

AGENDA CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING COMMITTEE MEETING WEDNESDAY, NOVEMBER 22, 2023 CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR 12:30 PM

Committee Members:

Yvonne M. Conwell, Chair – District 7
Martin J. Sweeney, Vice Chair – District 3
Cheryl L. Stephens – District 10
Meredith M. Turner – District 9
Dale Miller – District 2

- 1. CALL TO ORDER
- 2. ROLL CALL
- 3. PUBLIC COMMENT
- 4. APPROVAL OF MINUTES FROM THE NOVEMBER 1, 2023 MEETING [See Page 14]
- 5. MATTERS REFERRED TO COMMITTEE
 - a) R2023-0329: A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute Contract No. 3824 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 17]
 - b) R2023-0330: A Resolution authorizing an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60; authorizing the

County Executive to execute the Master Contract and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 26]

- 1) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority in the amount not-to-exceed \$247,925.20.
- 2) Contract No. 1101 with The East End Neighborhood House in the amount not-to-exceed \$247,925.20.
- 3) Contract No. 1103 with Murtis Taylor Human Services System in the amount not-to-exceed \$792,052.92.
- 4) Contract No. 1105 with University Settlement, Incorporated in the amount not-to-exceed \$882,069.14.
- 5) Contract No. 3261 (fka Contract No. 1098) with Catholic Charities Corporation in the amount not-to-exceed \$688,959.77.
- 6) Agreement No. 3262 (fka Agreement No. 1099) with City of Lakewood in the amount not-to-exceed \$585,866.61.
- 7) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center in the amount not-to-exceed \$296,202.54.
- 8) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children in the amount not-to-exceed \$441,034.57.
- 9) Contract No. 3269 (fka Contract No. 1106) with West Side Community House in the amount not-to-exceed \$730,698.65.
- c) R2023-0331: A Resolution authorizing an amendment to a Master Contract with various providers for family centered support services for at-risk children and families for the period of 1/1/2022 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00; authorizing the County Executive to execute the Master Contract and all other documents consistent this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 70]
 - 1) Contract No. 1995 with Bellefaire Jewish Children's Bureau in the amount not-to-exceed \$89,115.00.

- 2) Contract No. 2042 with Applewood Centers, Inc. in the amount not-to-exceed \$655,000.00.
- 3) Contract No. 2043 with Beech Brook in the amount not-to-exceed \$300,000.00.
- 4) Contract No. 2044 with Catholic Charities Corporation in the amount not-to-exceed \$605,000.00.
- 5) Contract No. 2045 with The Cleveland Christian Home Inc. in the amount not-to-exceed \$15,000.00.
- 6) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$160,000.00.
- 7) Contract No. 2047 with OhioGuidestone in the amount not-to-exceed \$120,000.00.
- 8) Contract No. 2049 with Ohio Mentor, Inc. in the amount not-to-exceed \$70,000.00.
- 9) Contract No. 2050 with Pressley Ridge in the amount not-to-exceed \$320,000.00.
- 10) Contract No. 2051 with National Youth Advocate Program, Inc. in the amount not-to-exceed \$45,000.00.
- 11) Contract No. 2052 with Specialized Alternatives for Families and Youth of Ohio, Inc. in the amount not-to-exceed \$100,000.00.
- d) R2023-0332: A Resolution authorizing an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount not-to-exceed \$61,500,000.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:

[See Page 127]

To expand the scope of services, effective 1/1/2024:

1) Contract No. 2015 with Habilitation Centers, LLC dba Little Creek Behavioral Health in the amount not-to-exceed \$1,254,970.00.

To terminate contracts with various providers, effective 1/1/2024:

- 1) Contract No. 2010 with Detroit Behavioral Institute, Inc.
- 2) Contract No. 2341 with George Junior Republic in Pennsylvania
- 3) Contract No. 2346 with Hittle House
- 4) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 5) Contract No. 2001 with Rite of Passage, Inc.
- 6) Contract No. 2006 with The Twelve of Ohio, Inc.

To add new providers, effective 1/1/2024:

- 1) Contract No. 3903 with Advantage Family Outreach & Foster Care in the amount not-to-exceed \$0.01.
- 2) Contract No. 3914 with Dimensional Phases Group Home in the amount not-to-exceed \$0.01.
- 3) Contract No. 3904 with Mimique Homes Inc. in the amount not-to-exceed \$0.01.
- 4) Contract No. 3905 with The Bair Virginia in the amount not-to-exceed \$0.01.

Additional funds:

- 1) Contract No. 1991 with Adelphoi Village, Inc. in the amount not-to-exceed \$1,223,596.00.
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services in the amount not-to-exceed \$883,459.00.
- 3) Contract No. 1996 with Open Arms Adoption, Inc. in the amount not-to-exceed \$24,900.00.
- 4) Contract No. 1998 with Pressley Ridge in the amount not-to-exceed \$1,269,412.00.
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc. in the amount not-to-exceed \$298,802.00.
- 6) Contract No. 2000 with Raven House in the amount not-to-exceed \$179,281.00.
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc in the amount not-to-exceed \$232,418.00.
- 8) Contract No. 2003 with RTC Acquisition Corporation in the amount not-to-exceed \$319,000.00.
- 9) Contract No. 2004 with Specialized Alternatives for Families & Youth of Ohio, Inc. in the amount not-to-exceed \$6,268,839.00.

- 10) Contract No. 2005 with The Bair Foundation in the amount not-to-exceed \$1,252,081.00.
- 11) Contract No. 2007 with Cleveland Christian Home in the amount not-to-exceed \$1,922,296.00.
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC in the amount not-to-exceed \$645,941.00.
- 13) Contract No. 2009 with Destiny Family Services in the amount not-to-exceed \$45,418.00.
- 14) Contract No. 2011 with Eastway Corporation in the amount not-to-exceed \$102,589.00.
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center in the amount not-to-exceed \$1,404,471.00.
- 16) Contract No. 2013 with Freedom Youth Program in the amount not-to-exceed \$247,010.00.
- 17) Contract No. 2014 with Gracehaven, Inc. in the amount not-to-exceed \$209,510.00.
- 18) Contract No. 2016 with Applewood Centers, Inc. in the amount not-to-exceed \$1,382,559.00.
- 19) Contract No. 2018 with Beech Brook in the amount not-to-exceed \$2,142,812.00.
- 20) Contract No. 2019 with The Village Network in the amount not-to-exceed \$1,311,309.00.
- 21) Contract No. 2020 with Young Star Academy, LLC. dba Mohican Young Star Academy in the amount not-to-exceed \$1,535,757.00.
- 22) Contract No. 2021 with Youth Intensive Services, Inc in the amount not-to-exceed \$206,147.00.
- 23) Contract No. 2022 with Youth Opportunity Investments, LLC in the amount not-to-exceed \$95,554.74.
- 24) Contract No. 2023 with Artis's Tender Love & Care, Inc. in the amount not-to-exceed \$0.01.
- 25) Contract No. 2024 with Focus 2 Focus, Inc. in the amount not-to-exceed \$82,669.00.
- 26) Contract No. 2025 with In Focus of Cleveland, Inc. in the amount not-to-exceed \$1,065,729.00.
- 27) Contract No. 2026 with Jaystarr Homes 2, Inc. in the amount not-to-exceed \$290,685.00.
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas in the amount not-to-exceed \$214,241.00.
- 29) Contract No. 2032 with House of New Hope in the amount not-to-exceed \$2,704,162.00.
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living in the amount not-to-exceed \$314,041.00.
- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center in the amount not-to-exceed \$132,469.00.

- 32) Contract No. 2036 with Life's Right Direction, Inc. in the amount not-to-exceed \$205,078.00.
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services in the amount not-to-exceed \$45,816.00.
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T. (Support to At-Risk Teens) in the amount not-to-exceed \$912,144.00.
- 35) Contract No. 2040 with National Youth Advocate Program, Inc. in the amount not-to-exceed \$4,920,280.00.
- 36) Contract No. 2059 with Necco, LLC. in the amount not-to-exceed \$24,900.00.
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC. in the amount not-to-exceed \$621,011.00.
- 38) Contract No. 2064 with New Directions, Inc. in the amount not-to-exceed \$49,053.00.
- 39) Contract No. 2065 with Northeast Ohio Adoption Services in the amount not-to-exceed \$179,281.00.
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc. in the amount not-to-exceed \$163,345.00.
- 41) Contract No. 2067 with Ohio Mentor, Inc. in the amount not-to-exceed \$6,329,173.00.
- 42) Contract No. 2068 with OhioGuidestone in the amount not-to-exceed \$4,803,739.00.
- 43) Contract No. 2069 with Pathway Caring for Children in the amount not-to-exceed \$1,050,988.00.
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC in the amount not-to-exceed \$996.00.
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau in the amount not-to-exceed \$3,132,419.00.
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc. in the amount not-to-exceed \$2,447,192.00.
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents in the amount not-to-exceed \$2,447,192.00.
- 48) Contract No. 2075 with Cadence Care Network in the amount not-to-exceed \$746,926.00.
- 49) Contract No. 2076 with Caring for Kids, Inc. in the amount not-to-exceed \$1,435,751.00.
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC in the amount not-to-exceed \$125,995.00.
- 51) Contract No. 2078 with Catholic Charities Corporation in the amount not-to-exceed \$834,655.00.
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc. in the amount not-to-exceed \$334,161.00.

- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc. in the amount not-to-exceed \$24,900.00.
- 54) Contract No. 2299 with Woods Services, Inc. in the amount not-to-exceed \$0.01.
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc. in the amount not-to-exceed \$0.01.
- 56) Contract No. 2349 with Keystone Newport News LLC in the amount not-to-exceed \$0.01.
- 57) Contract No. 2351 with Life Start, Inc. in the amount not-to-exceed \$0.01.
- 58) Contract No. 2768 One Child Every Chance Foundation in the amount not-to-exceed \$0.01.
- 59) Contract No. 2771 SP Behavioral LLC dba Sandy Pines in the amount not-to-exceed \$0.01.
- 60) Contract No. 2772 Tennessee Clinical Schools LLC dba Hermitage Hall in the amount not-to-exceed \$0.01.
- 61) Contract No. 2773 The Buckeye Ranch, Inc. in the amount not-to-exceed \$0.01.
- 62) Contract No. 2774 Youth Opportunities Investments Rockdale Youth Academy in the amount not-to-exceed \$0.01.
- 63) Contract No. 3183 Conway Behavioral Health in the amount not-to-exceed \$0.01.
- 64) Contract No. 3186 HHC Poplar Springs, LLC in the amount not-to-exceed \$0.01.
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy in the amount not-toexceed \$0.01.
- 66) Contract No. 3427 with Rehabilitation Centers LLC dba Millcreek of the Pontotoc in the amount not-to-exceed \$0.01.
- 67) Contract No. 3531 with Benchmark Behavioral Health Systems Inc. in the amount not-to-exceed \$0.01.
- 68) Contract No. 3593 with Pathways to Purpose in the amount not-to-exceed \$0.01.
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center in the amount not-to-exceed \$0.01.
- 70) Contract No. 3679 with Cumberland Hospital LLC in the amount not-to-exceed \$0.01.
- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF in the amount not-to-exceed \$0.01.
- 72) Contract No. 3703 with Glenwood Behavioral Health in the amount not-to-exceed \$0.01.
- 73) Contract No. 3702 with Cedar Crest Hospital in the amount not-to-exceed \$0.01.
- 74) Contract No. 3713 with A Loving Heart Youth Services in the amount not-to-exceed \$0.01.

- e) R2023-0333: A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 158]
- f) R2023-0334: A Resolution authorizing an agreement with Cuyahoga County Board of Developmental Disabilities in the amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute Agreement No. 3853 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 169]
- g) R2023-0335: A Resolution authorizing an agreement with Cuyahoga County Prosecutor's Office in the amount not-to-exceed \$8,322,252.00 for legal services for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute Agreement No. 3854 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 178]
- h) R2023-0336: A Resolution making an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 188]
 - 1) Contract No. 3716 with Ashbury Community Services, Inc. in the amount not-to-exceed \$202,500.00 for Adult Development services.
 - 2) Contract No. 3717 with Catholic Charities Corporation Fatima Family Center in the amount not-to-exceed \$328,159.90 for Adult Development and Meal services.
 - 3) Contract No. 3763 with Catholic Charities Corporation Hispanic Senior Center in the amount not-to-exceed \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
 - 4) Contract No. 3765 with Catholic Charities Corporation St. Martin De Porres in the amount not-to-exceed

- \$159,996.60 for Adult Development and Transportation services.
- 5) Contract No. 3766 with City of Bedford in the amount notto-exceed \$123,991.10 for Adult Development, Meals and Transportation services.
- 6) Contract No. 3757 with City of Berea in the amount not-toexceed \$159,918.68 for Adult Development and Transportation services.
- 7) Contract No. 3758 with City of Euclid in the amount not-toexceed \$90,080.00 for Adult Development and Transportation services.
- 8) Contract No. 3759 with City of Lakewood in the amount not-to-exceed \$84,328.00 for Adult Development and Transportation services.
- 9) Contract No. 3760 with City of Maple Heights in the amount not-to-exceed \$81,800.00 for Meals and Transportation services.
- 10) Contract No. 3761 with City of Olmsted Falls in the amount not-to-exceed \$60,000.48 for Adult Development services.
- 11) Contract No. 3742 with City of Parma Donna Smallwood Activities Center in the amount not-to-exceed \$24,807.60 for Adult Development and Meals services.
- 12) Contract No. 3751 with City of Parma Heights in the amount not-to-exceed \$494,794.00 for Adult Development, Meals and Transportation services.
- 13) Contract No. 3743 with City of Solon in the amount not-to-exceed \$158,297.68 for Adult Development services.
- 14) Contract No. 3744 with City of Strongsville in the amount not-to-exceed \$193,201.00 for Adult Development and Transportation services.
- 15) Contract No. 3745 with Cleveland Clergy Alliance in the amount not-to-exceed \$216,000.00 for Community Outreach services.
- 16) Contract No. 3746 with Community Partnership on Aging in the amount not-to-exceed \$203,596.44 for Adult Development and Transportation services.
- 17) Contract No. 3738 with East End Neighborhood House, Inc. in the amount not-to-exceed \$273,137.00 for Adult Development, Meals and Transportation services.
- 18) Contract No. 3739 with Famicos Foundation, Inc. in the amount not-to-exceed \$199,080.00 for Adult Development and Transportation services.
- 19) Contract No. 3740 with Harvard Community Services Center, Inc. in the amount not-to-exceed \$201,942.24 for Adult Development, Meals and Transportation services.
- 20) Contract No. 3741 with Jennings Center for Older Adults in the amount not-to-exceed \$75,679.36 for Adult Day

- Service, Adult Development, Meals and Transportation services.
- 21) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in the amount not-to-exceed \$60,000.24 for Adult Development services.
- 22) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in the amount not-to-exceed \$45,792.00 for Adult Development services.
- 23) Contract No. 3754 with Murtis Taylor Human Services System in the amount not-to-exceed \$366,880.00 for Adult Development, Meals and Transportation services.
- 24) Contract No. 3755 with Rose Centers for Aging Well, LLC in the amount not-to-exceed \$549,829.12 for Adult Development, Meals and Transportation services.
- 25) Contract No. 3756 with Senior Citizen Resources, Inc. in the amount not-to-exceed \$309,363.90 for Adult Development, Meals and Transportation.
- 26) Contract No. 3721 with Senior Transportation Connection in the amount not-to-exceed \$400,030.68 for Transportation services.
- 27) Contract No. 3730 with The Phillis Wheatley Association in the amount not-to-exceed \$100,006.76 for Meal services.
- 28) Contract No. 3726 with The Salvation Army in the amount not-to-exceed \$118,221.20 for Adult Development, Meals and Transportation services.
- 29) Contract No. 3727 with University Settlement in the amount not-to-exceed \$209,999.88 for Adult Development, Meals and Transportation services.
- 30) Contract No. 3728 with West Side Community House in the amount not-to-exceed \$329,172.44 for Adult Development, Meals and Transportation services.
- i) R2023-0337: A Resolution making awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 388]
 - Contract No. 3732 with A-1 Health Care, Inc. in the amount not-to-exceed \$454,000.00 for Homemaker and Personal Care services.
 - 2) Contract No. 3779 with ABC International Services, Inc. in the amount not-to-exceed \$32,000.00 for Chore and Grab Bar services.

- 3) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing in the amount not-to-exceed \$32,000.00 for Homemaker and Personal Care services.
- 4) Contract No. 3789 with Caring Hearts Health Services LLC in the amount not-to-exceed \$50,000.00 for Homemaker, Personal Care, Chore and Laundry services.
- 5) Contract No. 3792 with Casleo Corporation dba Global Meals in the amount not-to-exceed \$4,600,000.00 for Home Delivered Meal services.
- 6) Contract No. 3788 with Connect America.com LLC in the amount not-to-exceed \$260,000.00 for Emergency Response System services.
- 7) Contract No. 3794 with Essence Health Services, Inc. in the amount not-to-exceed \$150,000.00 for Homemaker and Personal Care services.
- 8) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals in the amount not-to-exceed \$150,000.00 for Home Delivered Meal services.
- 9) Contract No. 3790 with Fernandez Property Group Ohio in the amount not-to-exceed \$20,000.00 for Grab Bar services.
- 10) Contract No. 3791 with First Choice Medical Staffing, Inc. in the amount not-to-exceed \$118,000.00 for Homemaker and Personal Care services.
- 11) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care in the amount not-to-exceed \$190,000.00 for Homemaker services.
- 12) Contract No. 3775 with Home Care Relief, Inc. in the amount not-to-exceed \$380,000.00 for Homemaker services.
- 13) Contract No. 3768 with PurFoods, LLC dba Mom's Meals in the amount not-to-exceed \$900,000.00 for Home Delivered Meal services.
- 14) Contract No. 3770 with Renaissance Home Health Care, Inc. in the amount not-to-exceed \$218,000.00 for Homemaker, Personal Care and Laundry services.
- 15) Contract No. 3771 with Rent a Daughter Senior Care, Inc. in the amount not-to-exceed \$300,000.00 for Homemaker and Personal Care services.
- 16) Contract No. 3772 with Rose Centers for Aging Well, LLC in the amount not-to-exceed \$200,000.00 for Home Delivered Meal services.
- 17) Contract No. 3733 with Senior Transportation Connection in the amount not-to-exceed \$310,000.00 for Transportation services.

- 18) Contract No. 3734 with Solutions Premier Training Services in the amount not-to-exceed \$250,000.00 for Homemaker and Personal Care services.
- 19) Contract No. 3735 with TOBI Transportation Services, LLC in the amount not-to-exceed \$196,000.00 for Transportation services.
- 20) Contract No. 3736 with Transport Assistance, Inc. in the amount not-to-exceed \$50,000.00 for Transportation services.
- 21) Contract No. 3769 with U-First Homecare Services in the amount not-to-exceed \$134,000.00 for Homemaker and Personal Care services.
- 22) Contract No. 3747 with Valued Relationships, Inc. in the amount not-to-exceed \$260,000.00 for Emergency Response System services.
- 23) Contract No. 3749 with Wash House CLE LLC in the amount not-to-exceed \$50,000.00 for Laundry services.
- 24) Contract No. 3750 with XCEL Healthcare Providers, Inc. in the amount not-to-exceed \$246,000.00 for Homemaker and Personal Care services.
- j) R2023-0345: A Resolution authorizing an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 504]
- k) R2023-0346: A Resolution authorizing an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 514]
- I) R2023-0347: A Resolution authorizing a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 9/30/2024; authorizing the County Executive to execute Contract No. 3868 and all

- other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 523]
- m) R2023-0348: A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 12/31/2025; authorizing the County Executive to execute Contract No. 3879 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 533]

6. MISCELLANEOUS BUSINESS

7. ADJOURNMENT

*Complimentary parking for the public is available in the attached garage at 900 Prospect. A skywalk extends from the garage to provide additional entry to the Council Chambers from the 5th floor parking level of the garage. Please see the Clerk to obtain a complimentary parking pass.

