellaneous tools for use by the Sanitary Division	Department of Public Works	Lakeside Supply Company	Not-to-exceed \$25,000.00	Sanitary Fund
24001031	Miscellaneous small equipment parts for use by the Fleet Division	Department of Public Works	Sohars All Season Mower Services	Not-to-exceed \$49,000.00	45% Sanitary Fund, 45% Road and Bridge Fund and 10% General Fund
24001042	Various bulk metal parts and services	Department of Public Works	Aztec Steel	Not-to-exceed \$18,000.00	56% Sanitary Fund, 28% Road and Bridge Fund and 16% General Fund
24001054	Various automotive parts and labor	Department of Public Works	E.A.B. Truck Service	Not-to-exceed \$49,000.00	81% Sanitary Fund and 19% Road and Bridge Fund
24001071	Freightliner parts for use by the Fleet Division	Department of Public Works	Valley Freightliner Trucks dba Cleveland Freightliner, Inc.	Not-to-exceed \$35,000.00	59% Sanitary Fund and 41% Road and Bridge Fund
24000951	Various sizes of pipette tips for use by the DNA Lab	Medical Examiner's Office	Mettler-Toledo International, Inc. dba Mettler-Toledo Rainin, LLC	\$11,002.50	American Rescue Plan Act (ARPA) Crime Lab Grant

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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24000962	Factory Authorized – Tractor repairs*	Department of Public Works	Ag-Pro Companies	\$6,029.78	Airport Fund
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\*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00.

**V- OTHER BUSINESS**

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

**Item No. 1**

Court of Common Pleas/Corrections Planning Board, submitting a core grant agreement with Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$300,000.00 in connection with the CY2023 Treatment Alternatives to Street Crime Grant Program for the period 1/1/2023 – 12/31/2023.

- a) Women’s Reentry Pilot Program (Jail IOP) in the amount of \$100,000.00.
- b) Adult Treatment Drug Court in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.
- c) Treatment Capacity Expansion in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.

Funding Source: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board

**Item No. 2**

Court of Common Pleas/Corrections Planning Board, submitting a core grant agreement with Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$300,000.00 in connection with the CY2024 Treatment Alternative to Street Crime Grant Program for the period 1/1/2024 – 12/31/2024, allocated as follows:

- a) Women’s Reentry Pilot Program (Jail IOP) in the amount of \$100,000.00.
- b) Adult Treatment Drug Court in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.
- c) Treatment Capacity Expansion in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.

Funding Source: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County

**Item No. 3**

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 3461	Amend Contract No. 1012	CHN Housing Partners	Utility assistance and financial counseling services for TANF-eligible residents	\$-0-	Cuyahoga Job and Family Services	4/1/2021 – 3/31/2024 <b>to extend the time period 12/31/2024</b>	(Original) Temporary Assistance for Needy Families Fund	2/15/2024 (Executive) 2/26/2024 (Law)
No RQ	Contract No. 4260	Vasu Communications, Inc.	Maintenance and repair of Mutual Aid Box Alarm System (MABAS) equipment and associated tower services, located at 4300 Robert Bishop Drive, Village of Highland Hills	\$4,000.00	Department of Public Safety and Justice Services	Effective upon signature of all parties, for a period of 12 months	General Fund	3/1/2024 (Executive) 3/1/2024 (Law)

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:32 a.m.



**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-208**

Title	2024 City of Berea Sewer Maintenance Agreement- NONPO revenue generating, \$400,000 CM 4280
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4280	City of Berea	4/1/2024-3/31/2025	\$400,000	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Department of Public Works is requesting approval of this Annual Sewer Maintenance revenue generating agreement between the City of Berea and the Cuyahoga County Department of Public Works. This Agreement is for up to \$400,000 in revenue generating funds with a term from April 1, 2024 to March 31, 2025.

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

Project Goals, Outcomes or Purpose (list 3):  
 The primary goal is for the County to continue to assist with sanitary and storm sewer maintenance within the City of Berea. This is a revenue generating direct bill agreement.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
City of Berea 11 Berea Commons	Antonio Armagno- Service Director & City Engineer

Berea, Ohio 44017	
Vendor Council District: 5	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input checked="" type="checkbox"/> Other Procurement Method, please describe: this is a revenue generating contract for sewer maintenance services provided by the County

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Direct Bill funds can be deposited to: PW715100-52000 (activity code- SWD 0806) City of Berea
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): NA
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3154	City of Berea	4/1/2023- 3/31/2024	\$550,000.00	3/28/2023	R2023-0061

**BC2024-209**

Title	Cisco Voice Gateway
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 Approved/ Council's Journal Date	Approval No.
	24000857 JCOP	SHI International	One-Year Upon Approval	\$29,708.66	PENDING	PENDING

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

The Department of Information Technology plans to contract with SHI Corp, for Cisco Systems Analog Voice Gateway in the amount of \$29,708.66.