**Council Chambers is equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.



MINUTES

CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING
COMMITTEE MEETING
WEDNESDAY, NOVEMBER 1, 2023
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 PM

1. CALL TO ORDER

Chairwoman Conwell called the meeting to order at 1:05 p.m.

2. ROLL CALL

Ms. Conwell asked Assistant Deputy Clerk Georgakopoulos to call the roll. Committee members Conwell, Sweeney, Turner and Miller were in attendance and a quorum was determined. Committee member Stephens was absent. Councilmember Simon was also in attendance.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE OCTOBER 18, 2023 MEETING

A motion was made by Mr. Sweeney, seconded by Ms. Turner and approved by unanimous vote to approve the minutes from the October 18, 2023 meeting.

- 5. MATTERS REFERRED TO COMMITTEE
 - a) R2023-0296: A Resolution awarding a total sum, not to exceed \$11,400, to the Cleveland Treatment Center for the theatrical production of "Fragmented A Family's Toil Through Trying Times" from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Mr. Prester Pickett, Playwright; and Mr. Len L.C. Collins, Executive Director of the Cleveland Treatment Center, addressed the Committee regarding Resolution No. R2023-0296. Discussion ensued.

Committee members and Councilmember asked questions of Mr. Pickett and Mr. Collins pertaining to the item, which they answered accordingly.

On a motion by Mr. Sweeney with a second by Ms. Turner, Resolution No. R2023-0296 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell, Ms. Turner, Ms. Simon, Mr. Sweeney and Mr. Miller requested to have their names added as co-sponsors to the legislation.

b) R2023-0298: A Resolution awarding a total sum, not to exceed \$50,000, to Neighborhood Health Care Inc. d.b.a. Neighborhood Family Practice for the Increasing Access to Health Care for Underserved Populations Project from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Mr. Domonic Hopson, President and Chief Executive Officer of Neighborhood Health Care Inc. d.b.a. Neighborhood Family Practice, addressed the Committee regarding Resolution No. R2023-0298. Discussion ensued.

Committee members and Councilmember asked questions of Mr. Hopson pertaining to the item, which he answered accordingly.

On a motion by Mr. Sweeney with a second by Ms. Turner, Resolution No. R2023-0298 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Mr. Miller requested to have his name added as a co-sponsor to the legislation.

c) <u>R2023-0302</u>: A Resolution awarding a total sum, not to exceed \$10,000, to the Community Partnership on Aging for the Safe at Home Program from the District 11 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Ms. Wendy Albin Sattin, Executive Director and Ms. Therese Grida, Development Coordinator for the Community Partnership on Aging, addressed the Committee regarding Resolution No. R2023-0302. Discussion ensued.

Committee members and Councilmember asked questions of Ms. Albin Sattin and Ms. Grida pertaining to the item, which they answered accordingly.

On a motion by Ms. Turner with a second by Mr. Miller, Resolution No. R2023-0302 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell and Ms. Turner requested to have their names added as co-sponsors to the legislation.

6. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

7. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 2:15 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0329

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Cuyahoga Job and Family Services

A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3824 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Cuyahoga Job and Family Services recommends entering into a contract United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025; and

WHEREAS, the primary goal for this project is to serve as fiscal agent and to provide emergency food assistance to eligible residents of the County; and

WHEREAS, the project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 - 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Contract No. 3824 and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by was duly adopted.	, seconded by,	, the foregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
		
	County Executive	Date
	Clerk of Council	Date
	to Committee: <u>November 14, 2</u> : <u>Health, Human Services & A</u>	
Journal, 20	<u> </u>	

PURCHASE-RELATED TRANSACTIONS

Title CJFS - United Way of Greater Cleveland – RFP Exemption Contract - Emergency Food Purchases 2024- 2025							
Department or Agency Name		Cuyaho	ga Job and Famil	y Services			
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Reven Generating ☐ Purchase Order ☐ Other (please specify):			□ Revenue				
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendo Name		Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	3824	United ER Foo	d Way od	1/1/2024 – 12/31/2025	\$2,440,900.00	Pending	Pending
0	3001	United ER Foo	d Way od	1/1/2023 – 12/31/2023	\$1,220,450.00	1/24/2023	R2023-0013
Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Cuyahoga Job and Family Services is requesting approval of a contract with United Way of Greater Cleveland to provide professional services related to the Emergency Food Program for the anticipated cost of \$2,440,900.00 for the time period of 1/1/2024 – 12/31/2025. United Way will provide services related to coordinating the allocation of funds for the purchase of food by the hunger centers serving eligible individuals and families residing in Cuyahoga County. The Federal Emergency Management Agency/Emergency Food and Shelter Program (FEMA/EFSP) Cuyahoga County Local Board, which is staffed by United Way of Greater Cleveland has the capability to administer these resources and can ensure funds will be allocated based upon community need.							
For purchases of furniture, computers, vehicles: Age of items being replaced: N/A How will replaced items be disposed of? N/A Project Goals, Outcomes or Purpose (list 3):							
 To provide eligible individuals and families residing in Cuyahoga County with a diverse inventory of food at At a variety of Hunger Network Centers. To coordinate the allocation of funds for the purchase of food. To provide on-going evaluation of the success of this method of distribution 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):
United Way of Greater Cleveland	Sharon Sobol Jordan
1331 Euclid Avenue	
Cleveland, OH 44115	₽
Vendor Council District: (07)	Project Council District: (07)
, ,	
If applicable provide the full address or list the	Serving County-wide
municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	
☐ Formal Closing Date:	RFP Exemption pursuant to Cuyahoga County Code
Closing Date.	Section 501.12 (B)(2). This falls under Professional
	Services, sub – type financial.
	STATES, SEE STOP III MILITARIA
	United Way is the fiscal manager of these dollars that
	will be disbursed to over 30 hunger centers across the
	County.
	County.
	*See Justification for additional information.
The total value of the solicitation: N/A	
Number of Solicitations (sent/received)	·
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date
N/A- RFP Exemption pursuant to Cuyahoga	
	Government Coop (Joint Purchasing Program/GSA),
County Code Section 501.12 (B)(2). This falls	list number and expiration date
under Professional Services, sub – type	
financial.	
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: ☐ Yes ☐	from posting ().
No, please explain.	
	N/A
N/A	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
□ No, please explain:	
	☐ Alternative Procurement Process.
N/A	
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	= 33 Total det Amendment (115t original procurement)
N/A	☐ Other Procurement Method, please describe:
• 	Coner Producement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒ No	. If was complete section halour
in a digital per vices techniques i ciated Tiles Milat	n i yes, complete section below.

☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? ☐ No ☐ Yes, answer the be	
Are services covered under the original ERP Budget of	or Project? □ Yes □ No, please explain.
Are the purchases compatible with the new ERP syst	em? 🗆 Yes 🗀 No, please explain.
FUNDING SOURCE: i.e. General Fund, Health and H	uman Services Levy Funds, Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.)	. Include % if more than one source.
The project is funded 100% by the Health and Hu	uman Services Levy dollars
Is funding for this included in the approved budget?	☑ Yes ☐ No (if "no" please explain):
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Qua	rterly One-time Other (please explain):
Buside status of maint. In Business and Inter-	
Provide status of project. In Process, not late.	
□ New Service or purchase ☒ Recurring service or	Is contract late ☑ No ☐ Yes, In the fields below provide
purchase	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 correction:	Infor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if yes, pl	ease explain)
Have payments been made? ☐ No ☐ Yes (if yes, p	
HISTORY (see instructions):	
O R2016-0230 9/7/2016	
O R2017-0222 11/28/2017	
O BC2018-823 11/20/2018	
O R2019-0210 10/08/2019 A1 BC2020-194 1/26/2021	
A1 BC2020-194 1/26/2021 A2 R2021-0273 12/7/2021	
WE WENGT-NELD TELL/ENET	

Department of Purchasing – Required Documents Checklist

Upload as "word" document in Infor

Infor/Lawson RQ#:	N/A
Infor/Lawson PO # Code (if applicable):	EXMT
CM Contract#	3824

United Way-Emergency Food 2024-25_CJFS	Department initials	Clerk of the Board
Briefing Memo	LS	
Late Submittal Required:	Vag 🗖	No. Y

TAC or CTO Required or authorized IT Standard	Yes 🗖	No X

OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Purchasing						
United Way-Emergency Food 20	24-25_CJI	FS		Department initials	Purchasing	
Justification Form				LS	EB 10/10/23	
IG# 20-0335-REG exp. 12.31.2024				LS	EB 10/10/23	
Annual Non-Competitive Bid	al Non-Competitive Bid Date: N/A				N/A	
Contract Statement - (only needed						
if not going to BOC or Council						
for approval)						
Debarment/Suspension Verified	ent/Suspension Verified Date: 09.15.2023		LS	EB 10/10/23		
Auditor's Finding Date: 09.26.2023			LS	EB 10/10/23		
Vendor's Submission		N/A	N/A			
Independent Contractor (I.C.) Requirement Date: 08.29.2023			LS	EB 10/10/23		
exp. 08.29.2024						
Cover - Master contracts only		N/A				
Contract Evaluation - if required	LS/SM	EB 10/10/23				
TAC/CTO Approval or IT Standard	ify relevant	N/A	N/A			
page #s), if required.			-			
Checklist Verification	LS	EB 10/10/23				

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

OTHER THAN FULL AND C RFP Exemptions Reviewed by	(Contract)		
Department initials			
Agreement/Contract and Exhibits	LS		
Matrix Law Screen shot	LS		
COI exp. 06.01.2024	LS		
Workers' Compensation Insurance exp. 07.01.2024	LS		

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Revised 9/17/2021

Department of Purchasing – Required Documents Checklist

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2024 - 12/31/2024	HS260185	55130	UCH06018	\$1,220,495.00
01/01/2025 - 12/31/2025	HS260185	55130	UCH06018	\$1,220,495.00
			TOTAL	\$2,440,900.00

Contract History CE/AG# (if applicable)	N/A
Infor/Lawson PO# and PO Code (if applicable)	EXMT
Lawson RQ# (if applicable)	N/A
CM Contract#	3824

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount CM3001-Previous contract	\$1,220450.00		1/1/2023 – 12/31/2023	1/24/2023	R2023-0013
Prior Amendment Amounts (list separately)	No. of the last	\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$			
Total Contact Amount					
New Contract Action: Exemption CM#3824	\$2,440,900.00		1/1/2024 – 12/31/2025	Pending	Pending

Purchasing Use Only:

Prior Resolutions:	R2023-0013
CM#:	3824
Vendor Name:	United Way of Greater Cleveland
ftp:	Effective Date – December 31, 2025
Amount:	\$2,440,900.00
History/CE:	OK
EL:	OK
Procurement Notes:	N/A

Purchasing Buyer approval: EB 10/10/2023

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Revised 9/17/2021

CONTRACT EVALUATION FORM

Contractor	United Way	of Greater Cleve	eland		
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM# 3001/C	CM# 3824			
RQ#	N/A	^			
Time Period of Original Contract	1.1.2023-12.	.31.2023			
Background Statement	United Way of Greater Cleveland serves as the fiscal agent to perform the administrative duties related to the distribution, monitoring, and oversight of Cuyahoga County funds to meet the emergency food needs in the County. Through these funds, Hunger Network, on behalf of their 30+ affiliated hunger centers, purchases food and non-food hygiene items directly from the Greater Cleveland Food Bank. The Food Bank ensures that there is a diverse inventory of food that meets community needs, preferences, and cultural values. The Food Bank and Hunger Network also conduct annual hunger center site visits to ensure compliance with food safety and nondiscrimination requirements. Finally, United Way is responsible for providing administrative oversight of County funds, ensuring ongoing evaluation of the success and accurate reporting of outcomes.				
Service Description	of funds for	the purchase of f	ood by the h	o coordinating th unger centers ser in Cuyahoga Cou	ving
Performance Indicators	See page 2				
Actual Performance versus performance indicators (include statistics):	Hunger Cent Of those con completed a	ters in the 2nd quasumers that obta survey. 179 surv	arter. ined food fro eys were co	ained food from to om Hunger Cente mpleted from six ved would last th	rs, they sites. 83%
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			

Justification of Rating	Global supply chain issues and national inflation rates left more people in need of emergency support from food pantries, hence the increased number of people served over Q2. The vendor along with the Foodbank and Hunger network have done a good job meeting the needs of the community.
Department Contact	Sharonda Mason
User Department	Division of Contract Administration and Performance
Date	10.02.2023

Performance Indicators and Data

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Total Individuals Served	56,290	71,946	69,515	77,545	77,320	84,880
Pounds of Food	1,334,915	1,421,671	1,297,872	1,325,718	1,433,972	1,566,918
% of Food Nutritious	62%	59%	60%	60%	61%	63%
Pounds of Non-Food Hygiene Items	67,721	75,179	77,892	66,626	61,352	77,283
Non-Food Hygiene Items Cost	\$29,186	\$25,856	\$16,099	\$20,869	\$18,057	\$20,150
Total Cost₃	\$305,198	\$341,505	\$218,663	\$385,186	\$337,138	\$357,727
Average Cost Per Pound	\$0.23	\$0.25	\$0.17	\$0.29	\$0.38 ₄ \$0.24	\$0.23

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0330

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

Co-sponsored by: Councilmember Miller

A Resolution authorizing an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 - 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60; authorizing the County Executive to execute the Master Contract and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Children and Family Services recommends an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60 as follows:

WHEREAS, the primary goal of this project is to continue to serve families at risk of entering, or who have already entered, the child welfare system in Cuyahoga County; and

WHEREAS, this project is funded 70% from Health and Human Services Levy Funds and 30% Federal Funds (Title IV-E); and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 - 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60 as follows:

- a) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority;
- b) Contract No.1101 with The East End Neighborhood House;
- c) Contract No.1103 with Murtis Taylor Human Services System;
- d) Contract No. 1105 with University Settlement, Incorporated;
- e) Contract No. 3261 (fka Contract No. 1098) with Catholic Charities Corporation;
- f) Contract No. 3262 (fka Agreement No. 1099) with City of Lakewood;
- g) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center;
- h) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children;
- i) Contract No. 3269 (fka Contract No. 1106) with West Side Community House; and

SECTION 2. That the County Executive is authorized to execute the amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health, or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion byduly adopted.	_, seconded by	, the foregoing Resolution was
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
First Reading/Referred to Co Committee(s) Assigned: <u>He</u>		
Additional Sponsorship Requ	uested on the Floor: Nover	nber 14, 2023
Journal, 20		

PURCHASE-RELATED TRANSACTIONS

Division of Children and Family Services		dment 3 DCF en and familie		er agre	ement with prov	riders to provide co	mmunity based	services to at-risk
Generating □ Purchase Order □ Other (please specify): Original (O)/ Amendment No. (If PO, Ist PO#) Name Time Period Amount Date BOC Approved/ Council's Journal Dute Amount Date Approved/ Council's Journal Dute Date	Department of	or Agency Nar	ne	Divisi	on of Children ar	d Family Services		
Amendment (A-#) No. (If PO, (A-#) Ist PO#) No. (Ist P	Generating □ Purchase O				ase Order	⊠ Amendment I	□ Revenue	
A-1 Various 4/1/22 - 3,705,800.71 8/2/22 R2022-0219 12/31/22 A-2 Various 1/4/23 - 4,912,734.60 3/14/23 R2023-0048 12/31/23 A-3 Various 1/1/24 - 4,912,734.60 Pending Pen	Amendment (A-#)	No. (If PO,				Amount	Approved/ Council's Journal	Approval No.
A-2 Various 1/1/23	0		Vario	us		4,827,734.61	5/11/21	R2021-0122
A-3 Various 1/1/24	A-1		Vario	us	1 ' '	3,705,800.71	8/2/22	R2022-0219
Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Providers will deliver high quality, innovative, and promising practice services to at-risk children, teens and families in order that caregivers - birth parents, foster parents and/or kinship caregivers - can provide a safe, stable and nurturing environment for children and youth. Services must be easily accessible, timely, and effective. For purchases of furniture, computers, vehicles:	A-2		Vario	us		4,912,734.60	3/14/23	R2023-0048
Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Providers will deliver high quality, innovative, and promising practice services to at-risk children, teens and families in order that caregivers - birth parents, foster parents and/or kinship caregivers - can provide a safe, stable and nurturing environment for children and youth. Services must be easily accessible, timely, and effective. 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): Improve family functioning and child well-being for natural, foster, and kinship families experiencing crisis and/or trauma Strengthen family supports and access to community-based services Reduce placement moves for children and youth 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): Catholic Charities Corporation Joan Hinkelman, Senior Director	A-3		Vario	us		4,912,734.60	Pending	pending
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): Improve family functioning and child well-being for natural, foster, and kinship families experiencing crisis and/or trauma Strengthen family supports and access to community-based services Reduce placement moves for children and youth 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): Catholic Charities Corporation Joan Hinkelman, Senior Director 3135 Euclid Avenue Suite 101 Cleveland, OH 44115	and families provide a safe	in order that e, stable and	caregiv nurtur	vers - b ing env	oirth parents, for	ster parents and/or	kinship caregiv	vers – can
- Improve family functioning and child well-being for natural, foster, and kinship families experiencing crisis and/or trauma - Strengthen family supports and access to community-based services - Reduce placement moves for children and youth 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): Catholic Charities Corporation Joan Hinkelman, Senior Director 3135 Euclid Avenue Suite 101 Cleveland, OH 44115	For purchases	of furniture,	compu					
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: Catholic Charities Corporation 3135 Euclid Avenue Suite 101 Cleveland, OH 44115	- Impro crisis a - Streng - Reduc	ove family fun and/or traum then family s e placement	ctioning a upports moves t	g and cl s and act	hild well-being fo ccess to commun dren and youth	ity-based services		
vendor/contractor, etc. provide owner, executive director, other (specify)Vendor Name and address:Owner, executive director, other (specify):Catholic Charities CorporationJoan Hinkelman, Senior Director3135 Euclid Avenue Suite 101Cleveland, OH 44115	If a County Co	uncil item, ar	e you r	equest	ing passage of th	e item without 3 re	eadings. Yes	⊠ No
Vendor Name and address: Catholic Charities Corporation 3135 Euclid Avenue Suite 101 Cleveland, OH 44115 Owner, executive director, other (specify): Joan Hinkelman, Senior Director							, State and Zip C	Code. Beside each
3135 Euclid Avenue Suite 101 Cleveland, OH 44115				-			ctor, other (speci	fy):
Vendor Council District: 7 Project Council District:	3135 Euclid Av	enue Suite 10			Joa	n Hinkelman, Senio	or Director	
	Vendor Counc	il District: 7			Pro	ject Council District	t:	