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):

This request is for a Cisco Voice Gateway for the Justice Center to assist with the migration from the legacy POTS and Centrex telephone system to the County's IP based telephone system.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Rob Ciarrocca 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 # <i>if applicable</i> <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. SHI is able to provide the County with cost-saving GSA contract pricing under contract number 081419 which expires on October 30, 2024. *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 SHI is able to provide the County with cost-saving GSA contract pricing under contract number 081419 which expires on October 30, 2024.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> ) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% General Fund IT600100	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): n/a

**BC2024-210**

Title	VDP Essentials by Bugcrowd
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 Approved/ Council's Journal Date	Approval No.
	24001035 EXMT	BugCrowd	03/31/2024 – 03/30/2025	\$39,915.00	PENDING	PENDING

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

The Department of Information plans to contract with Bugcrowd, for VDP Essentials by Bugcrowd in the amount of \$39,915.00.

A Vulnerability Disclosure Program is the first step for organizations hoping to improve collaboration with the Security Researcher Community. Bugcrowd's proprietary platform, Crowdcontrol, makes this a safe and easy process for any organization to launch. VDP Essentials by Bugcrowd includes access to:

- Embedded Submission Form
- Email Intake System
- Unlimited Triage and Validation by Bugcrowd's Industry Leading Security Operations Team
- Program Set up
- SDLC Integration
- Advanced Program Reporting
- Ongoing Program Health
- Ongoing Support & Account Management

Subscription term 03/31/2024 – 03/30/2025	
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):  This software was previously approved by the Information Security Officer and purchased by the Department of Information Technology. Bugcrowd is currently in use and this request is being made to renew the subscription beginning March 31, 2024.	
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
BugCrowd 300 California Street, Suite 220 San Francisco, CA 94104	Patrick Schakow 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 # <i>if applicable</i> <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. Bugcrowd is the owner of VDP Essentials by Bugcrowd, which is currently in use by the Department of Information Technology as part of the security and disaster recovery platform. *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, <i>please explain</i> .	<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 ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval 03/04/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% General Fund IT100135	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input 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:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23000994 EXMT	BugCrowd	03/31/2023 – 03/30/2024	\$36,287.00	03/06/2023	BC2023-143

**BC2024-211**

Title	One Cisco Catalyst C8300 Router
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 Approved/ Council's Journal Date	Approval No.
	24001044 STAC	MNJ Technologies Direct, Inc.		\$17,625.0	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct, for One Cisco Catalyst C8300 Router in the amount of \$17,625.00.

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

Project Goals, Outcomes or Purpose (list 3):

The County's standard for Networking Equipment is Cisco Products. The regional technical representative with Cisco assisted the IT Department in selecting a model of router that met the routing needs for this size of the facility with longevity in mind.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct 1025 Busch Parkway	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 # <i>if applicable</i> <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 is able to provide the requested router utilizing Ohio State term contract pricing under STS #534612, which expires on June 30, 2025. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS #534612, which expires on June 30, 2025 <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.

100% General Fund IT600100

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

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

Provide status of project.

New Service or purchase  Recurring service or purchase Is contract late  No  Yes, In the fields below provide reason for late and timeline of late submission

Reason:

Timeline:

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):

**BC2024-212**

Title	Pluralsight Business Licenses	
Department or Agency Name	Department of Information Technology	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input 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 Approved/ Council's Journal Date	Approval No.
	24001072 EXMT	DLT Solutions LLC	01/31/2024 – 01/30/2025	\$13,741.02	PENDING	PENDING

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

The Department of Information Technology has purchased Pluralsight Business Enterprise Licenses in the amount of \$13,741.02 for a one-year subscription beginning on 01/31/2024 – 01/30/2025 from DLT Solutions, LLC.

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):

Pluralsight is a web-based training platform for the IT Web Groups. This application will allow for training to be completed online at desks on a multitude of topics pertaining to current and emerging technologies rather than sending individuals offsite. This training application has been in use since 2019 and DLT Solutions LLC. provided Cuyahoga County with GSA contract pricing in the amount of \$13,741.02. This represents a savings of \$280.98 off the total list price of \$14,022.00.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
DLT Solutions LLC 2411 Dulles Corner Park, #800 Herndon VA 20171	Art Richer, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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 subscription period has already begun, however DLT is providing the County Pluralsight using GSA pricing which provides a total savings of \$280.98 off the total list price of \$14,022.00.

	*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 April 10, 2026.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval 02/12/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% General Fund	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The Department of Information Technology had to wait for the vendor to complete and return the required purchasing forms and quote updated for 2024.	

Timeline: Project/Procurement Start Date (date your team started working on this item):	December 20, 2023
Date documents were requested from vendor:	December 20, 2023
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Date item was entered and released in Infor:	February 27, 2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) DLT has not interrupted service while waiting for approval of the new subscription.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23003484 EXMT	DLT Solutions LLC	01/31/2023 – 01/30/2024	\$46,666.80	08/14/2023	BC2023-505

**BC2024-213**

Title	BitSight Cybersecurity Software
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 Approved/ Council's Journal Date	Approval No.
	24001143 JCOP	SHI International Corp	03/22/2024 – 03/21/2025	\$47,864.47	PENDING	PENDING

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.
The Department of Information Technology plans to contract with SHI, for BitSight Cybersecurity Software in the amount of \$47,864.47.