Rev. 7/24/23

Vendor Name and address:	Owner, executive director, other (specify):
City of Lakewood 16024 Madison Avenue Lakewood, OH 44107	Chad Berry, Director, Department of Human Services
Vendor Council District: 2	Project Council District:
Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga Metropolitan Housing Authority 8120 Kinsman Road Cleveland, OH 44104	Kristie Grove, CEO
Vendor Council District: 7	Project Council District:
Vendor Name and address:	Owner, executive director, other (specify):
The East End Neighborhood House 2749 Woodhill Road Cleveland, OH 44104	Atunyese Herron, CEO
Vendor Council District: 7	Project Council District:
Vendor Name and address:	Owner, executive director, other (specify):
Harvard Community Services Center 18240 Harvard Avenue Cleveland, OH 44128	Elaine Gohlstin, Executive Director
Vendor Council District: 9	Project Council District:
Vendor Name and address:	Owner, executive director, other (specify):
Murtis Taylor Human Services System 13422 Kinsman Road Cleveland, OH 44120	Lovell J. Custard, President and CEO
Vendor Council District: 8	Project Council District:
Vendor Name and address:	Owner, executive director, other (specify):
The Centers for Families and Children 4500 Euclid Avenue	Eric Morse, President

Vendor Council District: 7		
Vendor Name and address: University Settlement, Inc 4800 Broadway Avenue Cleveland, OH 44127 Vendor Council District: 7 Project Council District: Vendor Name and address: Owner, executive Director Vendor Name and address: Owner, executive director, other (specify): West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: If applicable provide the full address or list the mulcipality(les) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ☑ RFP □ RFQ □ Informal □ Formal Closing Date: The total value of the solicitation: \$8,400,000,000 Number of Solicitations (sent/received) 28 / 11 □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Process □ No, please explain. Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Alternative Procurement Process □ Alternative Procurement Process □ Alternative Procurement (list original procurement)	Cleveland, OH 44103	
University Settlement, Inc	Vendor Council District: 7	Project Council District:
University Settlement, Inc 4800 Broadway Avenue Cleveland, OH 44127 Vendor Council District: 7 Project Council District: Vendor Name and address: Owner, executive director, other (specify): West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: If applicable provide the full address or list the municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB		
A800 Broadway Avenue Cleveland, OH 44127 Project Council District:	Vendor Name and address:	Owner, executive director, other (specify):
Vendor Council District: 7		Earl Pike, Executive Director
Vendor Name and address: West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: If applicable provide the full address or list the municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB \(\text{RFP} \) RFQ Informal Roman Closing Date: The total value of the solicitation: \$8,400,000.00 Number of Solicitations (sent/received) 28 / 11 Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: \(\text{Yes} \) Possible Sole Source \(\text{Public Notice posted by Department of Purchasing, Enter # of additional responses received from posting (). Recommended Vendor was low bidder: \(\text{Yes} \) Government Process Alternative Procurement Process Alternative Procurement Process Alternative Procurement (list original procurement)		
West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: Fapplicable provide the full address or list the municipality(ies) impacted by the project. Formal	Vendor Council District: 7	Project Council District:
West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: Fapplicable provide the full address or list the municipality(ies) impacted by the project. Formal		
9300 Lorain Avenue Cleveland, OH 44102 Vendor Council District: 7 Project Council District: If applicable provide the full address or list the municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB	Vendor Name and address:	Owner, executive director, other (specify):
Cleveland, OH 44102 Vendor Council District: 7 Project Council District: If applicable provide the full address or list the municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB	• 1	Rachelle Milner, Executive Director
If applicable provide the full address or list the municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB		
### COMPETITIVE PROCUREMENT ### RQ # if applicable RFB	Vendor Council District: 7	Project Council District:
### COMPETITIVE PROCUREMENT ### RQ # if applicable RFB		
COMPETITIVE PROCUREMENT RQ # if applicable RFB		
RQ # if applicable RFB RFP RFQ Informal Formal Closing Date: *See Justification for additional information. Exemption Number of Solicitations (sent/received) 28 / 11 Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: Yes No, please explain. Recommended Vendor was low bidder: Yes No, please explain: Recommended Vendor was low bids received? Provide a short summary for not using competitive bid process. *See Justification for additional information. *See Justification for additional information. State Contract, list STS number and expiration date Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sole Source Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). Alternative Procurement Purchase Alternative Procurement Process Lowest and best How did pricing compare among bids received?	paragraph and pa	
□ RFB ⋈ RFP □ RFQ □ Informal □ Formal Closing Date: *See Justification for additional information. The total value of the solicitation: \$8,400,000.00 Number of Solicitations (sent/received) 28 / 11 □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ⋈ Yes □ No, please explain. Recommended Vendor was low bidder: ⋈ Yes □ Government Purchase □ Alternative Procurement Process Lowest and best □ Government Purchase □ Alternative Procurement Process □ Alternative Procurement (list original procurement)	COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
□ Informal □ Formal Closing Date: *See Justification for additional information. The total value of the solicitation: \$8,400,000.00 □ Exemption Number of Solicitations (sent/received) 28 / 11 □ State Contract, list \$TS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) \$BE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes □ No, please explain. Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Alternative Procurement Process Lowest and best How did pricing compare among bids received? ☑ Contract Amendment (list original procurement)	RQ # if applicable	Provide a short summary for not using competitive bid
□ Informal □ Formal Closing Date: *See Justification for additional information. The total value of the solicitation: \$8,400,000.00 □ Exemption Number of Solicitations (sent/received) 28 / 11 □ State Contract, list \$TS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) \$BE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes □ No, please explain. Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Alternative Procurement Process Lowest and best How did pricing compare among bids received? ☑ Contract Amendment (list original procurement)	□ RFB ⊠ RFP □ RFQ	
□ Formal Closing Date: *See Justification for additional information. The total value of the solicitation: \$8,400,000.00 □ Exemption Number of Solicitations (sent/received) 28 / 11 □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes □ No, please explain. □ Sole Source □ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Government Purchase □ No, please explain: □ Alternative Procurement Process Lowest and best ☑ Contract Amendment (list original procurement)		
*See Justification for additional information. The total value of the solicitation: \$8,400,000.00 Number of Solicitations (sent/received) 28 / 11 Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: No, please explain. Recommended Vendor was low bidder: Yes No, please explain: Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sole Source Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). Government Purchase Alternative Procurement Process Alternative Procurement Process Contract Amendment (list original procurement)	☐ Formal Closing Date:	
Number of Solicitations (sent/received) 28 / 11 State Contract, list STS number and expiration date Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: Yes Yes No, please explain. Recommended Vendor was low bidder: Yes Government Purchase Alternative Procurement Process Alternative Procurement Process Contract Amendment (list original procurement)		*See Justification for additional information.
Government Coop (Joint Purchasing Program/GSA), list number and expiration date Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes ☐ No, please explain. Recommended Vendor was low bidder: ☑ Yes ☐ Government Purchase ☐ No, please explain: ☐ Alternative Procurement Process Lowest and best ☐ Contract Amendment (list original procurement)		☐ Exemption
list number and expiration date Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes ☐ No, please explain. ☐ No, please explain: ☐ Government Purchase ☐ Alternative Procurement Process Lowest and best ☐ Contract Amendment (list original procurement)	Number of Solicitations (sent/received) 28 / 11	☐ State Contract, list STS number and expiration date
Participation/Goals (%): () DBE (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: ☑ Yes ☐ No, please explain. Recommended Vendor was low bidder: ☑ Yes ☐ No, please explain: ☐ Alternative Procurement Process Lowest and best How did pricing compare among bids received? ☐ Contract Amendment (list original procurement)		l ·
of Purchasing. Enter # of additional responses received from posting (). □ No, please explain. □ No, please explain: □ No, please explain: □ Alternative Procurement Process □ Alternative Procurement (list original procurement)	Participation/Goals (%): () DBE (3%) SBE	
awarded vendor per DEI tab sheet review?: No, please explain. Recommended Vendor was low bidder: Yes No, please explain: Alternative Procurement Process Lowest and best How did pricing compare among bids received? Contract Amendment (list original procurement)	(12%) MBE (5%) WBE. Were goals met by	
Recommended Vendor was low bidder: Yes No, please explain: Alternative Procurement Process Lowest and best How did pricing compare among bids received?	awarded vendor per DEI tab sheet review?: 🛛 Yes	l a contraction of the contracti
□ No, please explain: □ Alternative Procurement Process Lowest and best How did pricing compare among bids received? □ Contract Amendment (list original procurement)	□ No, please explain.	
□ No, please explain: □ Alternative Procurement Process Lowest and best How did pricing compare among bids received? □ Contract Amendment (list original procurement)		
Lowest and best How did pricing compare among bids received? □ Alternative Procurement Process □ Contract Amendment (list original procurement)	Recommended Vendor was low bidder: 🛛 Yes	☐ Government Purchase
Lowest and best How did pricing compare among bids received? ☐ Contract Amendment (list original procurement)	☐ No, please explain:	
	Lowest and best	☐ Alternative Procurement Process
	How did pricing compare among bids received?	

9 proposals were selected out 11.		☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes	⊠ No	o. If yes, complete section below:
☐ 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? \square No \square Yes, answer th	e belo	ow questions.
Are services covered under the original ERP Budg	get or	Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new ERP	systei	m? □ Yes □ No, please explain.
FUNDING SOURCE: i.e. General Fund, Health ar Block Grant (No acronyms i.e. HHS Levy, CDBG, 670% Health and Human Services Levy, 30% Federal Funding Federal Federal Funding Federal Fe	etc.).	
Is funding for this included in the approved budg	get? 🛭	☑ Yes ☐ No (if "no" please explain): For 2024
Payment Schedule: ⊠ Invoiced ⊠ Monthly □	Quar	terly One-time Other (please explain):
Provide status of project.		
☐ New Service or purchase ☐ Recurring service purchase	ce or	Is contract late ⊠ No □ Yes, In the fields below provide reason for late and timeline of late submission
Reason:		reason for face and timeline of face submission
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:		
	g in Ir	nfor, such as the item being disapproved and requiring
correction:		
If late, have services begun? ☐ No ☐ Yes (if ye	s, ple	ase explain)
Have payments be made? No Yes (if yes	, pleas	se explain)
HISTORY (see instructions):	,	
See page 1		

Department of Purchasing - Required Documents Checklist

Upload as "word" document in Infor

Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	1100

CMHA	Department	Clerk of the Board
Briefing Memo	DG	
Late Submittal Required:	Yes	No x
Why is the amendment being submitted late?		7
What is being done to prevent this from reoccurring?		
	· ·	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendment viewed by Purchas		
		***	Department initials	Purchasing
Justification Form			DG	
IG#			N/A	
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	
Debarment/Suspension Verified	Date:	9.22.23	DG	
Auditor's Finding	Date:	9.22.23	DG	
Independent Contractor (I.C.) Requ	irement	Date: 10/5/24	DG	
Cover - Master amendments only			DG	
Contract Evaluation			DG	
TAC/CTO Approval or IT Standard relevant page #s), if required.	ls (attach a	nd identify	N/A	
Checklist Verification			DG	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law					
	Department initials				
Agreement/Contract and Exhibits	DG				
Matrix Law Screen shot	DG				
COI	DG				
Workers' Compensation Insurance	DG				
Original Executed Contract (containing insurance terms) & all executed amendments	DG				

1 | P a g e

Department of Purchasing – Required Documents Checklist

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Accounting Units	Ac	col	unt	ing	Ur	iits
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Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/24-12/31/24	HS215100	55130	UCH05922	\$247,925.20
				\$247,925.20

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	1100

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	
Amend:	
Vendor Name:	
ftp:	
Amount:	
History/CE:	
EL:	
Procurement Notes:	
Purchasing Buyer's initials	
and date of approval	

2. | P a g e

Department of Purchasing - Required Documents Checklist

Upload as "word" document in Infor

Infor/Lawson RQ#:	3479	
Buyspeed RQ# (if applicable):		
Infor/Lawson PO# Code (if applicable):		
CM Contract#	1101	

East End Neighborhood House	Department	Clerk of the Board
Briefing Memo	DG	

Late Submittal Required:	Yes	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes 🗆	No X

Yes \square

		ontract Amendment viewed by Purchas		
			Department initials	Purchasing
Justification Form			DG	BRM
IG# 22-0245-REG			DG	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9.22.23	DG	BRM
Auditor's Finding	Date:	9.22.23	DG	BRM
Independent Contractor (I.C.) Requ	irement	Date: 9.22.23	DG	BRM
Cover - Master amendments only			DG	BRM
Contract Evaluation			DG	BRM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A	
Checklist Verification			DG	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law					
	Department initials				
Agreement/Contract and Exhibits	DG				
Matrix Law Screen shot	DG				
COI	DG				
Workers' Compensation Insurance	DG				
Original Executed Contract (containing insurance terms) & all executed amendments	DG				

1 | P a g e

Department of Purchasing – Required Documents Checklist

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Accounting Units

Time Period 1/1/24 – 12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$247,925.20
				\$247,925.20

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	1101

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61	The same of	4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	R2021-122, R2022-02119, R2023-0048
Amend:	1101
Vendor Name:	East End Neighborhood House, Inc.
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912,734.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials	BRM 10/27/2023
and date of approval	

2 | P a g e

Upload as "word" document in Infor

Infor/Lawson RQ#:	3479	
Buyspeed RQ# (if applicable):		
Infor/Lawson PO# Code (if applicable):		
CM Contract#	1103	

	Department	Clerk of the Board
Briefing Memo	AJ	
Late Submittal Required:	Yes □	⊠ No
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes 🗆	≥ No

		_	ontract Amendmen viewed by Purchasi		
Murtis Ta	ylor CBS AMND 3			Department initials	Purchasing
Justificatio	n Form			AJ	BRM
IG#	12-1963-REG 12/31/20)24		AJ	BRM
Contract St	on-Competitive Bid tatement - (only needed if BOC or Council for	Date:		N/A	N/A
Debarment	/Suspension Verified	Date:	10/10/2023	AJ	BRM
Auditor's I	Finding	Date:	10/10/2023	AJ	BRM
Independent Contractor (I.C.) Requirement Date: 9/5/2024			Date: 9/5/2024	AJ	BRM
Cover - Master amendments only			^	AJ	BRM
Contract Evaluation			ntract Evaluation		BRM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A	
Checklist V	Verification			AJ	BRM

Other documentation may be required depending upon your specific item
Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	AJ
Matrix Law Screen shot	AJ
COI	AJ
Workers' Compensation Insurance	AJ
Original Executed Contract (containing insurance terms) & all executed amendments	AJ

1 | P a g e

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Accounting Units

Time Period 1/1/24-12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$792,052.93
			TOTAL	\$792,052.93

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	1103

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

i di chasing osc Only.	
Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048
Amend:	1103
Vendor Name:	Murtis Taylor Human Services System
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912,734.60
History/CE:	OK
EL:	OK
Procurement Notes:	Debarment does not list the full company name.
Purchasing Buyer's initials	BRM 10/27/2023
and date of approval	

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Upload as "word" document in Infor

Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	1105

Department	Clerk of the Board
AJ	
10	
Yes 🗆	⊠ No
Yes □	⊠ No
	Yes 🗆

			Amendment by Purchasii	=	
University Settlement CBS AMND 3				Department initials	Purchasing
Justification Form				AJ	BRM
IG# 12-2872-REG 12/31/2023				AJ	BRM
Annual Non-Competitive Bid	Date:			N/A	N/A
Contract Statement - (only needed if not					
going to BOC or Council for approval)					
Debarment/Suspension Verified	Date: 10/10/2023		2023	AJ	BRM
Auditor's Finding	Date:	te: 10/10/2023		AJ	BRM
Independent Contractor (I.C.) Requirement Date: 10/4/2023		10/4/2023	AJ	BRM	
Cover - Master amendments only				AJ	BRM
Contract Evaluation			tract Evaluation		BRM
TAC/CTO Approval or IT Standards (attach and identify relevant			N/A	N/A	
page #s), if required.					trace
Checklist Verification				AJ	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	AJ
Matrix Law Screen shot	AJ
COI	AJ
Workers' Compensation Insurance	AJ
Original Executed Contract (containing insurance terms) & all executed amendments	AJ

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Upload as "word" document in Infor

Accounting Units

Time Period 1/1/24-12/31/24	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/24-12/31/24	HS215100	55130	UCH05922	\$882,069.14
			TOTAL	\$882,069.14

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	1105

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048			
Amend:	05			
Vendor Name:	University Settlement Inc.			
ftp:	4/1/2021-12/31/2024			
Amount:	\$4,912,734.60			
History/CE:	OK			
EL:	OK.			
Procurement Notes:				
Purchasing Buyer's initials	BRM 10/27/2023			
and date of approval				

2 | P a g e

Upload as "word" document in Infor

Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3261

Catholic Charities	Department	Clerk of the Board
Briefing Memo	DG	
Late Submittal Required:	Yes	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes 🗆	No X

Contract Amendments Reviewed by Purchasing						
					Department initials	Purchasing
Justification	n Form				DG	BRM
IG#	12-0766 REG 12-076	6-REG 3	1DEC20)23	DG	BRM
Contract Sta	n-Competitive Bid atement - (only needed if BOC or Council for	Date:			N/A	N/A
Debarment/	Suspension Verified	Date:	9.22.2	3	DG	BRM
Auditor's F	inding	Date:	9.22.2	3	DG	BRM
Independent Contractor (I.C.) Requirement Date: 9/25/24 9/25/23		DG	BRM			
Cover - Master amendments only			DG	BRM		
Contract Evaluation			DG	BRM		
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A		
Checklist Verification			DG	BRM		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
	Department initials		
Agreement/Contract and Exhibits	DG		
Matrix Law Screen shot	DG		
COI	DG		
Workers' Compensation Insurance	DG		
Original Executed Contract (containing insurance terms) & all	DG		
executed amendments			

1 | P a g e

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Accounting Units

Time Period 1/1/24 – 12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$688,959,.77
				\$688,959.77

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	3261

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048
Amend:	3261
Vendor Name:	Catholic Charities Corporation, dba Catholic Charities, Diocese of Cleveland
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912.734.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/27/2023

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Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3262
CI	

City of Lakewood	Department	Clerk of the Board
Briefing Memo	DG	
Late Submittal Required:	Yes	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendme viewed by Purcha		
			Department initials	Purchasing
Justification Form			DG	BRM
IG#			N/A	N/A
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9/22/23	DG	BRM
Auditor's Finding	Date:	9.22.23	DG	BRM
Independent Contractor (I.C.) Requi	rement	Date: 9.6.23	DG	BRM
Cover - Master amendments only			DG	
Contract Evaluation				
TAC/CTO Approval or IT Standard relevant page #s), if required.	s (attach a	nd identify	N/A	N/A
Checklist Verification			DG	DDM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	DG
Matrix Law Screen shot	DG
COI	DG
Workers' Compensation Insurance	DG
Original Executed Contract (containing insurance terms) & all executed amendments	DG

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Accounting Units

Time Period 1/1/24-12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$585,866.61
				\$585,866.61

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	2
Lawson RQ# (if applicable)	3479
CM Contract#	3262 COPY OF 1099

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

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Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048
Amend:	3262
Vendor Name:	City of Lakewood
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912,734.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/27/2023

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Upload as "word" document in Infor

Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3263

Harvard Community Service Center	Department	Clerk of the Board
Briefing Memo	DG	
Late Submittal Required:	Yes	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendmer viewed by Purchas		
			Department initials	Purchasing
Justification Form			DG	BRM
IG# 12-1457-REG 12-145	7-REG 31	DEC2023	DG	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9.22.23	DG	BRM
Auditor's Finding	Date:	9/21/23	DG	BRM
Independent Contractor (I.C.) Requ	irement	Date: 9/19/23	DG	BRM
Cover - Master amendments only		· · · · · · · · · · · · · · · · · · ·	DG	BRM
Contract Evaluation		DG	BRM	
TAC/CTO Approval or IT Standard relevant page #s), if required.	ds (attach a	nd identify	N/A	N/A
Checklist Verification			DG	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	DG
Matrix Law Screen shot	DG
COI	DG
Workers' Compensation Insurance	DG
Original Executed Contract (containing insurance terms) & all executed amendments	DG

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Accounting Units

Time Period 1/1/24 – 12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$296,202.54
				\$296,202.54

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	V V
Lawson RQ# (if applicable)	3479
CM Contract#	3263

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61	WAY THE TOTAL	4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048
Amend:	3263
Vendor Name:	Harvard Community Service Center
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912,734.60
History/CE:	Ok
EL:	ok
Procurement Notes:	
Purchasing Buyer's initials	BRM 10/27/2023
and date of approval	

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Infor/Lawson RQ#:	3479
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3264 (formerly 1104)

	Department	Clerk of the Board
Briefing Memo	AJ	
Late Submittal Required:	Yes □	⊠ No
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes 🗆	⊠ No

			mendments Purchasin		
The Centers CBS AMND 3			Department initials	Purchasing	
Justification Form				AJ	BRM
IG# 12-0785-REG 12/31	/2023			AJ	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:			N/A	N/A
Debarment/Suspension Verified	Date:	10/10/20 10/10/20		AJ	BRM
Auditor's Finding	Date:	10/10/20 10/10/20		AJ	BRM
Independent Contractor (I.C.) Requirement Date: 08/24/2024 8/24/2023			AJ	BRM	
Cover - Master amendments only				AJ	BRM
Contract Evaluation			AJ	BRM	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A	
Checklist Verification				AJ	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	riewed by Law
	Department initials
Agreement/Contract and Exhibits	AJ
Matrix Law Screen shot	AJ
COI	AJ
Workers' Compensation Insurance	AJ

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Original Executed Contract (containing insurance terms) & all	AJ
executed amendments	

Accounting Units

Time Period 1/1/24-12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$441,034.57
			TOTAL	\$441,034.57

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	3479
CM Contract#	3264 copy of 1104

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61		4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
		\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048	
Amend:	3264	
Vendor Name:	The Centers for Families and Children dba The Centers	
ftp:	4/1/2021-12/31/2024	
Amount:	\$4,912,734.60	
History/CE:	OK	
EL:	OK	

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Procurement Notes:	
Purchasing Buyer's initials	BRM 10/27/2023
and date of approval	

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Infor/Lawson RQ#:	3469
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3269 (formerly 1106)

	Department	Clerk of the Board
Briefing Memo	AJ	
Late Submittal Required:	Yes 🗆	⊠ No
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
	•	
TAC or CTO Required or authorized IT Standard	Yes 🗆	≥ No

			Amendment by Purchasin		
West Side Community House CBS	West Side Community House CBS AMND 3				
Justification Form				AJ	BRM
IG# 12-2980-REG 12/31	/2023	,		AJ	BRM
Annual Non-Competitive Bid	Date:			N/A	N/A
Contract Statement - (only needed if					
not going to BOC or Council for					
approval)					
Debarment/Suspension Verified	Date:	10/10/	2023	AJ	BRM
Auditor's Finding	Date:	10/10/	2023	AJ	BRM
Independent Contractor (I.C.) Requi	rement	Date:	9/20/2024	AJ	BRM
			9/20/2023		
Cover - Master amendments only	AJ	BRM			
Contract Evaluation				AJ	BRM
TAC/CTO Approval or IT Standards (attach and identify relevant				N/A	N/A
page #s), if required.	,		-		La normani
Checklist Verification				AJ	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	AJ
Matrix Law Screen shot	AJ
COI	AJ
Workers' Compensation Insurance	AJ
Original Executed Contract (containing insurance terms) & all executed amendments	AJ

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Accounting Units

Time Period 1/1/24-12/31/24	Accounting Unit HS215100	Account Number 55130	Sub Account UCH05922	Dollar Amount \$730,698.65
			TOTAL	\$730,698.65

Contract History CE/AG# (if applicable)	1106
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	
CM Contract#	3269 COPY 1106

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$4,827,734.61	Year I se	4/1/21-3/31/22	5/11/21	R2021-0122
Prior Amendment Amounts (list separately)		\$3,705,800.71	4/1/22-12/31/22	8/2/22	R2022-02119
	Ulfrole Janyay	\$4,912,734.60	1/1/23-12/31/23	3/14/23	R2023-0048
Pending Amendment		\$4,912,734.60	1/1/24-12/31/24	Pending	Pending
Total Amendments		\$13,531,291.90			
Total Contact Amount					

Purchasing Use Only:

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Prior Resolutions:	R2021-0122, R2022-02119, R2023-0048
Amend:	3269
Vendor Name:	West Side Community House
ftp:	4/1/2021-12/31/2024
Amount:	\$4,912,734.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/27/2023

2 | P a g e

Contractor	СМНА
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1100/PO# 210530
RQ#	3429
Time Period of Original Contract	4/1/2021 — 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	provider out	CMHA has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance					
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)		х					
Justification of Rating	provider out	CMHA has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance					
Department Contact	Carletta McCoy						
User Department	Division of Children and Family Services						
Date	10/13/2023						

Contractor	East End Neighborhood House(EENH)
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1101/PO# 210531
RQ#	3429
Time Period of Original Contract	4/1/2021 - 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	EENH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance.					
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)		х				
Justification of Rating	EENH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance					
Department Contact	Carletta McCoy					
User Department	Division of	Children and Fan	nily Services	3		
Date	10/13/2023					

Contractor	Murtis Taylor
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1103/PO# 210533
RQ#	3429
Time Period of Original Contract	4/1/2021 - 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	individual pr		goals and co	of their common and the street of the street	
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		Х			
Justification of Rating	individual pr		goals and co	of their common and the street of their common and the street of the str	
Department Contact	Carletta McC	Coy			
User Department	Division of C	Children and Fan	nily Services	354	
Date	10/13/2023				

Contractor	University Settlement
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1105/PO# 210535
RQ#	3429
Time Period of Original Contract	4/1/2021 — 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus	University S	ettlement has me	et or exceede	d most of their co	ummon and
performance indicators (include statistics):	University Settlement has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		х			
Justification of Rating	individual pr		goals and co	d most of their continues to develo	
Department Contact	Carletta McC	Coy			
User Department	Divisiion of	Children and Far	mily Service	S	
Date	10/13/2023				

Contractor	Catholic Charities Corporation
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 3261/PO# 210527
RQ#	3429
Time Period of Original Contract	4/1/2021 - 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	common and		ider outcome	r exceeded most of e goals and continumance		
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)		Х				
Justification of Rating	common and	Catholic Charities Corporation has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Department Contact	Carletta McC	Coy				
User Department	Division of C	Children and Fan	nily Services	1		
Date	10/13/2023					

Contractor	The City of Lakewood
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 3262 / PO# 210529
RQ#	3429
Time Period of Original Contract	4/1/2021 - 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based, and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	The City of Lakewood has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		х			
Justification of Rating	The City of Lakewood has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Department Contact	Carletta McCoy				
User Department	Division of (Children and Fan	nily Services	3	
Date	10/13/2023				

Contractor	Harvard Community Services Center
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 3263 PO# 210532
RQ#	3429
Time Period of Original Contract	4/1/2021 - 3/31/2022
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.

Actual Performance versus performance indicators (include statistics):	their commo		provider ou	met or exceeded a tcome goals and c formance		
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)		Х				
Justification of Rating	Harvard Community Services Center has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance					
Department Contact	Carletta Mc	Coy				
User Department	Division of	Children and Fan	nily Services	3		
Date	10/13/2023					

Contractor	The Centers for Families and Children		
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 3264/PO# 210534		
RQ#	3429		
Time Period of Original Contract	4/1/2021 — 3/31/2022		
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.		
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.		
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.		

their commo	on and individual	provider out	tcome goals and c	
Superior	Above Average	Average	Below Average	Poor
	х			
The Centers for Families and Children has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Carletta McCoy				
Division of	Children and Fan	nily Services	S	
10/13/2023				
	The Centers their commot to develop s Carletta Mcc Division of	their common and individual to develop strategies to improse to develop strategies to improse to develop strategies and their common and individual to develop strategies to improse to develop strategies develop str	their common and individual provider out to develop strategies to improve their personal superior. Superior Above Average Average x	The Centers for Families and Children has met or exceeded their common and individual provider outcome goals and control develop strategies to improve their performance Carletta McCoy Division of Children and Family Services

Contractor	West Side Community House (WSCH)		
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1106/PO# 210536		
RQ#	3429		
Time Period of Original Contract	4/1/2021 - 3/31/2022		
Background Statement	For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need hep an how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families.		
Service Description	To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills.		
Performance Indicators	Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey.		

Actual Performance versus performance indicators (include statistics):	provider out			common and ind develop strategies	
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		х			
Justification of Rating	WSCH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance				
Department Contact	Carletta McCoy				
User Department	Division of Children and Family Services				
Date	10/13/2023				

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0331

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

A Resolution authorizing an amendment to a Master Contract with various providers for family centered support services for at-risk children and families for the period of 1/1/2022 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds the total amount not-to-exceed \$2,479,115.00; authorizing the County Executive to execute the Master Contract and all other documents consistent this Resolution; and declaring the necessity that Resolution become this immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to a Master Contract with various providers for Family Centered Support Services for At-Risk Children and Families for the period of 1/1/2022 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00 as follows:

- a) Contract No. 1955 with Bellefaire Jewish Children's Bureau in an anticipated amount of \$89,115.00.
- b) Contract No. 2042 with Applewood Centers, Inc. in an anticipated amount of \$655,000.00.
- c) Contract No. 2043 with Beech Brook in an anticipated amount of \$300,000.00.
- d) Contract No. 2044 with Catholic Charities Corporation in an anticipated amount of \$605,000.00.
- e) Contract No. 2045 with The Cleveland Christian Home Inc. in an anticipated amount of \$15,000.00.
- f) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$160,000.00.
- g) Contract No. 2047 with OhioGuidestone in an anticipated amount of \$120.000.00.

- h) Contract No. 2049 with Ohio Mentor, Inc. in an anticipated amount of \$70,000.00.
- i) Contract No. 2050 with Pressley Ridge in an anticipated amount of \$320,000.00.
- j) Contract No. 2051 with National Youth Advocate Program, Inc. in an anticipated amount of \$45,000.00.
- k) Contract No. 2052 with Specialized Alternative for Families and Youth of Ohio, Inc. in an anticipated amount of \$100,000.00.

WHEREAS, the primary goal of this project is to continue to develop and deliver effective in-home services that can contribute to stabilizing and strengthening the family to prevent the need for out-of-home care whenever possible; and

WHEREAS, the funding for this project is as follows: (a) 67% Federal Funds (Title IV-E Funds) and (b) 33% from Health and Human Service Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for Family Centered Support Services for At-Risk Children and Families for the period of 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00 as follows:

- a) Contract No. 1955 with Bellefaire Jewish Children's Bureau in an anticipated amount of \$89,115.00.
- b) Contract No. 2042 with Applewood Centers, Inc. in an anticipated amount of \$655,000.00.
- c) Contract No. 2043 with Beech Brook in an anticipated amount of \$300,000.00.
- d) Contract No. 2044 with Catholic Charities Corporation in an anticipated amount of \$605,000.00.
- e) Contract No. 2045 with The Cleveland Christian Home Inc. in an anticipated amount of \$15,000.00.
- f) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$160,000.00.
- g) Contract No. 2047 with OhioGuidestone in an anticipated amount of \$120.000.00.

- h) Contract No. 2049 with Ohio Mentor, Inc. in an anticipated amount of \$70,000.00.
- i) Contract No. 2050 with Pressley Ridge in an anticipated amount of \$320,000.00.
- j) Contract No. 2051 with National Youth Advocate Program, Inc. in an anticipated amount of \$45,000.00.
- k) Contract No. 2052 with Specialized Alternative for Families and Youth of Ohio, Inc. in an anticipated amount of \$100,000.00.

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health and safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by	, the foregoing Resolution
Yeas:		
Nays:		

County Council President	Date
County Executive	Date
Clerk of Council	Date
First Reading/Referred to Committee: November 14, 2023 Committee(s) Assigned: Health, Human Services & Aging	
Journal, 20	

PURCHASE-RELATED TRANSACTIONS

HHS: Division of Children and Family Services Second Amendment to the master agreement with various

Division of Children and Family Services

providers for in home family centered support services

Department or Agency Name

2046,2047, 2048, 2049,2050, 2051,2052

Requested Action ☐ Contract ☐ Agreement ☐ Lease ☒ Am Generating ☐ Purchase Order ☐ Other (please specify):				Amendment	□ Revenue	
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendo Name	r Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	1995, 2042,2043, 2044,2045, 2046,2047, 2049,2050, 2051,2052	Multip	le 1/1/2022 – 12/31/2023	\$5,330,000.00	2/9/2022	R2022-0024
A-1	1995, 2042,2043, 2044,2045, 2046,2047, 2048, 2049,2050, 2051,2052	Multip	le 1/1/2022 – 12/31/2023	\$75,000.00	BC022-443	7/18/2022
A-2	1995, 2042,2043, 2044,2045	Multipl	le 1/12024 - 12/31/2024	\$2,479,115.00	Pending	Pending

Service/Item Description (include purchase.	quantity if applicable). Indicate whether \square New $\underline{or} oxtimes \mathbb{E}$ Existing service or			
The provider will provide timely er families to prevent the need for or	vidence-based services that contribute to the stabilizing and strengthening of ut-of-home care whenever possible.			
For purchases of furniture, compa	uters, vehicles: Additional Replacement			
Age of items being replaced:	How will replaced items be disposed of?			
Project Goals, Outcomes or Purpo	se (list 3):			
1. Improve family and youth	functioning.			
2. Prevent out of home placement.				
3. Reduce involvement with	the juvenile justice system.			

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

Vendor Name and address:	director, other (specify) Owner, executive director, other (specify):			
Applewood Centers Inc.	Adam Jacobs			
10427 Detroit Avenue				
Cleveland, Oh 44102				
Vendor Council District: 3	Project Council District:			
Vendor Name and address:	Owner, executive director, other (specify):			
Beech Brook	Thomas Royer			
3737 Lander Road	momas noyer			
Cleveland, OH 44124				
Vendor Council District: 9	Project Council District:			
Vendor Name and address:	Owner, executive director, other (specify):			
Bellefaire JCB	Adam Jacobs			
22001 Fairmount Blvd	Awaiii Jacoba			
Shaker Heights, OH 44118				
Vendor Council District: 10	Project Council District:			
Vendor Name and address:	Owner, executive director, other (specify):			
Catholic Charities Corneration	Land III de la company de la c			
Catholic Charities Corporation 3135 Euclid Avenue Suite 101	Joan Hinkelman, Senior Director			
Cleveland, OH 44115				
Vendor Council District: 7	Project Council District:			
Vendor Name and address:	Owner, executive director, other (specify):			
The Cleveland Christian Home	Charles Tuttle, CEO			
4614 Prospect Avenue Suite 240	Similar futtie, CLO			
Cleveland, Oh 44103				
Vendor Council District: 8	Project Council District:			
Vendor Name and address:	Owner, executive director, other (specify):			
Mental Health Services for Homeless Persons, Inc dba Frontline Services 1744 Payne Avenue	Naomi Worthington, Grants Manager			

Cleveland, OH 44144			
Vendor Council District: 7	Project Council District:		
Vendor Name and address:	Owner, executive director, other (specify):		
National Youth Advocate Program 1801 Watermark Drive Suite 200 Columbus, Oh 43215			
Vendor Council District: n/a	Project Council District:		
Vendor Name and address:	Owner, executive director, other (specify):		
Ohio Guidestone 434 Eastland Road Berea, Oh 44107			
Vendor Council District: 5	Project Council District:		
Vendor Name and address:	Owner, executive director, other (specify):		
Ohio Mentor, Inc 6200 Rockside Woods Boulevard, Suite 305 Independence, OH 44131			
Vendor Council District: 6	Project Council District:		
Vendor Name and address:	Owner, executive director, other (specify):		
Pressley Ridge 23701 Miles Road Cleveland, OH 44128	Lisa Allomong, Director		
Vendor Council District: 9	Project Council District:		
Vendor Name and address:	Owner, executive director, other (specify):		
Specialized Alternatives for Families and Youth of Ohio Inc	Faith Morehouse, Associate Executive Director		
20600 Chagrin Boulevard, Suite 320 Shaker Heights, OH 44112			

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT	

RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB ⊠ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	***
The season of the entire state of	*See Justification for additional information.
The total value of the solicitation:	Exemption
Number of Solicitations (sent/received) 28 / 14	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
Destiniantian (Conta (N), 1 0) DDF (0) CDF	list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department
(0) MBE (0) WBE. Were goals met by	of Purchasing. Enter # of additional responses received
awarded vendor per DEI tab sheet review?: Yes	from posting ().
□ No, please explain.	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
	Government Purchase
□ No, please explain:	☐ Alternative Procurement Process
	Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
The state of the s	as contract Amendment (iist original procurement)
	☐ Other Procurement Method, please describe:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Is Purchase/Services technology related ☐ Yes ☒ No	o. If yes, complete section below:
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? ☐ No ☐ Yes, answer the belo	ow questions.
Are services covered under the original ERP Budget or	Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new ERP syste	m? ☐ Yes ☐ No. please explain.
FUNDING SOURCE: i.e. General Fund, Health and Hu	man Services Levy Funds, Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.).	Include % if more than one source.
Health and Human Services 33%	
Treatti and ridinali Services 55%	
Title-IV-E 67%	
Is funding for this included in the approved budget?	✓ Vas □ No /if "ma" places avalain).
is failuing for this included in the approved budget?	≥ tes □ No (ii no piease explain):
Payment Schedule: 🛛 Invoiced 🖾 Monthly 🗀 Quai	terly One-time Other (please explain):
Provide status of project.	-
☐ New Service or purchase ☑ Pecurring convice or	In contract lets M No II Yes In the Stelds hele

purchase

Rev. 7/24/23

reason for late and timeline of late submission

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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 correction:	g in Infor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if ye	es, please explain)
Have payments be made? ☐ No ☐ Yes (if yes	, please explain)
HISTORY (see instructions):	
See above	

Upload as "word" document in Infor

Infor/Lawson RQ#:	6408	
Buyspeed RQ# (if applicable):	n/a	
Infor/Lawson PO# Code (if applicable):	n/a	
CM Contract#	1995	

Department	Clerk of the Board
CM	
Yes □	No X
Yes 🗆	No X
	Yes 🗆

			mendme y Purchas		
				Department initials	Purchasing
Justification Form			CM	BRM	
IG# 12-0611 EXP 12/31/2	023			CM	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:			N/A	N/A
Debarment/Suspension Verified	Date:	10.19.	23	CM	BRM
Auditor's Finding	Date:	10.19.	23	CM	BRM
Independent Contractor (I.C.) Requirement Date: 8.04.23			CM	BRM	
Cover - Master amendments only			CM BRM		BRM
Contract Evaluation			CM	BRM	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A	
Checklist Verification				CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all executed amendments	СМ

1 | P a g e

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260160	55130	UCH02123	\$89,115.00
			TOTAL	\$89,115.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	1995