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):  BitSight will provide Security Governance, Cyber Risk Management, and Security Controls Tracking for major County technology vendors and review for new vendors. This will save an average of 4-10 hours of Security Analyst time reviewing new vendors to the County, this also has the potential to assist Legal Risk Management. The system is licensed to "Cuyahoga County" and can in the future provide access/services to other Cuyahoga government entities, such as RTA, Cuyahoga Library, etc. SHI is able to provide the County with joint cooperative purchasing pricing through contract #081419 which expires 10/30/2024.	
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Rob Ciarrocca Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ # <i>if applicable</i> <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. SHI is able to provide the County with joint cooperative purchasing pricing through contract #081419 which expires 10/30/2024. Other vendors were not evaluated as SHI works directly with Bitsight to provide the County with joint cooperative purchasing pricing for this software. Additionally, a competitive process was completed through Sourcwell with an award being made to SHI. *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 contract #081419 expires 10/30/2024.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval 03/04/2024
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% General Fund IT100135
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input 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:	



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

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23001087 JCOP	SHI International Corp	03/22/2023 – 03/21/2024	\$42,777.87	03/20/2023	BC2023-168

**BC2024-214**

Title	Human Resources; 2024; Purchase Order with Cleveland State University for the Public Management Academy #13 Course for Seven (7) County Employees in the amount of \$19,250.00.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24001131 GOVP	Cleveland State University		\$19,250.00		PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>Cleveland State is presenting the Public Management Academy #13 for 2024 of which seven (7) County employees are attending. This course is a year-long course, which when paired with the CSU Leadership Academy results in those completed both becoming Ohio Certified Public Managers.</p> <p>In 2023, we restarted our efforts to support County leaders by partnering with Cleveland State University's Ohio Certified Public Manager program, a comprehensive and nationally certified development program for state and local government leaders. The program consists of two year-long cohort modules: the Leadership Academy, which focuses on public sector leadership, and the Public Management Academy, which allows managers to sharpen their supervisory and management skills.</p>
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Currently, we have 6 County employees enrolled in the Leadership Academy that ends in August 2024. The proposal attached here is for 7 leaders who are enrolling for the Public Management Academy that begins in March 2024. These individuals have already completed their Leadership Academy certificate, so they will earn their "OCPM" credential in February 2025.

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

Project Goals, Outcomes or Purpose (list 3):  
 The primary goals of the program are to assist current and emerging leaders with the tools needed to succeed and continue to provide quality service to the public in their positions.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland State University 2121 Euclid Avenue Cleveland, OH 44115	Dr. Laura Bloomberg, President
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  This program is currently only offered by Cleveland State University within our area. Space is also limited and was provided with short notice for PMA 13 registration.  *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The PMA course began 3/7/2024. Short notice was given to have County employees registered before the course start. This program had been defunct for the County for several years and with a new effort on employee development, further courses should not be brought late.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2/26/2024
Date documents were requested from vendor:	2/26/2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Date item was entered and released in Infor:	3/6/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Course began 3/7/2024.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

**BC2024-215**

Title	Fiscal Department; Cuyahoga County Land Reutilization Corporation – Land Bank; Contract; 03/18/2024 – 03/18/2026
Department or Agency Name	Fiscal
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 Approved/ Council’s Journal Date	Approval No.
0	4199	Cuyahoga Land Bank	03/18/2024 – 03/18/2026	\$300,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 CCLRC is participating in the Ohio Department of Development’s FY 24-25 Building Demolition and Site Revitalization Program. CCLRC will utilize the Grant proceeds received from the County of \$300,000.00 to meet the local match requirement of the Program.

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):  
 -Utilize Grant proceeds to meet local match requirements  
 -Assist in revitalizing various communities in Cuyahoga County  
 -Ensure Cuyahoga County’s land is optimally used to make communities vibrant and sustainable

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga County Land Reutilization Corporation 812 Huron Rd E Ste. 800 Cleveland, OH 44115	Ricardo Leon Chief Operating Officer
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Grant agreement to help Cuyahoga County Land Reutilization Corporation meet their local match requirement  *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE:</b> i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source.  100 % General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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**BC2024-216**

Title	SUBSTANCE ABUSE TREATMENT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
(O)	1794	Catholic Charities	7/1/2021- 6/30/2022	\$125,000.00	10/4/2021	BC2021-546
	1807	OhioGuidestone				
	1808	New Directions				

(A-1)	2588 (fka 1794)	Catholic Charities	7/1/2021-6/30/2023	\$75,000.00	01/9/2023	BC2023-15
	3002 (fka 1807)	OhioGuidestone				
	3003 (fka 1808)	New Directions				
(A-2)	2588 (fka 1794)	Catholic Charities	7/1/2023-6/30/2024	\$45,000.00	Pending	pending
	3002 (fka 1807)	OhioGuidestone				
	3003 (fka 1808)	New Directions				

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase. Master Contract amendment with Ohio Guidestone (3002), Catholic Charities Corporation (2588), New Directions (3003) for Substance Abuse Treatment.

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

Project Goals, Outcomes or Purpose (list 3): Provide community-based assessment and treatment services and additional case management services.

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

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

Vendor Name and address: Crossroads Health DBA New Directions 30800 Chagrin Blvd., Cleveland, Ohio 44124 Vendor Name and address: Ohio Guidestone 343 W. Bagley Rd. Berea, Ohio 44017 Vendor Name and address: Catholic Charities dba Catholic Charities Diocese of Cleveland 7911 Detroit Ave. Cleveland, Ohio 44102	Owner, executive director, other (specify): Shayna Jackson, President & CEO  Owner, executive director, other (specify): Brent Russell President & CEO  Owner, executive director, other (specify): Fredy Robles, Chief Program Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> : Master Contract Amendment funded 100% by RECLAIM grant.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Master Contract Amendment funded 100% by RECLAIM grant.	<input checked="" type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <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:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% funded by the RECLAIM grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):



Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: vendors' delayed submission of documents, and the RECLAIM grant notification and award process.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	5/31/2023
Date documents were requested from vendor:	6/9/2023, Last document received from vendor 2/2/24
Date of insurance approval from risk manager:	6/8/2023
Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	Entered 02/08/2024, released on 2/20/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Recurring program through RECLAIM	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
HISTORY (see instructions): SEE CHART ABOVE	

**BC2024-217**

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(O)	RQ3018	Ohio Guidestone	7/1/2020- 6/30/2021	\$40,000.00	11/23/2020	BC2020-625
(A-1)	564	Ohio Guidestone	7/1/2020- 6/30/2022	\$40,000.00	10/12/2021	BC2021-564
(A-2)	2993/564	Ohio Guidestone	7/1/2020- 6/30/2023	\$25,000.00	01/09/2023	BC2023-13
(A-3)	2993	Ohio Guidestone	7/1/2020- 6/30/2024	\$25,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Trauma-Informed Mentoring Services shall focus on the goal to strengthen the ability of the participating youth and their families to access resources in the community to support the youth with pro-social activities and decision-making skills. To extend the time period of the contract from June 30, 2023, to June 30, 2024, increase the funds in the amount of \$25,000.00. This changes the not to exceed value from \$105,000.00 to \$130,000.00.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: n/a How will replace items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Services shall maximize the use of natural community supports, are specifically designed to leverage off youth's strengths and interest and can be sustained once the mentoring services are terminated.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
<p>Vendor Name and address:  343 W. Bagley Rd.  Berea, Ohio 44017</p>	<p>Owner, executive director, other (specify):  Brant Russell (President &amp; CEO)</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% funded by the RECLAIM Grant.	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, and vendors' delayed submission of documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	5/31/2023
Date documents were requested from vendor:	6/9/2023- received contract 3/5/2024
Date of insurance approval from risk manager:	6/6/2023
Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	03/06/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) re-occurring and funded through RECLAIM.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2024-218**

Title	SHERIFF'S DEPARTMENT/Protective Services, ACTION DEFENSE LLC, NTE PO; OPOTA FIREARM TRAINING
Department or Agency Name	The Cuyahoga County Sheriff's Department (CCSD)
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 Approved/ Council's Journal Date	Approval No.
"0"	24000848 EXMT	Action Defense	Approval – Dec. 31, 2024	\$28,600.00		

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

The Cuyahoga County Sheriff's Department (CCSD) is requesting approval of a Not-to-Exceed (NTE) Purchase Order with Action Defense LLC for the anticipated cost of \$28,600.00.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to provide required OPOTA training for Protective Services officers. The training is necessary to protect the community.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:  Action Defense, LLC 6285 Pearl Rd., Suite42 Parma Heights, OH 44130	Owner, executive director, other (specify):  Doug Murillo, Owner

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> N/A <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. Exemption is being requested as Action Defense is the only provider for this service in our geographical area.  *See Justification for additional information.
The total value of the solicitation: N/A	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain.</i>  <i>Exemption</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain.</i>  <i>Exemption</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Exemption	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

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

Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A
FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input 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):	02.07.24
Date documents were requested from vendor:	02.07.24
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Date item was entered and released in Infor:	02.27.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount:	Date BOC Approved/ Council's Journal Date	Approval No.
"0"	23000772	Action Defense LLC	2/27/2022 – 12/31/2023	\$22,350.00	02/27/23	BC2023-118

**BC2024-219**

Title	MEDICAL RESEARCH GROUP NOT-TO-EXCEED PO
Department or Agency Name	SHERIFF'S