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 — 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 – 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		S			

Purchasing Use Only:

I di didding out only	
Prior Resolutions:	R2022-0024, BC2022-443
Amend:	1995
Vendor Name:	Bellefaire Jewish Children's Bureau (Bellefaire JCB)
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	Ok
EL:	ok
Procurement Notes:	
Purchasing Buyer's initials	BRM 10/25/2023
and date of approval	

2 | P a g e

Upload as "word" document in Infor

Infor/Lawson RQ#:	6408	
Buyspeed RQ# (if applicable):	n/a	
Infor/Lawson PO# Code (if applicable):	n/a	
CM Contract#	2042	

	Department	Clerk of the Board
Briefing Memo	CM	
		<u></u>
Late Submittal Required:	Yes 🗆	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			ontract Amendmer viewed by Purchas		
				Department initials	Purchasing
Justification	on Form			CM	BRM
IG#	12-0518 exp 12/31/20	23		CM	BRM
Contract S	on-Competitive Bid Statement - (only needed if o BOC or Council for	Date:		N/A	N/A
Debarmen	t/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's	Finding	Date:	10.19.23	CM	BRM
Independe	nt Contractor (I.C.) Requ	irement	Date: 8.14.23	CM	BRM
Cover - M	Cover - Master amendments only			CM	BRM
Contract Evaluation			CM	BRM	
	Approval or IT Standardage #s), if required.	ds (attach a	nd identify	N/A	N/A
Checklist '	Checklist Verification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all executed amendments	СМ

1 | P a g e

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS2601580	56030	UCH09999	\$420,000.00
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$150,000.00
1/1/2024 — 12/31/2024	HS260150	56110	UCH05942	\$85,000.00
			TOTAL	\$655,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2042

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 — 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

R2022-0024, BC2022-443			
042			
Applewood Centers			
1/1/2022-12/31/2024			
\$2,479,115.00			
Ok			
ok			
BRM 10/25/2023			

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2043

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		'
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendmer viewed by Purchas		
			Department initials	Purchasing
Justification Form			CM	BRM
IG# 12-0604 EXP 12/31/2	024		CM	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's Finding	Date:	10.19.23	CM	BRM
Independent Contractor (I.C.) Requirement Date: 8.15.23			CM	BRM
Cover - Master amendments only			CM	BRM
Contract Evaluation			CM	BRM
TAC/CTO Approval or IT Standard relevant page #s), if required.	ds (attach a	nd identify	N/A	N/A
Checklist Verification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all	CM
executed amendments	

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260180	56030	UCH09999	\$50,000.00
1/1/2024 – 12/31/2024	HS260150	56000	UCH05942	\$50,000.00
1/1/2024 – 12/31/2024	HS260150	56110	UCH05930	\$200,000.00
			TOTAL	\$300,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2043

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00	m-, 12 o d -	1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 — 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount	Gullaga (m.	\$			

Purchasing Use Only:

Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2043
Vendor Name:	Beech Brook
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	Ok
EL:	ok
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/25/2023

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2044

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes 🗆	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendmer viewed by Purchas		
			Department initials	Purchasing
Justification Form			CM	BRM
IG# 12-0766 EXP 12/31/2	023		CM	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's Finding	Date:	10.19.23	CM	BRM
Independent Contractor (I.C.) Requirement Date: 8.24.23			CM	BRM
Cover - Master amendments only			CM	BRM
Contract Evaluation			CM	BRM
TAC/CTO Approval or IT Standard relevant page #s), if required.	ls (attach a	nd identify	N/A	N/A
Checklist Verification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
Department initials	
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all	CM
executed amendments	

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260180	56030	Uch09999	\$430,000.00
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$50,000.00
1/1/2024 — 12/31/2024	HS260150	56110	UCH05930	\$125,000.00
			TOTAL	\$605,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2044

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 – 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment	HET HEET	\$2,479,115.00	1/1/2024 – 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

i di chasing osconiy.	
Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2044
Vendor Name:	Catholic Charities Corporation, dba Catholic Charities, Diocese of Cleveland
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/26/2023

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2045

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes 🗆	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes □	No X

			ontract Amendmen viewed by Purchas		
				Department initials	Purchasing
Justification	Form			CM	BRM
IG#	20-0106 EXP 12/31/2	024		CM	BRM
Annual Non	-Competitive Bid	Date:		N/A	N/A
Contract Sta	tement - (only needed if				
not going to l	BOC or Council for				
approval)	·				
Debarment/	Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's Fi	inding	Date:	10.19.23	CM	BRM
Independent	Independent Contractor (I.C.) Requirement Date: 9.21.23			CM	BRM
Cover - Mas	Cover - Master amendments only			CM	BRM
Contract Evaluation			CM	BRM	
TAC/CTO Approval or IT Standards (attach and identify			N/A	N/A	
relevant pag	e #s), if required.	-			
Checklist V	Checklist Verification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law		
	Department initials	
Agreement/Contract and Exhibits	CM	
Matrix Law Screen shot	CM	
COI	CM	
Workers' Compensation Insurance	CM	
Original Executed Contract (containing insurance terms) & all	CM	
executed amendments		

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 – 12/31/2024	HS260160	55130	UCH02123	\$15,000.00
			TOTAL	\$15,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2045

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 — 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

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Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2045
Vendor Name:	Cleveland Christian Home
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials	BRM 10/25/2023
and date of approval	

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Infor/Lawson RQ#:	6408	
Buyspeed RQ# (if applicable):	n/a	
Infor/Lawson PO# Code (if applicable):	n/a	
CM Contract#	2046	

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			ontract Amendmer viewed by Purchas		
				Department initials	Purchasing
Justification	n Form			CM	BRM
IG#	12-1897 EXP 12/31/2	023		CM	BRM
Contract St	n-Competitive Bid tatement - (only needed if BOC or Council for	Date:		N/A	N/A
Debarment	/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's F	inding	Date:	10.19.23	CM	BRM
Independen	nt Contractor (I.C.) Requ	irement	Date: 9.22.23	CM	BRM
Cover - Ma	Cover - Master amendments only			CM	BRM
Contract Evaluation			CM	BRM	
	Approval or IT Standard ge #s), if required.	ls (attach a	nd identify	N/A	N/A
Checklist V	/erification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all executed amendments	СМ

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$50,000.00
1/1/2024 - 12/31/2024	HS260150	56110	UCH05930	\$110,000.00
			TOTAL	\$160,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2046

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 — 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2046
Vendor Name:	Mental Health Services for Homeless Persons, Inc. dba Frontline
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/25/2023

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2047

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ontract Amendmer viewed by Purchas		
			Department initials	Purchasing
Justification Form			CM	BRM
IG# 12-0616 EXP 12/31/2	023		CM	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's Finding	Date:	10.19.23	CM	BRM
Independent Contractor (I.C.) Requirement Date: 8.30,23			CM	BRM
Cover - Master amendments only		*	CM	BRM
Contract Evaluation			CM	BRM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			CM	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all executed amendments	СМ

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$35,000.00
1/1/2024 — 12/31/2024	HS260150	56110	UCH05930	\$85,000.00
			TOTAL	\$120,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2047

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 - 12/31/2023	7/18/2022	BC022-443
		\$			
		\$	1		
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

R2022-0024, BC2022-443
2047
Ohio Guidestone
1/1/2022-12/31/2024
\$2,479,115.00
OK
OK :
BRM 10/25/2023

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2049

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			ontract A			
					Department initials	Purchasing
Justification	1 Form				CM	BRM
IG#	22-0119 EXP 12/31/2	026			CM	BRM
Contract Sta	n-Competitive Bid atement - (only needed if BOC or Council for	Date:			N/A	N/A
Debarment/	Suspension Verified	Date:	10.19.	23	CM	BRM
Auditor's F	inding	Date:	10.19.	23	CM	BRM
Independen	t Contractor (I.C.) Requ	irement	Date:	9.5.23	CM	BRM
Cover - Ma.	Cover - Master amendments only				CM	BRM
Contract Evaluation			CM	BRM		
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A		
Checklist Verification			CM	BRM		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all	CM
executed amendments	

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$70,000.00
			TOTAL	\$70,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2049

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 — 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2049
Vendor Name:	Ohio Mentor, Inc
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,115.00
History/CE:	OK
EL:	OK
Procurement Notes:	Debarment missing INC., in company name, justification list of contracts should have 2049 instead of 249

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Purchasing Buyer's initials	
and date of approval	

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Infor/Lawson RQ#:	6408	
Buyspeed RQ# (if applicable):	n/a	
Infor/Lawson PO# Code (if applicable):	n/a	
CM Contract#	2050	

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		'
What is being done to prevent this from reoccurring?		
-		
FAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			ontract Amendmen		
		- 110	violita by I artimo	Department initials	Purchasing
Justificati	on Form			CM	
IG#	22-0119EXP12/31/20 12-2258-REG31DE			CM	BRM
Contract S	on-Competitive Bid Statement - (only needed if to BOC or Council for	Date:		N/A	n/a
Debarmer	nt/Suspension Verified	Date:	10.19.23	CM	BRM
Auditor's	Finding	Date:	10.19.23	CM	BRM
Independent Contractor (I.C.) Requirement Date: 8.25.23			CM	BRM	
Cover - Master amendments only			CM	BRM	
Contract Evaluation			CM	BRM	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	n/a	
Checklist Verification			CM	BRM	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	CM
Matrix Law Screen shot	CM
COI	CM
Workers' Compensation Insurance	CM
Original Executed Contract (containing insurance terms) & all	CM
executed amendments	

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260180	56030	UCH09999	\$320,000.00
			TOTAL	\$320,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2050

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 — 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 – 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments	AND THE PROPERTY.	\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

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Prior Resolutions:	R2022-0024, BC2022-443
Amend:	2050
Vendor Name:	Pressley Ridge
ftp:	1/1/2022-12/31/2024
Amount:	\$2,479,1150.00
History/CE:	Ok
EL:	ok
Procurement Notes:	

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Purchasing Buyer's initials	BRM 10/26/2023
and date of approval	

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2051

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			mendmer y Purchas		
				Department initials	Purchasing
Justification Form				CM	EB 10/26/23
IG# 12-1997 EXP 12/31/2	023			CM	EB 10/26/23
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:			N/A	N/A
Debarment/Suspension Verified	Date:	10.19.	23	CM	EB 10/26/23
Auditor's Finding	Date:	10.19.	23	CM	EB 10/26/23
Independent Contractor (I.C.) Requ	irement	Date:	8.25.23 8/15/23	СМ	EB 10/26/23
Cover - Master amendments only			CM	EB 10/26/23	
Contract Evaluation			CM	EB 10/26/23	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A	
Checklist Verification				CM	EB 10/26/23

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	CM			
Matrix Law Screen shot	CM			
COI	CM			
Workers' Compensation Insurance	CM			
Original Executed Contract (containing insurance terms) & all	CM			
executed amendments				

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 — 12/31/2024	HS260150	56000	UCH05942	\$45,000.00
			TOTAL	\$45,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2051

2	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 – 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 – 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount		\$			

Purchasing Use Only:

Prior Resolutions:	R2022-0024, BC022-443	
Amend:	2	
Vendor Name:	National Youth Advocate Program	
ftp:	1/1/2022 - 12/31/2023 EXT 12/31/2024	
Amount:	\$45,000.00	
History/CE:	OK	
EL:	OK	
Procurement Notes:	N/A	

2 | P a g e

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Purchasing Buyer's initials	EB 10/26/2023
and date of approval	

3 | Page Revised 1/7/2022

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Infor/Lawson RQ#:	6408
Buyspeed RQ# (if applicable):	n/a
Infor/Lawson PO# Code (if applicable):	n/a
CM Contract#	2052

	Department	Clerk of the Board
Briefing Memo	CM	
Late Submittal Required:	Yes 🗆	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes □	No X

		ontract Amenoviewed by Pur			
				Department initials	Purchasing
Justification Form				CM	EB 10/26/23
IG# 12-2458 EXP 12/31/20)23		- (CM	EB 10/26/23
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:]	N/A	N/A
Debarment/Suspension Verified	Date: 10.19.23 10/26/23		•	CM	EB 10/26/23
Auditor's Finding Date: 10.19.23 10/26/23			CM	EB 10/26/23	
Independent Contractor (I.C.) Requi	irement	Date: 8.22	2.23	CM	EB 10/26/23
Cover - Master amendments only				CM	EB 10/26/23
Contract Evaluation				CM	EB 10/26/23
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.]	N/A	N/A
Checklist Verification				CM	EB 10/26/23

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	CM			
Matrix Law Screen shot	CM			
COI	CM			
Workers' Compensation Insurance	CM			
Original Executed Contract (containing insurance terms) & all executed amendments	СМ			

1 | P a g e

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260150	56000	UCH05942	\$100,000.00
			TOTAL	\$100,000.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	
Lawson RQ# (if applicable)	6408
CM Contract#	2052

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$5,330,000.00		1/1/2022 - 12/31/2023	2/9/2022	R2022-0024
Prior Amendment Amounts (list separately)		\$75,000.00	1/1/2022 – 12/31/2023	7/18/2022	BC022-443
		\$			
		\$			
Pending Amendment		\$2,479,115.00	1/1/2024 — 12/31/2024	PENDING	PENDING
Total Amendments		\$2,554,115.00			
Total Contact Amount	Ha Elegish	\$			

Purchasing Use Only:

al dimoling out of	
Prior Resolutions:	R2022-0024, BC022-443
Amend:	2
Vendor Name:	Specialized Alternatives for Family and Youth of Ohio Inc -DBA SAFY of Ohio Inc
ftp:	1/1/2022 – 12/31/2023 EXT 12/31/2024
Amount:	\$100,000.00
History/CE:	ok :
EL:	ok
Procurement Notes:	N/A

2 | P a g e

Upload as "word" document in Infor

Purchasing Buyer's initials	EB 10/26/2023
and date of approval	

3 | Page Revised 1/7/2022

CONTRACT EVALUATION FORM

Bellefaire JCB				
1995				
6408				
1/1/2022 – 12	2/31/2023			
Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				ay of n a safe
The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Bellefaire has accepted 70 Medical Case Management referrals in 2022/23. They meet or exceed benchmarks set forth under this contract including improved youth functioning (75%) and increased familial knowledge of medical diagnosis (90%).				
Superior	Above Average	Average	Below Average	Poor
		X		
During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.			ams	
	1995 6408 1/1/2022 – 1 Under this co and/or multi- intensive in- and stable en referred by the services, Far including, Par Cognitive Be Cognitive Be Cognitive Be Cognitive Be Submission of weekly individual families to we client popular reduction in Bellefaire has a meet or exceed functioning (75) Superior During this coprovider period.	1995 6408 1/1/2022 – 12/31/2023 Under this contract the provide and/or multi-system involved intensive in-home family supand stable environment and it referred by the Division of Comparison of Co	1995 6408 1/1/2022 – 12/31/2023 Under this contract the provider will addrand/or multi-system involved families by intensive in-home family support services and stable environment and improved fam referred by the Division of Children and I The in-home family support services provenhance family functioning and reduce th neglect. The services provided include, H Services, Family Preservation Services, Eincluding, Parent Child Interaction Therat Cognitive Behavioral Therapy, and Altern Cognitive Behavioral Therapy. Submission of monthly statistical reports: weekly individual child/case specific programilies to which the provider initiates se client population (engagement rate), will reduction in incidents of repeat maltreatm. Bellefaire has accepted 70 Medical Case Management or exceed benchmarks set forth under this confunctioning (75%) and increased familial knowled functioning (75%) and increased familial knowled the provider performance expectations identicated the provider performance expectations identicated the provider performance expectations identicated and provider p	1/1/2022 – 12/31/2023 Under this contract the provider will address the needs of a and/or multi-system involved families by providing an arraintensive in-home family support services that will result it and stable environment and improved family functioning for referred by the Division of Children and Family Services The in-home family support services provided are intended enhance family functioning and reduce the risk of child ab neglect. The services provided include, High Fidelity Wray Services, Family Preservation Services, Evidence-based Trincluding, Parent Child Interaction Therapy, Trauma-Focu Cognitive Behavioral Therapy, and Alternatives for Familia Cognitive Behavioral Therapy. Submission of monthly statistical reports: bi-weekly availated weekly individual child/case specific progress reports; 80% families to which the provider initiates services with the reclient population (engagement rate), will participate in serviced to in incidents of repeat maltreatment. Bellefaire has accepted 70 Medical Case Management referrals in 202 meet or exceed benchmarks set forth under this contract including impfunctioning (75%) and increased familial knowledge of medical diagn. Superior Above Average Average Below Average X

	Bellefaire meets or exceeds the performance expectations during this contract period. They provide high quality Medical Case Management services to DCFS children and families.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

CONTRACT EVALUATION FORM

Contractor	Applewood Centers				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2042				
RQ#	6408				
Time Period of Original Contract	1/1/2022 — 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavioral Therapy and Multi-Systemic Therapy for Youth with Problem Sexual Behavior.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	Applewood has accepted 29 Family Preservation referrals, 50 wraparound referrals, 10 MSTPSB referrals, and 12 TFCBT referrals in 2022-23. Applewood continues to meet or exceed their identified benchmarks, including timely engagement (100%), improved functioning scores (89%), and family stability measures (100%) in 2022-23 and continue to provide access and capacity to DCFS when urgent cases are presented.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		X			
Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.				

	Applewood continues to be a valuable partner to DCFS. During this contract period, Applewood met or exceeded the provider performance expectations identified for the multiple programs offered and continues to support the families and children referred.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Beech Brook				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2043				
RQ#	6408				
Time Period of Original Contract	1/1/2022 – 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	Beech Brook has accepted the following # of referrals in 2022-23: wraparound: 19, Family Preservation: 13, Nurturing parenting: 66, Supported Visitation: 31, TFCBT: 21, AFCBT: 2, PCIT 0. Beech Brook provides multiple programming options for DCFS families. Outcomes vary by program. Family stability is achieved 76%-97% of the time (benchmark 80%) based on program and parenting skills improved 83% (benchmark 75%) of the time and a 94% satisfaction rate (benchmark 80%).				
Rating of Overall	Superior	Above Average	Average	Below Average	Poor
Performance of Contractor		J			
Select One (X)			X		
Justification of Rating	Beech Brook continues to partner with DCFS and provide multiple evidence-based programming options to meet families where they are at. Some program areas/capacities have been impacted by recruitment/retention challenges. (PCIT, Wraparound and Family Preservation)				

Department Contact	Karen Stormann	
User Department		
Date	10.17.23	

Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2044				
	2044				
RQ#	6408				
Time Period of Original Contract	1/1/2022 — 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	Catholic Charities has accepted 44 wraparound, 13 family preservation, 0 IHBT, 0 TBCBT, and 60 supported visit referrals to date. They continue to meet or exceed most programmatic benchmarks identified within the contract. Family stability 100/80%, increased youth functioning 63/75%, improved family supports 100/80%, and 100% family satisfaction rates.				
Rating of Overall	Superior	Above Average	Average	Below Average	Poor
Performance of Contractor	_				
Select One (X)		X			

Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. Catholic Charities continues to be a valued partner to DCFS. They meet contractual expectations and provide critical services to our children and families.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Cleveland Christian Home				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2045				
RQ#	6408				
Time Period of Original Contract	1/1/2022 – 1	2/31/2023			
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	During the listed contract period, Cleveland Christian Home has not accepted a referral from DCFS.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)					X
Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.				