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24001077	MRG EXAMS	UPON APPROVAL – 12/31/24	5,000.00		

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Fitness for duty exams for Correction Officers that cannot be processed against the existing contract (CM# 2885) with the selected vendor.
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): Process invoices against a NTE PO instead of the existing contract.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
27991 Center Ridge Rd Westlake, Ohio 44145	Tina Grenig, Director of Operations
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: n/a	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2/8/24
Date documents were requested from vendor:	2/8/24
Date of insurance approval from risk manager:	2/9/24
Date Department of Law approved Contract:	n/a
Date item was entered and released in Infor:	2/29/24



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

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

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

HISTORY (see instructions):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2885	MRG EXAMS	1/1/23-12/31/25	141,000.00	BC202-778	12/19/22

**BC2024-220**

Title	2024-2025 Nitrile Gloves Contract
Department or Agency Name	SHERIFF'S
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4262	CLD dba Centerline Dynamics LLC	4/1/24-12/31/25	\$81,720.00		

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 This is a new contract for the purchase and delivery of nitrile gloves for the Sheriff's Correction Center for a term of 2 years and amount not-to-exceed \$81,720.00

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

Project Goals, Outcomes or Purpose (list 3):  
 Have gloves available for staff to use at the lowest and best price.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
CLD DBA CENTERLINE DYNAMICS LLC 6405 PINE ST STE 135 LAS VEGAS, NV 89120	OTTO FIGUEROA, CEO
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 1/25/24	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) 52 / 20	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NEXT LOWEST COMPLAINT BID +\$5,136.00	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% GENERAL FUND
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: N/A	
Timeline: Project/Procurement Start Date (date your team started working on this item):	DECEMBER 2023
Date documents were requested from vendor:	2/22/24
Date of insurance approval from risk manager:	12/11/23
Date Department of Law approved Contract:	2/23/24
Date item was entered and released in Infor:	2/27/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
NEW CONTRACT- ITEMS WERE NEVER UNDER CONTRACT PREVIOUSLY.

**BC2024-221**

Title	The Medical Examiner's Office request approval of Purchase Order No. 24001166-EXMT for \$20,894.64 to Phenomenex Inc. for order of specialized Strata Screens, Columns, Ultra Cartridges for testing and analysis for ME's Toxicology Labs.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	PO#24001 166-EXMT	Phenomenex, Inc.		\$20,894.64		

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase. Standard drug chemicals for use in the ME's Toxicology Labs.

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): Research & development, analytical use.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Phenomenex Inc. 411 Madrid Ave Torrance, CA 90501	Dr. Kaveh Kahen, President
Vendor Council District:	
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. Requesting an exemption to ensure the labs are stocked with certified reference standard supplies and materials for day-to-day operations. *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, <i>please explain</i> .	<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 ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract 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:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**BC2024-222**

Title	Contract, JANUS Associates; Cuyahoga County Board of Health Cybersecurity Assessment	
Department or Agency Name	Public Safety & Justice Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4229	Janus Associates	3/18/2024 – 6/14/2024	54,927.50	pending	

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase. RFP conducted to provided a cybersecurity assessment for the Cuyahoga County Board of Health.

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

Project Goals, Outcomes or Purpose (list 3): The primary goals of the FY21 SHSP project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.

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

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

Vendor Name and address: JANUS Software Inc. d/b/a JANUS Associates 2 Omega Drive, Stamford, CT 06907	Owner, executive director, other (specify): Patricia Fisher, President
Vendor Council District: NA	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.

	*See Justification for additional information.
The total value of the solicitation: 55,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 90 / 16	<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, <i>please explain</i> .  Federal grant, no DEI	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i> : selected vendor scored the highest overall upon RFP evaluation. Vendor was not the lowest cost, but the cost was factored in the evaluation total. Vendor's cost was competitive	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Low- \$22,972.80 high - \$62,205. Seven were between \$50,000 and \$55,000.	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )  <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. NA	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. FY21 State Homeland Security Grant program 100%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): invoiced at completion of agreed milestones – 35%, 25%, 20%, 15%, 5%	

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: CCBH determined they needed to understand their current cybersecurity position, and obtain recommendation for steps to address threat gaps to their internal network, HIPAA requirements, cloud transition and COOP.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	01.27.2023
Date documents were requested from vendor:	2/7/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	2/15/2024
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
No history with the vendor for this service with the County Board of Health

**BC2024-223**

Title	PSJS; Noble Supply & Logistics, LLC; Contract for HazMatIQ Above the Line/Below the Line and First Responder Offensive Courses for Office of Emergency Management; Effective - May 31, 2024 for \$19,350.00
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4258	Noble Supply & Logistics, LLC	Effective Date-May 31, 2024	\$19,350.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.  Requesting approval of a contract as indicated in the chart above with Noble Supply & Logistics, LLC in the amount of \$19,350.00 upon execution through May 31, 2024.
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Public Safety & Justice Services is contracting with Noble Supply & Logistics for two hazmat safety training courses for the Office of Emergency Management to provide additional training to local emergency responders. The HazMatIQ is a 4-Step System for training and response that incorporates a series of easy to understand and copyrighted "smart charts" which act as job aids. These job aids enable responders to quickly assess risks and make proper decisions on how to best mitigate a hazardous materials/terrorist event.

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):

- Expand upon first responders' hazmat safety knowledge.
- Provide training to first responders on hazmat equipment.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Noble Supply & Logistics, LLC One Marina Park Drive, Suite 220 Boston, MA 02210	Cara Vaughn Sr. Operations Manager, Training
Vendor Council District:	Project Council District:
N/A	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
RQ # <i>if applicable</i> <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. Noble Supply is the designer and sole distributor of all the above-referenced course content and material.  *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, <i>please explain.</i>	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( 0 ).

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 ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). Include % if more than one source. SERC 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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**BC2024-224**

Title	Family and Children First Council/ The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University/Contract for 1/1/2024 to 12/31/25 RQ# The purpose of the contract is to provide Evaluation Services for Family and Children First Council for the various program areas.	
Department or Agency Name	Family and Children First Council	
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 Approved/ Council's Journal Date	Approval No.
Original	3910	The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University	1/1/2024 – 12/31/2025	\$313,236.00	Pending	

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

Requesting approval of a contract as indicated in the chart above or with The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University in the amount of or not-to-exceed \$313,236.00 for the period 01/01/2024-12/31/2025.

This is an Original Contract as the allowed amendments has been reached.

-The not to exceed amount by Seventy Thousand Dollars (\$313,236.00) for the term of the contract.

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):

Serve as the evaluator for various program areas of FCFC Youth Development Programs.

a. Develop tools to capture measure outcomes gathered from existing data collected by Out-of-School Time (OST) programs;

b. Design and implement protocols for survey administration;

c. Develop and implement a tool to measure outcomes of youth participating in the youth employment program;
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University	Eric William Kaler
Vendor Council District:	Project Council District:
7	All Cuyahoga County Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> (Provide RQ# for formals, informal 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. An RFP was issued in 201 with the Case Western Reserve University being the only responding vendor. *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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )

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

FUNDING SOURCE(S): <i>(No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source</i> Health and Human Services Levy 100%
Is this approved in the biennial budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
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 and if late, include timeline for lateness:	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Multiple, weekly emails and phone calls to CWRU from 8/20/23 until 2/27/24 when I received the signed contract. The vendor had numerous questions regarding the basic contract language and sharing of information.	
Timeline: Provide details for the items listed below in the box to its right. Project/Procurement Start Date (date your team started working on this item):	8/15/23
Date documents were requested from vendor:	8/30/23
Date of insurance approval from risk manager:	2/27/24
Date Department of Law approved Contract:	2/27/24
Date item was entered and released in Infor:	8/15/23 and 2/29/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction.	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) They are working on the reports from last year which are due this first quarter of the year.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original	CE-18000511	Same as above	1/1/2019-12/31/2019	\$280,000.00	1/14/2019	BC2019-39
A-1	CE-18000511	Same as above	1/1/2020–12/31/2021	\$360,000.00	3/2/2020	BC2020-160
A-2	6/2275	Same as above	1/1/2022 – 12/31/2023	\$278,237.00	1/24/2022	BC2022-55

A-3	2275	Same as above	1/1/2023-12/31/2023	\$ 35,000.00	4/10/2023	BC2023-209
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**BC2024-225**

Title	HHS: Office of Homeless Services Purchase Order for Radical Hospitality for Winter Weather Project
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/Council’s Journal Date	Approval No.
O	4298	Radical Hospitality	Effective on signature – 4/15/2024	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 During the Winter months Radical Hospitality will reach out to homeless individuals and provide them access to seasonal Shelter.

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

Project Goals, Outcomes or Purpose (list 3):  
 1. Provide seasonal shelter to homeless individuals during the 2023/2024 winter months.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Radical Hospitality 3406 Clinton Ave Cleveland, OH 44113	Paul Sherlock
Vendor Council District: 7	Project Council District: county wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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 Form attached  *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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> )
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE:</b> i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant ( <i>No acronyms i.e. HHS Levy, CDBG, etc.</i> ). <i>Include % if more than one source.</i> Health and Human Services Levy	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	PO23005152	Radical Hospitality	12/1/2023 – 5/30/2024	\$25,000.00	12/11/2023	BC2023-807

### C.- Exemptions

#### BC2024-226

Title	Medical Examiner's Office Request for Alternative Procurement Process (Exemption) for various Purchase Order Awards to Italian Creations, LaPizzeria, Dave's Supermarkets and Gordon Food Service, not to exceed \$22,000.00 for meals provided to registrants of the 2024 Citizens Academy Spring & Fall Sessions, and Medicolegal Death Scene Investigation Training Courses, Sept, Oct, Nov, 2024.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Generating <input checked="" type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): ALTERNATIVE

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O		Italian Creations	04/01/2024 12/31/2024	NTE \$22,000.00	Pending	Pending
		Dave's Supermarket				



		Gordon Food Services				
		LaPizzeria				

**1. Service/Item Description** (include quantity if applicable). Indicate whether  New or  Existing service or purchase. Provide meals for the registrants of the 2024 Citizens Academy Spring & Fall 8-week sessions, and Medicolegal Death Scene Investigation Training Courses, Sept., Oct., Nov., 2024.