	The rating is justified by the agency's inability to offer services to DCFS children and families during the previous contract period. Cleveland Christian Home should be removed as an eligible service provider.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Mental Health Services for Homeless Persons, Inc dba Frontline Services			sons, Inc dba Fro	ntline
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2046				
RQ#	6408				
Time Period of Original Contract	1/1/2022 — 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	Frontline has accepted 17 TFCBT cases and 22 YAP. Frontline reports that 100% of counselors implement TF-CBT services with 80% fidelity to the model as observed and documented on the TF-CBT Brief Practice Checklist. Clients report a reduction in symptoms on the PTSD RI measure upon closure.				
Rating of Overall	Superior	Above Average	Average	Below Average	Poor
Performance of Contractor Select One (X)		X			
Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.				

	Frontline continues to be a valued partner to DCFS. They are an asset to the community in terms of trauma response and crisis. Frontline continues to meet or exceed contractual expectations.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Ohio Guidestone			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2047			
RQ#	6408			
Time Period of Original Contract	1/1/2022 – 12/31/2023			
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services			
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.			
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.			
Actual Performance versus performance indicators (include statistics):	Ohio Guidestone has received 31 family preservation referrals, 58 nurturing parenting referrals, and 0 supported visitation referrals. Ohio Guidestone continues to meet most of the benchmarks set forth in their contract. 75/75% caregivers reported an improvement in their child's daily functioning. 85/100% families received an initial contact attempt within the timeframe specified.			
Rating of Overall Performance of Contractor	Superior Above Average Average Below Average Poor			
Select One (X)				
Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.			

	Ohio Guidestone continues to be a valued partner to DCFS. They openly communicate with DCFS regarding capacity and meet monthly with staff liaisons to address barriers and programmatic challenges.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Ohio Mentor				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2049				
RQ#	6408				
Time Period of Original Contract	1/1/2022 - 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Des cription	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):	In 2022, Ohio Mentor has received/accepted 17 referrals for family preservation services and 6 referrals for TFCBT. 88% (80% benchmark) of the families achieved the identified treatment goals; 100% (80% benchmark) of children/families who completed the program showed a decrease score in the CANS subsection Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain.				
Rating of Overall	Superior	Above Average	Average	Below Average	Poor
Performance of Contractor	•	- 3			
Select One (X)		X			
Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.				

	Ohio Guidestone continues to be a valued partner to DCFS. They are available to assist in emergency referral situations and meet monthly with DCFS liaisons to discuss programmatic issues and keep capacity information up to date.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	Pressley Rid	ge				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2050					
RQ#	6408					
Time Period of Original Contract	1/1/2022 – 1	1/1/2022 — 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services					
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.					
Performance Indicators	weekly indiv families to w client popula	of monthly statisticated in the provident of the providention (engagement incidents of repeated in the providents of the provi	specific prog or initiates ser nt rate), will p	ress reports; 80% vices with the re participate in ser	% of eferred	
Actual Performance versus performance indicators (include statistics):	(80% benchr least restricti benchmark)	ge has accepted nark) of childrer ve environment of families who abuse/neglect du	n receiving wa at time of dis completed PI	raparound remai scharge; 100% (9 R wraparound ha	ned in the	
Rating of Overall	Superior	Above Average	Average	Below Average	Poor	
Performance of Contractor		***				
Select One (X)		X				
Justification of Rating	provider per	contract period, to formance expect continues to supp	ations identif	ied for the progr	ams	

	Pressley Ridge continues to be a valued partner to DCFS. They continue to meet or exceed the benchmarks set forth in the current contract. Pressley Ridge meets monthly with DCFS liaisons to maintain communication and troubleshoot referral issues and training schedules.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	National You	th Advocate Pro	ogram		
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2051				
RQ#	6408				
Time Period of Original Contract	1/1/2022 — 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services				
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.				
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.				
Actual Performance versus performance indicators (include statistics):		NYAP accepted ot submitted Qua		Preservation refer ts for 2022/23.	rrals.
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)			X		
Justification of Rating	provider perf	ormance expect	ations identif	net or exceeded the for the progrates and children	ams

	NYAP has not forwarded the necessary statistical reports for us to complete a performance review. DCAP will reach out to NYAP to discuss this matter.
Department Contact	Karen Stormann
User Department	
Date	10.17.23

Contractor	_	Alternatives for of Ohio, Inc.	Families ar	nd Youth of Ohi	io, Inc	
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2052		,			
RQ#	6408	6408				
Time Period of Original Contract	1/1/2022 – 1	1/1/2022 – 12/31/2023				
Background Statement	Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services					
Service Description	The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy.					
Performance Indicators	Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment.					
Actual Performance versus performance indicators (include statistics):	SAFY has accepted 46 referrals for family preservation this year. SAFY continues to meet or exceed programmatic benchmarks that are set forth in the current contract. 87% (75% benchmark) of the youth who received family preservation with SAFY showed an increase in youth functioning; the same amount (90%) also showed an increase in family functioning. 98% of the families enrolled in services indicated overall satisfaction with SAFY (75% benchmark).			arks that) of the ed an o showed olled in		
Rating of Overall	Superior	Above Average	Average	Below Average	Poor	
Performance of Contractor	F				2 301	
Select One (X)		X			8.	

Justification of Rating	During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.
Department Contact	Karen Stormann
User Department	
Date	10.26.23

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0332

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

A Resolution authorizing an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 -12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount notto-exceed \$61,500,000.00; authorizing the Executive execute County to amendment and all other documents consistent with this Resolution; declaring the necessity that this Resolution become immediately effective.

WHEREAS, pursuant to Chapter 5153 of the Ohio Revised Code, the Division of Children and Family Services ("DCFS") is responsible for the administration of child welfare in Cuyahoga County subject to the rules and standards of the Ohio Department of Jobs and Family Services ("ODJFS"); and

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 - 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount not-to-exceed \$61,500,000.00 as follows:

a) To expand the scope of services, effective 1/1/2024:

- 1) Contract No. 015 with Habilitation Centers, LLC dba Little Creek Behavioral Institute, Inc
- b) To terminate contracts with various providers, effective 1/1/2024: 1)Contract No, 2010 with Detroit Behavioral Institute, Inc.

- 2) Contract No. 2341 with George Junior Republic in Pennsylvania
- 3) Contract No. 2346 with Hittle House
- 4) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 5) Contract No. 2001 with Rite of Passage, Inc.
- 6) Contract No. 2006 with The Twelve of Ohio, Inc.

c) To add new providers, effective 1/1/2024:

- 1) Contract No. 3903 with Advantage Family Outreach & Foster Care;
- 2) Contract No. 3914 with Dimensional Phases Group Home;
- 3) Contract No. 3904 with Mimique Homes, Inc.;
- 4) Contract No. 3905 with The Bair Virginia;

d) Additional funds:

- 1) Contract No. 1991 Adelphoi Village, Inc;
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services;
- 3) Contract No. 1996 with Open Arms Adoption, Inc;
- 4) Contract No. 1998 with Pressley Ridge;
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc;
- 6) Contract No. 2000 with Raven House;
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc;
- 8) Contract No. 2003 with RTC Acquisition Corporation;
- 9) Contract No. 2004 with Specialized Alternatives for Families and Youth of Ohio, Inc;
- 10) Contract No. 2005 with The Bair Foundation
- 11) Contract No. 2007 with Cleveland Christian Home;
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC;
- 13) Contract No. 2009 with Destiny Family Services;
- 14) Contract No. 2011 with Eastway Corporation;
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center;
- 16) Contract No. 2013 with Freedom Youth Program;
- 17) Contract No. 2014 with Gracehaven, Inc.
- 18) Contract No. 2016 with Applewood Centers, Inc.;
- 19) Contract No. 2018 with Beech Brook;
- 20) Contract No. 2019 with The Village Network;
- 21) Contract No. 2020 with Young Star Academy, LLC dba Mohican Young Star Academy;
- 22) Contract No. 2021 with Youth Intensive Services, Inc;
- 23) Contract No. 2022 with Youth Opportunity Investments, LLC;
- 24) Contract No. 2023 with Artis's Tender Love & Care;
- 25) Contract No. 2024 with Focus 2 Focus, Inc;
- 26) Contract No. 2025 with Focus of Cleveland, Inc;
- 27) Contract No. 2026 with Jaystarr Homes 2, Inc;
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas:
- 29) Contract No. 2032 with House of New Hope;
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living;

- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center;
- 32) Contract No. 2036 with Life's Right Direction, Inc;
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services;
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T.;
- 35) Contract No. 2040 with National Youth Advocate Program, Inc;
- 36) Contract No. 2059 with Necco, LLC;
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC:
- 38) Contract No. 2064 with New Directions, Inc;
- 39) Contract No. 2065 with Northeast Ohio Adoption Services;
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc;
- 41) Contract No. 2067 with Ohio Mentor, Inc;
- 42) Contract No. 2068 with OhioGuidestone;
- 43) Contract No. 2069 with Pathway Caring for Children;
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC;
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau;
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc;
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents;
- 48) Contract No. 2075 with Cadence Care Network;
- 49) Contract No. 2076 with Caring for Kids, Inc;
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC;
- 51) Contract No. 2078 with Catholic Charities Corporation;
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc;
- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc.;
- 54) Contract No. 2299 with Woods Services, Inc;
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc;
- 56) Contract No. 2349 with Keystone Newport News LLC;
- 57) Contract No. 2351 with Life Start, Inc;
- 58) Contract No. 2768 with One Child Every Chance Foundation;
- 59) Contract No. 2771 with SP Behavioral LLC dba Sandy Pines;
- 60) Contract No. 2772 with Tennessee Clinical Schools, LLC dba Hermitage Hall:
- 61) Contract No. 2773 with The Buckeye Ranch, Inc;
- 62) Contract No. 2774 with Youth Opportunities Investments-Rockdale Youth Academy;
- 63) Contract No. 3183 with Conway Behavioral Health;
- 64) Contract No. 3186 with HHC Popular Springs, LLC;
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy;
- 66) Contract No. 3427 with Rehabilitation Centers dba Millcreek of the Pontotoc;
- 67) Contract No. 3531 with Benchmark Behavioral Health System;
- 68) Contract No. 3593 with Pathways to Purpose;
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center;
- 70) Contract No. 3679 with Cumberland Hospital LLC;

- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF;
- 72) Contract No. 3703 with Glenwood Behavioral Health;
- 73) Contract No. 3702 with Cedar Crest Hospital;
- 74) Contract No. 3713 with A Loving Heath Youth Services;

WHEREAS, the purpose of this project is to provide quality therapeutic foster care, specialized foster care, group home care, independent living care, and residential care for children in the custody of DCFS so that they may experience stability, safety, and a sense of well-being while receiving out-of-home care; and

WHEREAS, this project is funded 30% Federal Funds (Title IV-E Funds) and 70% from Health and Human Service Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 - 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers, effective 1/1/2024, and for additional funds in an anticipated amount of \$61,500,000.00 as follows:

e) To expand the scope of services, effective 1/1/2024:

7) Contract No. 015 with Habilitation Centers, LLC dba Little Creek Behavioral Institute, Inc

f) To terminate contracts with various providers, effective 1/1/2024:

1) Contract No. 2010 with Detroit Behavioral Institute, Inc.

- 8) Contract No. 2341 with George Junior Republic in Pennsylvania
- 9) Contract No. 2346 with Hittle House
- 10) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 11) Contract No. 2001 with Rite of Passage, Inc.
- 12) Contract No. 2006 with The Twelve of Ohio, Inc.

g) To add new providers, effective 1/1/2024:

- 5) Contract No. 3903 with Advantage Family Outreach & Foster Care;
- 6) Contract No. 3914 with Dimensional Phases Group Home;
- 7) Contract No. 3904 with Mimique Homes, Inc.;
- 8) Contract No. 3905 with The Bair Virginia;

h) Additional funds:

- 1) Contract No. 1991 Adelphoi Village, Inc;
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services;
- 3) Contract No. 1996 with Open Arms Adoption, Inc;
- 4) Contract No. 1998 with Pressley Ridge;
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc;
- 6) Contract No. 2000 with Raven House;
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc;
- 8) Contract No. 2003 with RTC Acquisition Corporation;
- 9) Contract No. 2004 with Specialized Alternatives for Families and Youth of Ohio, Inc;
- 10) Contract No. 2005 with The Bair Foundation
- 11) Contract No. 2007 with Cleveland Christian Home;
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC;
- 13) Contract No. 2009 with Destiny Family Services;
- 14) Contract No. 2011 with Eastway Corporation;
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center;
- 16) Contract No. 2013 with Freedom Youth Program;
- 17) Contract No. 2014 with Gracehaven, Inc;
- 18) Contract No. 2016 with Applewood Centers, Inc.;
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- 24) Contract No. 2023 with Artis's Tender Love & Care;
- 25) Contract No. 2024 with Focus 2 Focus, Inc;
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- 27) Contract No. 2026 with Jaystarr Homes 2, Inc;
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas;
- 29) Contract No. 2032 with House of New Hope;
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living;
- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center;
- 32) Contract No. 2036 with Life's Right Direction, Inc;
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services;
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T.;
- 35) Contract No. 2040 with National Youth Advocate Program, Inc;
- 36) Contract No. 2059 with Necco, LLC;
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC:
- 38) Contract No. 2064 with New Directions, Inc;
- 39) Contract No. 2065 with Northeast Ohio Adoption Services;
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc;

- 41) Contract No. 2067 with Ohio Mentor, Inc;
- 42) Contract No. 2068 with OhioGuidestone;
- 43) Contract No. 2069 with Pathway Caring for Children;
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC;
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau;
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc;
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents;
- 48) Contract No. 2075 with Cadence Care Network;
- 49) Contract No. 2076 with Caring for Kids, Inc;
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC;
- 51) Contract No. 2078 with Catholic Charities Corporation;
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc;
- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc.;
- 54) Contract No. 2299 with Woods Services, Inc;
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc;
- 56) Contract No. 2349 with Keystone Newport News LLC;
- 57) Contract No. 2351 with Life Start, Inc;
- 58) Contract No. 2768 with One Child Every Chance Foundation;
- 59) Contract No. 2771 with SP Behavioral LLC dba Sandy Pines;
- 60) Contract No. 2772 with Tennessee Clinical Schools, LLC dba Hermitage Hall;
- 61) Contract No. 2773 with The Buckeye Ranch, Inc;
- 62) Contract No. 2774 with Youth Opportunities Investments-Rockdale Youth Academy;
- 63) Contract No. 3183 with Conway Behavioral Health;
- 64) Contract No. 3186 with HHC Popular Springs, LLC;
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy;
- 66) Contract No. 3427 with Rehabilitation Centers dba Millcreek of the Pontotoc;
- 67) Contract No. 3531 with Benchmark Behavioral Health System;
- 68) Contract No. 3593 with Pathways to Purpose;
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center;
- 70) Contract No. 3679 with Cumberland Hospital LLC;
- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF;
- 72) Contract No. 3703 with Glenwood Behavioral Health;
- 73) Contract No. 3702 with Cedar Crest Hospital;
- 74) Contract No. 3713 with A Loving Heath Youth Services;

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health, or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by, the f	oregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
_	d to Committee: November 14, 2023 d: Health, Human Services & Aging	
Journal	<u> </u>	
. 20		

PURCHASE-RELATED TRANSACTIONS

Title	2023 -	- DCFS - OOH	IC Mast	er Agree	ement - Amendm	nent 6 – Change End	Date from 12/3	31/23 to 12/31/24
	and A	dd 2024 Fund	ing \$61	,500,000	0.00 and Add Pro	viders and Services		
Department or Agency Name		Health	and Human Serv	vices Division of Child	dren and Famil	y Services		
Reque	sted Ac	tion		☐ Co	ntract	ment 🗆 Lease 🗵	Amendment	☐ Revenue
				Genera	ating 🗆 Purcha	se Order		
				□ Oth	ner (please specif	fy):		
	al (O)/ dment	Contract No. (If PO, list PO#)	Vende Name		Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0		Various	Vario	us	1/1/22 – 12/31/23	\$123,000,000.00	02/08/22	R2022-0026
A - 1		Various	Vario	us	1/1/22 – 12/31/23	\$0.00	07/25/22	BC2022-460
A - 2		Various	Various		1/1/22 – 12/31/23	\$0.00	01/09/23	BC2023-25
A-3		Various	Vario	us	1/1/22 – 12/31/23	\$0.00	05/08/23	BC-2023-296
A – 4		Various	Various		1/1/22 – 12/31/23	\$0.00	07/31/23	BC2023-486
A - 5		Various	Various		1/1/22 – 12/31/23	\$0.00	Pending Approval	Pending Approval
A - 6	6 Various Various 1/1/22 – \$61,500,000.00 Pending Pending					Pending Approval		
The He from 1 Outrea and Ad	ase. ealth and 2/31/23 ach & Fo	d Human Serv 3 to 12/31/24 ster Care, Dir 5e to HCLC — C	rices Div and Ad mensior	vision of d 2024 I nal Phase	Children and Fai Funding \$61,500, es Group Home,	ndicate whether mily Services plans to ,000.00 and Add Pro Mimique Homes Inc, nuary 1, 2022 - Decer	o Amend #6 - C viders - Advant The Bair Foun	hange End Date age Family Idation of Virginia
				ters, vel		onal Replacement		
		eing replaced		- (1)		ed items be dispose	d of?	
-Addir -Addir	ng more ng anotl	her provider	meet t	he need I more I): d of the childrent ocations and se d of the children	ervices		

If a County Council item and you wanted a consequent	of the them without 2 and the same Var Sta				
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):				
Adelphoi Village, Inc.	Nancy Kukovich				
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.	1119 Village Way Latrobe, PA 15650				
Vendor Name and address:	Owner, executive director, other (specify):				
Applewood Centers, Inc.	Adam G. Jacobs, PhD.				
Vendor Council District:	Project Council District:				
3	N/A				
If applicable provide the full address or list the municipality(ies) impacted by the project.	10427 Detroit Avenue Cleveland, OH 44102				
Vendor Name and address:	Owner, executive director, other (specify):				
Beech Brook	Thomas Royer				
Vendor Council District:	Project Council District:				
9	N/A				
If applicable provide the full address or list the municipality(ies) impacted by the project.	3737 Lander Road Pepper Pike, OH 44124				
Vendor Name and address:	Owner, executive director, other (specify):				
Bellefaire Jewish Childrens Bureau	Adam G. Jacobs, PhD.				
Vendor Council District:	Project Council District:				
9	N/A				
If applicable provide the full address or list the municipality(ies) impacted by the project.	22001 Fairmount Blvd. Shaker Hts., OH 44118				

Owner, executive director, other (specify):

Linda Finnigan

Vendor Name and address:

BHC Belmont Pines Hospital, Inc.

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.	615 Churchill Hubbard Rd. Youngstown, OH 44505
Vendor Name and address:	Owner, executive director, other (specify):
BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents	Randall Mackendrick
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.	67670 Traco Dr. St. Clairsville, OH 43950
Vendor Name and address:	Owner, executive director, other (specify):
Boys to Men Transitional Home Inc	Jemone McIntosh
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.	117 Ashwood Avenue Dayton, Ohio 45405
Vendor Name and address:	Owner, executive director, other (specify):
Cadence Care Network (fka Homes for Kids of Ohio, Inc.)	Keith Johnson
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.	165 East Park Avenue. PO Box 683 Niles, OH 44446

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):		
Adelphoi Village, Inc.	Nancy Kukovich		
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.	1119 Village Way Latrobe, PA 15650
Vendor Name and address:	Owner, executive director, other (specify):
Caring for Kids, Inc.	Patricia S. Ameling
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.	650 Graham Road, Suite 101 Cuyahoga Falls, OH 44221
Vendor Name and address:	Owner, executive director, other (specify):
Carrington Behavioral Health, LLC	Tami W. Holcomb
Vendor Council District:	Project Council District:
10	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	2114 Noble Road Cleveland, Ohio 44112
Vendor Name and address:	Owner, executive director, other (specify):
Catholic Charities Corporation	Jennifer Smith
Vendor Council District:	Project Council District:
3	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	7911 Detroit Avenue Cleveland, Ohio 44102
Vendor Name and address:	Owner, executive director, other (specify):
Christian Children's Home of Ohio, Inc.	Kevin Hewitt
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.	2685 Armstrong Road Wooster, Ohio 44691
Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Christian Home	Charles Tuttle
Vendor Council District:	Project Council District:
7	N/A

If applicable provide the full address or list the municipality(ies) impacted by the project.	4614 Prospect Avenue E Suite 240 Cleveland, Ohio 44113
Vendor Name and address:	Owner, executive director, other (specify):
Cornell Abraxas Group, LLC	Shayna Raver
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.	2840 Liberty Avenue, Suite 300 Pittsburgh, Pennsylvania 15222
Vendor Name and address:	Owner, executive director, other (specify):
Destiny Family Services	Crystal R. Hill
Vendor Council District:	Project Council District:
9	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	20600 Chagrin Boulevard Suite 600 Shaker Heights, Ohio 44122

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):
Eastway Corporation	Kelli Rhea Ott, LISW-S
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.	600 Wayne Avenue Dayton, OH 45410
Vendor Name and address:	Owner, executive director, other (specify):
ENA, Inc. dba Necco Center	Bianca Sexton
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.	115 Private Road 977 Pedro, Ohio 45659
Vendor Name and address:	Owner, executive director, other (specify):

Freedom Youth Program	Zarell Patton (CEO)
Vendor Council District:	Project Council District:
10	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	1421 East 174th Street Cleveland, Ohio 44110
Vendor Name and address:	Owner, executive director, other (specify):
Gracehaven, Inc.	Melissa Harvin
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.	5000 Arlington Center Boulevard, Box B9 Columbus, Ohio 43220
Vendor Name and address:	Owner, executive director, other (specify):
Habilitation Centers, LLC dba Little Creek Behavioral Health	Ericka Burrini, Director of Marketing and Contracts
Vendor Council District:	Project Council District:
N/A	N/A
f applicable provide the full address or list the municipality(ies) impacted by the project.	161 Skunk Hollow Road Conway, Arkansas 72032
Vendor Name and address:	Owner, executive director, other (specify):
Habilitation Centers, LLC dba Millcreek of Arkansas	Ericka Burrini, Director of Marketing and Contracts
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.	1828 Industrial Drive Fordyce, Arkansas 71742
Vendor Name and address:	Owner, executive director, other (specify):
House of New Hope	Sharon Simmons
/endor Council District:	Project Council District:
N/A	N/A
f applicable provide the full address or list the municipality(ies) impacted by the project.	8135 Mt. Vernon Rd. St. Louisville, OH 43071
Vendor Name and address:	Owner, executive director, other (specify):

Keystone Richland Center LLC dba Foundations For Living	Thomas Brohm
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.	1451 Lucas Road Mansfield, OH 44903

Vendor Name and address:	Owner, executive director, other (specify):
vendor ivalile and address.	Owner, executive director, other (specify):
Laurel Oaks Behavioral Health Center	Jeanette Jackson - CEO
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	700 E. Cottonwood Rd.
municipality(ies) impacted by the project.	Dothan, AL 36301
Vendor Name and address:	Owner, executive director, other (specify):
Life's Right Direction, Inc.	Apryl Bailey-Gordon
Vendor Council District:	Project Council District:
10	N/A
If applicable provide the full address or list the	3493 Raymont Boulevard
municipality(ies) impacted by the project.	University Heights, Ohio 44118
Vendor Name and address:	Owner, executive director, other (specify):
Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services	Paul Haffner
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.	401 E. McMillian Street Cincinnati, OH 45206
Vendor Name and address:	Owner, executive director, other (specify):
Lutheran Homes Society (LHS) Family & Youth Services dba Genacross Family & Youth Services	Katie Zawisza
Vendor Council District:	Project Council District:
N/A	N/A

If applicable provide the full address or list the	1905 Perrysburgh Holland Road
municipality(ies) impacted by the project.	Holland, OH 43528
Vendor Name and address:	Owner, executive director, other (specify):
Lutheran Metro Ministry dba S.T.A.R.T. Support To At-Risk Teens	Maria A. Foschia
Vendor Council District:	Project Council District:
7	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	4515 Superior Avenue Cleveland, OH 44101
Vendor Name and address:	Owner, executive director, other (specify):
National Youth Advocate Program, Inc.	Marvena Twigg
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	1801 Watermark Drive
municipality(ies) impacted by the project.	Suite 200 Columbus, Ohio 43215
Vendor Name and address:	Owner, executive director, other (specify):
Necco, LLC	Ernest Lockett
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	1404 Race Street
municipality(ies) impacted by the project.	Suite 302
Vendor Name and address:	Cincinnati, Ohio 45202
venuoi maine anu auuress.	Owner, executive director, other (specify):
New Beginnings Residential Treatment, LLC	Josette Landis
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	100 Broadway
municipality(ies) impacted by the project.	Youngstown, Ohio 44505

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):

New Directions, Inc.	Michael E. Matoney
Vendor Council District:	Project Council District:
9	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	30800 Chagrin Boulevard Cleveland, Ohio 44124
Vendor Name and address:	Owner, executive director, other (specify):
Northeast Ohio Adoption Services	Cheryl Tarantino
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.	5000 E. Market Street Warren, Ohio 44484
Vendor Name and address:	Owner, executive director, other (specify):
Oesterlen Services for Youth, Inc.	Donald L. Warner
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.	1918 Mechanicsburg Road Springfield, Ohio 45503
Vendor Name and address:	Owner, executive director, other (specify):
Ohio Mentor, Inc.	A.M. Chip Bonsutto
Vendor Council District:	Project Council District:
6	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	6200 Rockside Woods Boulevard Suite 305 Independence, Ohio 44131
Vendor Name and address:	Owner, executive director, other (specify):
OhioGuidestone	Christi Powers
Vendor Council District:	Project Council District:
5	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	434 Eastland Road Berea, Ohio 44017
Vendor Name and address:	Owner, executive director, other (specify):

Pathway Caring for Children	Wendy Tracy
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.	4895 Dressler Rd. NW, Suite A Canton, OH. 44718
Vendor Name and address:	Owner, executive director, other (specify):
Piney Ridge Treatment Center, LLC	Ericka Burrini, Director of Marketing and Contracts
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.	4253 N. Crossover Road Fayetteville, AR 72703-4593
Vendor Name and address:	Owner, executive director, other (specify):
Pressley Ridge	Lisa Allomong
Vendor Council District:	Project Council District:
9	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	23701 Miles Road Cleveland, OH 44128

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):
Quality Care Residential Homes, Inc.	Renee Witcher-Johnson
Vendor Council District:	Project Council District:
8	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	P.O. Box 605641 Cleveland, Ohio 44105
Vendor Name and address:	Owner, executive director, other (specify):
Raven House	Roshawn Sample, CEO
Vendor Council District:	Project Council District:
8	N/A

If applicable provide the full address or list the municipality(ies) impacted by the project.	9349 Gaylord Ave. Cleveland, Ohio 44105-5208
Vendor Name and address:	Owner, executive director, other (specify):
Rolling Hills Hospital, LLC.	Ericka Burrini, Director of Marketing and Contracts
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.	1000 Rolling Hills Lane Ada, OK 74820
Vendor Name and address:	Owner, executive director, other (specify):
RTC Resource Acquisition Corporation	Amy Sturm
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.	1404 S. State Street Indianapolis, IN 46203
Vendor Name and address:	Owner, executive director, other (specify):
Specialized Alternatives for Families & Youth of OH, Inc.	Tonya Brooks-Thomas
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.	10100 Elida Road Delphos, OH 45833
Vendor Name and address:	Owner, executive director, other (specify):
The Bair Foundation	Sue Rickard
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.	275 Martinel Drive Kent, Ohio 44240
Vendor Name and address:	Owner, executive director, other (specify):
The Village Network	Richard Graziano
Vendor Council District:	Project Council District:
N/A	N/A

If applicable provide the full address or list the	2000 Noble Drive
municipality(ies) impacted by the project.	Wooster, Ohio 44691

Vendor Name and address:	Owner, executive director, other (specify):
	, , , , , , , , , , , , , , , , , , , ,
Young Star Academy LLC dba Mohican Young Star Academy	Ginger Jones
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	1012 ODNR, Mohican 51
municipality(ies) impacted by the project.	Perrysville, OH 44864
Vendor Name and address:	Owner, executive director, other (specify):
Youth Intensive Services, Inc	Megan Bennett, Residential Administrator
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the	238 S. Meridian Rd.
municipality(ies) impacted by the project.	Youngstown, OH 44509
Vendor Name and address:	Owner, executive director, other (specify):
Youth Opportunity Investments, LLC	PJ Moraci
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.	Suite 230 Carmel, Indiana 46032
Vendor Name and address:	Owner, executive director, other (specify):
Artis's Tender Love & Care, Inc	Adrienne L. Gillam - Davis
Vendor Council District:	Project Council District:
N/A	N/A
omplicable municipa the full relatives as the first	2002 Ma Cuffy Bood
If applicable provide the full address or list the	2003 Mc Guffy Road Youngstown, OH 44505
municipality(ies) impacted by the project.	. cangotomi, on Troop

Focus 2 Focus, Inc	Russell White
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.	436 Lovisa St. Akron, Ohio 44311
Vendor Name and address:	Owner, executive director, other (specify):
In Focus of Cleveland, Inc	Russell White
Vendor Council District:	Project Council District:
10	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	19008 Nottingham Road Cleveland, Ohio 44110
Vendor Name and address:	Owner, executive director, other (specify):
Jaystarr Homes 2 Inc	Starlicia Miller
Vendor Council District:	Project Council District:
8	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	13503 Saybrook Ave Garfield Heights, OH 44125
Vendor Name and address:	Owner, executive director, other (specify):
Open Arms Adoptions Inc	Jackie Smigel
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.	9205 State Route 43 Suite 208 Streetsboro, OH 44241

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):
Healing Pathways Transitional Homes Inc.	LiDairious Hafford
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.	1667 State Ave. Cincinnati, OH 45204
Vendor Name and address:	Owner, executive director, other (specify):
Bellefaire Jewish Childrens Bureau	Adam G. Jacobs, PhD.
Vendor Council District:	Project Council District:
9	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	22001 Fairmount Blvd. Shaker Hts., OH 44118
Vendor Name and address:	Owner, executive director, other (specify):
Keystone Newport News, LLC	Holly Gonzales
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.	17579 Warwick Blvd Newport News, VA 23603
Vendor Name and address:	Owner, executive director, other (specify):
Life Start, Inc.	Janet K. Miller
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.	1329 Cherry Way Drive, Suite 600 Gahanna, Ohio 43230
Vendor Name and address:	Owner, executive director, other (specify):
Woods Services, Inc	Jeanette Jackson
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.	40 Martin Gross Dr. Langhorne, PA 19047

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):
One Child Every Chance Foundation, LLC	Kudzai Matemachani

Vendor Council District:	Project Council District:
8	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	5909 Cable Ave. Cleveland, OH 44127
Vendor Name and address:	Owner, executive director, other (specify):
Applewood Centers, Inc.	Adam G. Jacobs, PhD.
Vendor Council District:	Project Council District:
3	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	10427 Detroit Avenue Cleveland, OH 44102
Vendor Name and address:	Owner, executive director, other (specify):
SP Behavioral LLC dba Sandy Pines	Maggie Rhodes-Parsons
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.	11301 SE Tequesta Terrace Jupiter, FL 33469, USA
Vendor Name and address:	Owner, executive director, other (specify):
Tennessee Clinical Schools LLC dba Hermitage	Maggie Rhodes-Parsons
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.	1220 8th Ave S Nashville, TN 37203
Vendor Name and address:	Owner, executive director, other (specify):
The Buckeye Ranch, Inc	Ricky A. McElroy
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.	1625 E. Mound Street Columbus, Ohio 43205
Vendor Name and address:	Owner, executive director, other (specify):
Youth Opportunity Investments, LLC - Rockdale	PJ Moraci

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.	701 94th Avenue N. Suite 100 St. Petersburgh, FL 33702
Vendor Name and address:	Owner, executive director, other (specify):
Conway Behavioral Health, LLC	Katie Marlar
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.	3559 Stanford Place Dayton, Ohio 45406
Vendor Name and address:	Owner, executive director, other (specify):
HHC Poplar Springs, LLC dba Poplar Springs Hospital	LeMar Taliaferro
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.	350 Poplar Drive Petersburg, Virginia 23805-9367

vendor/contractor, etc. provide owner, executive dir	
Vendor Name and address:	Owner, executive director, other (specify):
Benchmark Behavioral Health Systems, Inc	JeAnna Jenkins-Ellis
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.	592 West 1305 South Woods Cross, UT 84010
Vendor Name and address:	Owner, executive director, other (specify):
Keystone Continuum LLC dba Natchez Trace Youth Academy	Thomas J. Hennessy
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.	415 Seven Hawks Lane Waverly, TN 37185

Vendor Name and address:	Owner, executive director, other (specify):
Rehabilitation Centers LLC dba Millcreek of Pontotoc	Debra Morrison
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.	1814 Hwy 15 North Pontotoc, Ms. 38863
Vendor Name and address:	Owner, executive director, other (specify):
A Loving Heart Youth Services	William Peterson
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.	3559 Stanford Place Dayton, Ohio 45406
Vendor Name and address:	Owner, executive director, other (specify):
Cedar Crest Hospital & Residential Treatment Center	Katie Marlar
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.	3500 Interstate 35 Frontage Rd Belton, TX 76513
Vendor Name and address:	Owner, executive director, other (specify):
Cumberland Hospital, LLC	Lori Fagan
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.	9407 Cumberland Road New Kent, VA 23124
Vendor Name and address:	Owner, executive director, other (specify):
Mt. Airy Development, LLC dba Glenwood Behavioral Health Hospital	Jemone McIntosh
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.	117 Ashwood Avenue Dayton, Ohio 45405
Vendor Name and address:	Owner, executive director, other (specify):
Harbor Point Behavioral Health Center	Maggie Rhodes-Parsons
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.	301 Fort Lane Portsmouth, VA 23704

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):
Pathways To Purpose	Tenesha Teasley
Vendor Council District:	Project Council District:
8	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	4904 Orchard Rd Garfield Heights, OH 44128
Vendor Name and address:	Owner, executive director, other (specify):
Rehabilitation Centers, LLC dba Millcreek Magee ICF.	Katie Marlar
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.	10427 Detroit Avenue Cleveland, OH 4410900 1st Avenue NE Magee, MS 391112
Vendor Name and address:	Owner, executive director, other (specify):
Advantage Family Outreach & Foster Care	Karen McGugin
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.	3269 Letterkenny Lane Powell OH, 43065
Vendor Name and address:	Owner, executive director, other (specify):
Dimensional Phases Group Home	LaDona Herd

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.	45 Oxford Avenue Dayton, OH 45402
Vendor Name and address:	Owner, executive director, other (specify):
Mimique Homes Inc	Jacquella Lattimore
Vendor Council District:	Project Council District:
10	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	19606 Pawnee Cleveland, OH 44119
Vendor Name and address:	Owner, executive director, other (specify):
The Bair Foundation of Virginia	Heather Schrader, MA
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.	2727 Enterprise Pkwy Ste 102 Richmond, VA 23294
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	
☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: Yes No, please explain.	from posting ().
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
· · · · ·	☐ Alternative Procurement Process

How did pricing compare among bids received?	□ Contract Amendment (list original procurement) RFP - 6211 & 7102
	☐ Other Procurement Method, please describe:
	-
Is Purchase/Services technology related No □ Y	es, complete section below
Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? No Yes, answer the be	low questions.
Are services covered under the original ERP Budget of	r Project? 🗌 Yes 🔲 No, please explain.
Are the purchases compatible with the new ERP syste	em? Yes No, please explain.
FUNDING SOURCE(S): (No acronyms – General Fund,	, HHS Levy, Capital, etc.). Include % if more than one source
70% HHS- HHS Levy	
30% Federal IV-E	
Is this approved in the biennial budget? $oximes$ Yes $oximes$ N	o (if "no" please explain):
Payment Schedule: 🗵 Invoiced 🔲 Monthly 🔲 Qua	rterly \(\) One-time \(\sqrt{\) Other (please explain):
,	The same of the same capitally.
Provide status of project and if late, include timeline	e for lateness:
	Is contract late No Yes, In the fields below provide
purchase	reason for late and timeline of late submission
the RFP and the providers being added were mission These providers are being added to the master contra 10/06/2023. Changes were made in the composit XX/XX/2023 - with all final providers included and	·
Timeline: Project/Procurement Start Date (date your team started working on this item):	10/06/2023
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 correction.	Infor, such as the item being disapproved and requiring
If late, have services begun? ☑ No ☐ Yes (if yes, pl	ease explain)
Have payments be made? ☐ No ☐ Yes (if yes, plea	se explain)
HISTORY (see instructions):	

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RQ#:	REQ 6211 & 7102		
Description of Solicitation			
			*
		Department initials	Clerk of the Board
	_		
D. C. Maria		DL	
Briefing Memo	L	DL	
TAC or CTO Required or authorized IT	Standard	Yes	No □
FUL	L AND OPEN COMPET	TITION	
	aster Agreement Amendi	ment	
Amend #6 - Change End Date from 12	/31/23 to 12/31/24 and Ad	d Department	Purchasing
2024 Funding \$61,500,000.00 and A	/31/23 to 12/31/24 and Ad ld Providers - Advantag	d Department ge initials	Purchasing
2024 Funding \$61,500,000.00 and AcFamily Outreach & Foster Care, D	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou	d Department ge initials	Purchasing
2024 Funding \$61,500,000.00 and Ad Family Outreach & Foster Care, D Home, Mimique Homes Inc, The Bair 1	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou	d Department ge initials	Purchasing
2024 Funding \$61,500,000.00 and Ad Family Outreach & Foster Care, D Home, Mimique Homes Inc, The Bair Add Service to HCLC	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou	d Department ge initials p	Ü
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2024 Funding \$61,500,000.00 and Ad Family Outreach & Foster Care, D Home, Mimique Homes Inc, The Bair I Add Service to HCLC Justification Cover - Master contracts only	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou	d Department initials p d DL DL	Not reviewed Not reviewed
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2024 Funding \$61,500,000.00 and Ad Family Outreach & Foster Care, D Home, Mimique Homes Inc, The Bair I Add Service to HCLC Justification Cover - Master contracts only Contract Evaluation TAC/CTO Approval or IT Standards (att	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou Foundation of Virginia an	d Department initials p d DL DL	Not reviewed Not reviewed
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2024 Funding \$61,500,000.00 and Ad Family Outreach & Foster Care, D Home, Mimique Homes Inc, The Bair I Add Service to HCLC Justification Cover - Master contracts only Contract Evaluation TAC/CTO Approval or IT Standards (att page #s), if required. Agreement/Contract and Exhibits	/31/23 to 12/31/24 and Ad ld Providers - Advantag imensional Phases Grou Foundation of Virginia an	d Department initials DL DL DL DL DL DL DL DL DL D	Not reviewed Not reviewed Not reviewed Not reviewed Not reviewed