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

Project Goals, Outcomes or Purpose (list 3):  
 1. Provide refreshments and meals for annual trainings and educational programs offered to law enforcement/legal professionals and the public.

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

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

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

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source 100% General Fund 100 Percent reimbursement back by the participants
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: NA	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	

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

**D. - Consent Agenda**

**BC2024-227**

Title	Fiscal Department; CKM Appraisal Services, LLC; Contract Amendment 03/18/2024 – 12/31/2024; Sexennial Reappraisal
Department or Agency Name	Fiscal
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 Approved/ Council's Journal Date	Approval No.
(O)		Various Vendors- see below	effective upon contract signatures of all parties through 12/31/2024 – executed 8/1/2023	\$2,548,538.00	7/18/2023 (original vendor approval)	R2023-0202 (original vendor approval)
	3442	Robert Abrams		\$86,901.44		
	3443	Alder Appraisal (Jennifer Green)		\$66,695.06		
	3444	John Andrews		\$66,694.91		
	3445	Lana Blaze		\$66,694.91		
	3446	Mark Butler		\$66,694.91		
	3447	Richard Carey		66,694.91		
	3448	Ronald Chervenak Jr.		\$66,694.91		
	3449	Gregory Conte		\$66,694.91		

	3450	Patrick Curran		\$66,694.91		
	3451	Del Appraisal Services, Inc., (Brian DeLisio)		\$66,694.91		
	3452	Amy Furukawa		\$66,694.91		
	3453	David Harmon & Associates (David Harmon) on Time Appraisal Services		\$66,694.91		
	3454	David Harmon Jr.		\$66,694.91		
	3455	Thomas P. Hogan		\$66,694.91		
	3528	Edward Horton		\$86,901.46		
	3456	Donna M. Jackson		\$66,694.91		
	3457	Tim Jackson		\$86,901.46		
	3458	Junior Holdings, LLC (Lawrence Salvatore)		\$66,694.91		
	3459	Christina Kapusi		\$66,694.91		
	3460	Paul Kinczel		\$66,694.91		
	3461 (County Council has 346)	Jon Koz		\$66,694.91		
	3462	Ruth Lassiter		\$66,694.91		
	3463	Latitude Appraisals, LLC (Faith Labatte)		\$66,694.91		
	3464	John Lenehan		\$66,694.91		
	3465	Wayne F. Levering		\$86,901.46		
	3466	Christopher J. Loftus		\$66,694.91		
	3467	Bruce J. Mamer		\$66,694.91		
	3468	Paul McLaughlin		\$66,694.91		
	3469	Maria Neal		\$66,694.91		
	3470	Stan Patriski		\$66,694.91		
(A-1)		Amending various contracts as listed-no additional funds	Execution through 12/31/2024	\$0	02/20/2024	BC2024-142
	3442	Robert Abrams - To change the name from Robert Abrams to Robert Abrams dba Abrams Appraisal		\$0		
	4103	James Wardell-new provider		\$0		
	4108	Donna M. Jackson CM#3456 - assign the		\$39,093.31		

		interest to South 13 Properties, LLC and the remaining funds on contract			
(A-2)		CKM Appraisal Services, LLC – new provider	\$0	Pending	Pending
Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Changes to Sexennial Reappraisal contract					
CM# – CKM Appraisal Services, LLC – new appraiser being added.					
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): Conduct appraisal on all parcels in Cuyahoga County Value homes correctly Prepare information to submit to the State					
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No					

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
CKM Appraisal Services, LLC 21215 Eaton Rd. Fairview Park, OH 44126	John J. Cooney Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ # <i>if applicable</i> <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.  We are in desperate need of commercial appraisers for the sexennial reappraisal process. Not enough applicants submitted proposals during the initial RFQ.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Real Estate Assessment Fund- 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input 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:	
Date item was entered and released in Infor:	

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

If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
-----------------------------------------------------------------------------------------------------------------

Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
------------------------------------------------------------------------------------------------------------

**BC2024-228**

Scope of Work Summary

Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E). via GovDeals Inc. The anticipated start-completion dates will be fifteen days after BOC approval.

The primary goal of the project is to sell said property via internet auction, to the highest bidder through GovDeals. The auction surplus list (Exhibit "A") is attached.

The project is mandated by the Ohio Revised Code, Section 307.12(E).

Procurement

There is no procurement method for this project. This is a revenue generating project.

The items (Exhibit A) will be sold to the highest bidder; 12.5% of the total purchase price will be paid to GovDeals as a Buyer Premium by the Buyer and the department will realize 100% profit of the item sold, in accordance with the GovDeals contract.

Project Status and Planning

The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.

The project planning has four (4) phases. Request Executive's approval to list the item on GovDeals; List & Sell to the highest bidder nationwide; Collect payment from GovDeals and transfer asset to Buyer upon confirmation of payment; Deposit the funds into the appropriate County agency fund.

Funding

There is no cost for this process. The project is a revenue generating project.

Year	Make	Model	Serial / Vin	asset #	Condition	Value	Mileage/hrs	out of service reason	Index code	Title Sent For Signature
2007	Chevy	Tahoe	1GNFK13037J111109	JRQ 1056	Fair	\$1,500.00	125,309	Seized Vehicle - Internet Crimes Against Children	PS100100	Have Title
2003	Ford	F-450 Dump Truck	1FDXF46P93ED59052	03-0254	Poor	\$1,000.00	68,375	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2003	Ford	F-450 Dump Truck	1FDXF46P73ED59051	03-0255	Poor	\$1,000.00	46,442	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2015	Ford	Taurus	1FAHP2MK4FG131993	18-77	Poor	\$500.00	164,946	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2015	Ford	Taurus	1FAHP2MK8FG131994	18-76	Poor	\$500.00	152,997	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2016	Ford	Explorer	1FM5K8ARXGGA86409	18-56	Poor	\$500.00	160,608	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2016	Ford	Explorer	1FM5K8AR3GGA86414	18-74	Poor	\$500.00	162,829	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2015	Ford	Taurus	1FAHP2MK2FG131992	18-87	Poor	\$500.00	149,868	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2012	Chevy	Impala	2G1WD5E3XC1185870	18-61	Poor	\$500.00	65,753	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2012	Chevy	Impala	2G1WD5E33C1185614	18-62	Poor	\$500.00	58,499	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2012	Chevy	Impala	2G1WD5E34C1187534	18-57	Poor	\$500.00	53,626	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
2008	Ford	F-450 Crew Cab	1FDXW46R08EC92589	03-0282	Poor	\$500.00	112,485	Budget Replacement Due to Age - Poor Condition	PW755105-70100	
unknown	Billy Goat	OB1004 Leaf Blower	70500053	#0438	Poor	\$25.00	N/A	Budget Replacement Due to Age - Poor Condition	PW755105-70100	N/A

**BC2024-229**

(See related items for proposed travel/memberships for the week of 3/18/2024 in Section D above).

**BC2024-230**

(See related items for proposed purchases for the week of 3/18/2024 in Section D above).

**V – OTHER BUSINESS**

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

**Item No. 1**

Department of Public Works – Cuyahoga Green Energy; U.S. Department of Energy Award of \$557,250; Authority to Apply for and Accept Grant

**Scope of Work Summary**

The Department of Public Works – Cuyahoga Green Energy is requesting approval to submit a grant application to the U.S. Department of Energy to support the Cuyahoga County Solar for Schools Program.

The Department of Public Works – Cuyahoga Green Energy is submitting a grant award from the U.S. Department of Energy in the amount of \$557,250.00 for the period of January 1, 2024, through December 31, 2025.

This Solar for Schools Program will provide financial support to five Northeast Ohio school districts in environmental justice communities to collectively install between 500 kW and 1 MW of solar. The goals of this program are to reduce electricity costs for schools and reduce regional greenhouse gas emissions. Estimated total energy savings in year 1 = \$61,105 (conservative



estimate based on 500 kW of installed solar). Estimated reduction in GHG emissions in year 1 = 370 MT (conservative estimate based on 500 kW of installed solar). This program will also increase equitable access to clean locally produced renewable energy and to create a replicable procurement framework for future solar installations.

#### Contractor and Project Information

The address of the grantor is:

U.S. Department of Energy  
Office of State and Community Energy Programs  
1000 Independence Ave. SW  
Washington DC 20585  
Council District – N/A

The program officer for the grantor is Tom Schultz, Technical Project Officer.

Participating school districts include Maple Heights City School District, Euclid City School District, Cleveland Metropolitan School District, East Cleveland City School District, and Cuyahoga Heights City School District.

#### Project Status and Planning

The project – Solar for Schools - is new to the County.

The project has one phase. Solar installations are predicted to occur in 2024.

The grant performance period began January 1, 2024, and expires December 31, 2025. The award date for this grant was received February 20, 2024.

No signature is required.

#### Funding

The project is funded 100% by federal grant funds – CFDA 81.128 Energy Efficiency and Conservation Block Grant Program – Bipartisan Infrastructure Law 2021.

Grant funds are paid on a reimbursement basis.

#### **Item No. 2**

(See related list of LPA Agreements – Processed and executed (no vote required) in Section V. above).

#### **VI – PUBLIC COMMENT**

#### **VII – ADJOURNMENT**