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applicable)	
Infor/Lawson PO# and PO Code (if	
applicable)	
Lawson RQ# (if applicable)	REQ 6211 & 7102
CM Contract#	VARIOUS

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$123,000,000.00		01/01/2022 — 12/31/2023	02/08/22	R2022-0026

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Prior Amendment Amounts (list separately)	Amend #1 - Add Services - Eastway - Applewood, Beechbrook, Bellefaire JCB, CCHO, NYAP, The Bair, The Village Network, and Add Providers - George Junior Republic, Healing Pathways, Hittle House, Keystone Newport News, Life Start, Quality of Life, Woods Services	\$0.00	01/01/2022 - 12/31/2023	07/25/22	BC2022-460
	Amend #2 - Add Providers - One Child Every Chance Foundation, LLC, SP Behavioral LLC dba Sandy Pines, Tennessee Clinical Schools LLC dba Hermitage Hall, The Buckeye Ranch, Inc, Youth Opportunity Investments - Rockdale Youth Academy	\$0.00	01/01/2022 - 12/31/2023	01/09/23	BC2023-25
	Amend #3 - Add providers - Conway Behavioral Health, HHC Poplar Springs, LLC - and Add 3IL Service to Infocus CM 2025 and Add TFC Pilot to OM, NYAP, SAFY and VN	\$0.00	01/01/2022 — 12/31/2023	05/08/23	BC2023-296

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	Amend #4 - Add Providers - Benchmark Behavioral Health Systems Inc, Just Like Us Enrichment Agency Inc, Keystone Continuum LLC dba Natchez Trace Youth Academy, Rehabilitation Centers LLC dba Millcreek of Pontotoc - and Add Services - The Buckeye Ranch, Inc - CM 2773	\$0.00	01/01/2022 - 12/31/2023	07/31/23	BC2023-486
Pending Amendment	Amend #5 - Add Providers - A Loving Heart Youth Services, Cedar Crest Hospital, Cumberland Hospital LLC, Glenwood Behavioral Health, Harbor Point Behavioral Health Center, Pathways to Purpose, Rehabilitation Centers, LLC dba Millcreek Magee ICF and Add Services - The Village Network - CM 2019	\$0.00	01/01/2022 — 12/31/2023	Pending	Pending
Pending Amendment	Amend #6 - Change End Date from 12/31/23 to 12/31/24 and Add 2024 Funding \$61,500,000.00 and Add	\$61,500,000.00	01/01/2022 — 12/31/2024	Pending	Pending

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	Providers - Advantage Family Outreach & Foster Care, Dimensional Phases Group Home, Mimique Homes Inc, The Bair Foundation of Virginia and Add Service to HCLC			
Total Amendments		\$61,500,000.00		
Total Contact Amount		\$184,000,000.00		

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County Council of Cuyahoga County, Ohio

Resolution No. R2023-0333

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; and

WHEREAS, the primary goal of this project is to offer timely, high quality comprehensive medical services for children and youth in custody and drug testing for caregivers; and

WHEREAS, this project is 100% funded by the State Child Protective Allocation; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the

time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49.

SECTION 2. That the County Executive is authorized to execute amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by was duly adopted.	, seconded by	_, the foregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	

First Rea	ading/	Referred to	Committee:	November	14, 2023
Commit	tee(s)	Assigned:	Health, Hum	an Services	& Aging
		_			
Journal					
		, 20	_		

PURCHASE-RELATED TRANSACTIONS

Title	Compre	hensive Me	dical Aı	nendmer	nt 2			
Departi	ment or /	Agency Nan	ne	Division	of Children Far	nily Services		
Reques	ted Actic	on		Genera	tract □ Agreer ting □ Purcha er (please specif		Amendment	□ Revenue
Origina Amend (A-#)	ment	Contract Ver No. (If PO, list PO#)			Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0		2833	The Metro System	oHealth m	1/1/2023- 12/31/2023	\$1,551,000.00	2/28/2023	R2023-0049
A-1		2833	The MetroHealth System		12/31/2023	\$1,038,459.52	7/18/2023	R2023-0201
A-2	:	2822	The	Health	1/1/2024- 12/31/2024	\$1,889,151.49	Pending	Pending
						1		
purchas In order services psychot other ad Safety of care, Do appropri from th	se. r to pursus including tropic me dults in the concerns CFS deterriately adject home	ue the safety g 1) screeni dication con he home. are brought mined there dress the si e or placeme	y, healt ng and nsultati to the e is a n gnifical ent.	h, and wi assessmi on and co attention eed for fu nt challer	ell-being of chike ent of health car ounseling, and 3 n of DCFS 24/7. Ill access to trac iges that childre	dren in custody, DCI re needs of children is alcohol and drug with approximately ima-informed medi in and youth are factorial.	FS offers compression and youth, 2) of testing for cares of the care of the ca	ehensive medical coordinated givers, youth, or and youth in could
Age of i	items bei	ng replaced	l:		How will replac	ed items be dispos		
- -	To reduc To estab tropic me To provi	dications de linkages	ks for cordinat	hildren ar ion throu th aging-	nd youth Igh consultation Out of the foste		·	
- care set						d follow-up visits fo Administrative Coo		

If applicable provide the full address or list the municipality(les) impacted by the project. COMPETITIVE PROCUREMENT		ne, Street Address, City, State and Zip Code. Beside eac
The MetroHealth System 2500 MetroHealth Drive Cleveland, Ohio 44109 Vendor Council District: 7		
Vendor Council District: 7		
Vendor Council District: 7		Dr. Airica Steed
Project Council District: 7 Project Council District: 7		
Countywide Cou	Cleveland, Onto 44109	
Countywide Cou		
MUNICipality(ies) impacted by the project. COMPETITIVE PROCUREMENT	Vendor Council District: 7	Project Council District: 7
COMPETITIVE PROCUREMENT RQ # if applicable □ RFB □ RFP □ RFQ □ Informal □ Formal Closing Date: *See Justification for additional information. The total value of the solicitation: \$1,551,000.00 Number of Solicitations (sent/received) 21 / 1 □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Sole Source □ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Government Purchase □ Sole Source □ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). Recommended Vendor was low bidder: ☑ Yes □ No, please explain: □ Alternative Procurement Process □ Alternative Procurement Method, please describe: □ Other Procurement Method, please describe: □ Seurchase/Services technology related □ Yes ☑ No. If yes, complete section below: □ Check if item on IT Standard List of approved □ If item is not on IT Standard List state date of TAC	If applicable provide the full address or list the	Countywide
RC # if applicable	municipality(ies) impacted by the project.	
□ RFB □ RFP □ RFQ □ Informal □ Closing Date: □ Amending contract adding additional funds and extending time period □ *See Justification for additional information. □ Exemption □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Sole Source □ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). □ Recommended Vendor was low bidder: □ Yes □ Government Purchase □ Alternative Procurement Process □ Alternative Procurement Process □ Alternative Procurement Method, please describe: □ Other Procurement Method, please describe: □ See Purchase/Services technology related □ Yes ☑ No. If yes, complete section below: □ If item is not on IT Standard List state date of TAC	COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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Only 1 bid was received Other Procurement Method, please describe: S Purchase/Services technology related	, produc explain.	☐ Alternative Procurement Process
Is Purchase/Services technology related ☐ Yes ☒ No. If yes, complete section below: ☐ Check if item on IT Standard List of approved		☐ Contract Amendment (list original procurement)
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☐ Check if item on IT Standard List of approved If item is not on IT Standard List state date of TAC	How did pricing compare among bids received? Only 1 bid was received	☐ Other Procurement Method, please describe:
	Only 1 bid was received	
	Only 1 bid was received Is Purchase/Services technology related □ Yes ☒ No	. If yes, complete section below:

Are services covered under the original ERP Budget	or Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new ERP syst	tem? ☐ Yes ☐ No, please explain.
EUNIDING SOURCE: i.e. Conoral Fund Health and h	luman Services Levy Funds, Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.	
100% Health and Human Services Levy	
Is funding for this included in the approved budget?	⊠ Yes □ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ⊠ Monthly □ Qu	arterly One-time Other (please explain):
Provide status of project.	
☐ New Service or purchase ☐ Recurring service o	r Is contract late ⊠ No □ Yes, In the fields below provide
purchase	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 correction:	Infor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if yes, p	lease explain)
Have payments be made? ☐ No ☐ Yes (if yes, ple	ease explain)
HISTORY (see instructions):	
(see instruction)	

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green, (or we can refer them to instructions) and provide more detail in the instruction

Upload as "word" document in Infor

Infor/Lawson RQ#:	9776	
Buyspeed RQ# (if applicable):	N/A	
Infor/Lawson PO# Code (if applicable):	RFP	
CM Contract#	2833	

	Department	Clerk of the Board
Briefing Memo	SB	
Late Submittal Required:	Yes □	No x
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No x

		ontract Amenda viewed by Purch	-	
AMND #3 The MetroHealth Syst	em		Department initials	Purchasing
Justification Form			SB	BRM
IG#	41		N/A	N/A
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	9/19/2023	SB	BRM
Auditor's Finding	Date:	9/19/2023	SB	BRM
Independent Contractor (I.C.) Requ	irement	Date:	N/A	N/A
Cover - Master amendments only			N/A	N/A
Contract Evaluation			SB	BRM
TAC/CTO Approval or IT Standard relevant page #s), if required.	ds (attach a	nd identify	N/A	N/A
Checklist Verification			SB	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	SB			
Matrix Law Screen shot	SB .			
COI	SB			
Workers' Compensation Insurance	SB			
Original Executed Contract (containing insurance terms) & all executed amendments	SB			

1 | P a g e

Revised 1/7/2022

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024-12/31/2024	HS215100	55130	UCH05001	\$1,889,151.49
			TOTAL	\$1,889,151.49

Contract History CE/AG# (if applicable)	N/A
Infor/Lawson PO# Code (if applicable)	RFP
Lawson RQ# (if applicable)	9776
CM Contract#	2833

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$1,551,000.00		1/1/2023-12/31/2023	2/28/2023	R2023-0049
Prior Amendment Amounts (list separately)		\$			
1 st AMND		\$1,038,459.52	12/312023	7/18/2023	R2023-0201
		\$			
Pending Amendment		\$1,889,151.49	1/1/2024-12/31/2024	Pending	Pending
Total Amendments		\$2,927,611.01			
Total Contact Amount		\$4,478,611.01			

Purchasing Use Only:

i urchasing oscomy.	
Prior Resolutions:	R2023-0049, R2023-0201
Amend:	2833
Vendor Name:	The MetroHealth System
ftp:	1/1/2023-12/31/2024
Amount:	\$1,889,151.49
History/CE:	Ok
EL:	ok
Procurement Notes:	
Purchasing Buyer's initials and date of approval	BRM 10/16/2023

2 | P a g e

Revised 1/7/2022

CONTRACT EVALUATION FORM

Contractor	The MetroHealth System
Current Contract History: CE/AG# (if applicable) Infor/Lawso n PO#:	2833
RQ#	9776
Time Period of Original Contract	1/1/2023-12/31/2023
Background Statement	In order to pursue the safety, health, and well-being of children in custody, DCFS offers comprehensive medical services including 1) screening and assessment of physical and behavioral health care needs of children and youth, and 2) alcohol and drug testing for caregivers, youth or other adults in the home. With approximately 2,300 children and youth in care, there is a need for full access to trauma-informed medical services that could appropriately address the significant challenges that children and youth are faced with when being removed from their home or placement. This cohesive and coordinated approach ensures each child's medical needs are being met on a consistent basis, and that trained professionals are dedicated entirely to the care of these.
Service Description	To offer timely, high quality comprehensive medical services for children and youth in custody and drug testing for caregivers. The services are to be delivered as a coordinated approach to ensure medical needs are being met by trained medical professionals dedicated to the care and safety of children and youth in custody.
Performance Indicators	Comprehensive reports from MetroHealth include but are not limited to: Number of follow up appointments scheduled or attended per month, Number of preventative visits scheduled or attended per month, Number of comprehensive physicals, Number of children/youth being tracked through care coordination, Number of children receiving developmental/behavioral health screenings, Number of subspecialty referrals, etc.

Actual	The MetroHealth System										
Performance			Foster Care Childr	en Receiving M	edical Care w	ithin MiHS					
versus			Q1-20	123	Q2-2023		Q3-20	a		Q4-2	023
performance	Total Num of FC Encounters				13145						
ndicators	Total Num of FC Unique Pat Office Visits (type 101-comp		149	1 1	1452						
include	#Uniq	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	864		797				_		
statistics):	#Enco	unters	1556		1433						
,	CCTracking MHMC (70-phon								_		
	#Uniq	347		313 568	_		-	+			
	Triage(DCF5251-completed):				344				_		
	#Uniq		380		348				_		
	#Enco	452		395		_	_		_	_	
	#Uniq	ue Pts	60		72			_	T		
	#Enco		78		84						
	Exp/Urgent('Urgent Care', Exp/Urgent('Urgent Care', Exp/Urgent('Urgent Care', Exp/Urgent Care', Exp/Urgent Care', Exp/Urgent('Urgent Care', Exp/Urgent Care'		129		100			_	-		
	#Enco		156		133	_		_	+	_	
	30 DayEvaluation(DCFS30-cc										
	#Uniq		170		155				_		
	Psychiatry(EncClass 253-com		372		168	_		_		-	_
	#Uniq		129		97				Т		
	#Enco	unters	129		102						
	LEAD Test:	sted	62		76				_		
	#pos	man field of	9		9				+		
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		Presch	ool Assessment C	linic			4	4	3	1	
			ool Assessment C			-1-	1	1			1
		Speech	n;Behavioral Medic	me; Preschool A	ssessment Cli	nie	1	1		1	
Rating of Overall Performance of Contractor	Superior	Above A	Above Average Belo			Belov	v Ave	rage		Po	oor
Select One (X)		X									
Justification of Rating	MetroHealth re of home care so DCFS and are Behavioral Hea monitored as p	ettings. The meeting the alth services	y have ada criteria se s is current	pted to the t forth in ly in prog	ne chang the con gress, so	ging or; tract. T	ganiz he ez	atior xpan	nal no	eeds of	

Department Contact	Karen Stormann	
User Department	DCFS	a
Date	9/20/2023	

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0334

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

A Resolution authorizing an agreement with Cuyahoga County Board Developmental Disabilities in the amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for 1/1/2024 - 12/31/2025; the period authorizing the County Executive to execute Agreement No. 3853 and all other documents consistent with this Resolution: and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an agreement with Cuyahoga County Board of Developmental Disabilities in an amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for the period of 1/1/2024 – 12/31/2025; and

WHEREAS, the primary goals of this project are to: (a) provide appropriate housing and services for children with developmental disabilities. and (b) transition youth into the adult developmental disabilities system; and

WHEREAS, this project is funded 100% by Medicaid Individual Option Waiver; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an agreement with Cuyahoga County Board of Developmental Disabilities in an amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based

Services for youth with developmental disabilities for the period of 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Agreement No. 3853 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by was duly adopted.	, seconded by	, the foregoing Resolution
Yeas:		
Nays:		

	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
	Committee: November 14, 2023 Health, Human Services & Aging	
Journal, 20	_	

PURCHASE-RELATED TRANSACTIONS

Title Division		& Family Servi	ces 2024-2025	Cuyahoga County Bo	oard of Develop	mental Disabilities
Department o		me Divisio	n of Children &	Family Services		
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue ☐ Generating ☐ Purchase Order ☐ Other (please specify):						☐ Revenue
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	3853	Bd of Developmenta I Disabilities	1/1/2024- 12/31/2025	\$1,400,000.00	Pending	Pending
Disabilities agr	of furniture,	eimbursement f	or HCBS service	5 Cuyahoga County s. (Medicaid Home ional Replacen	and Community	
Age of items b		d: r Purpose (list 3		ced items be dispos	ed of?	
1. Coord		e and supports	•	S custody with disa	bilities that are	eligible for and
			ination provisio	n of housing for DD	vouth as part of	the vouth's long-
	ransition of c				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and youth brong
3. CCBDI	o supports an	d helps DD yout	h receive all the	e services needed.		
If a County Co	uncil item, ar	e you requestir	ng passage of th	e item without 3 re	adings. Yes	⊠ No
In the boxes be vendor/contra	elow, list Ve actor. etc. pro	ndor/Contracto vide owner. ex	or, etc. Name, S ecutive directo	treet Address, City, r, other (specify)	, State and Zip (Code. Beside each
Vendor Name				ner, executive direc	tor, other (speci	ify):
Cuyahoga C Disabilities	ounty Boa	rd of Devel	lopmental Am	ber Gibbs, Superint	endent/CEO	
1275 Lakeside					10	
Cleveland, Ohi						
Vendor Counc	il District:		Pro	ject Council District		
Council Distric	t 7		Cor	unty wide		

If applicable provide the full address or list the municipality(ies) impacted by the project.		
municipality(les) impacted by the project.		
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT	
RQ # if applicable	Provide a short summary for not using competitive bid	
□ RFB □ RFP □ RFQ	process.	
□ Informal	Government to Government agreement.	
☐ Formal Closing Date:	to 1 1/5 // 5 1/1/1 1 / 5 1/1/1	
The total value of the solicitation:	*See Justification for additional information.	
Number of Solicitations (sent/received) /	Exemption	
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date	
	☐ Government Coop (Joint Purchasing Program/GSA),	
	list number and expiration date	
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department	
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received	
vendor per DEI tab sheet review?: ☐ Yes ☐	from posting ().	
No, please explain.		
Recommended Vendor was low bidder: Yes	⊠ Government Purchase	
No, please explain:	⊠ Government Purchase	
No, piease explain.	☐ Alternative Procurement Process	
	Alternative Procurement Process	
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	☐ Other Procurement Method, please describe:	
La Destruction de la Company D		
Is Purchase/Services technology related ☐ Yes ☒ N		
☐ 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? ☐ No ☐ Yes, answer the be	1	
Are services covered under the original ERP Budget of		
Are services covered under the original ERP Budget C	ir Projectr 🗆 tes 🗀 No, piease explain.	
Are the numbered compatible with the new CDD such	am2 Vac No missas symbols	
Are the purchases compatible with the new ERP syst	emr 🗆 Yes 🗀 No, please explain.	
FUNDING SOURCE: i.e. General Fund, Health and H	uman Services Levy Funds, Community Development	Commented [CK1]: Suggestion by MBV - I can't recall
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.)	. Include % if more than one source.	exactly how she said it. See text in green, (or we can refer them to instructions) and provide more detail in the
100% Medicaid Individual Option Waiver		instruction.
25070 Medicald Marriadal Option Walter		
Is funding for this included in the approved budget?	☑ Yes ☐ No (if "no" please explain):	
Payment Schedule: ☐ Invoiced ☐ Monthly ☒ Qua	rterly \(\sqrt{\text{One-time}} \sqrt{\text{Other (nlease explain)}}\)	
Taymont Schedule. In Involced in Monthly 23 Qua	The first of the control the case explains.	
Provide status of project.		

☐ New Service or purchase ☐ Recurring service of 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 correction:	Infor, such as the item being disapproved and requiring
If late, have services begun? \square No \square Yes (if yes, pl	ease explain)
Have payments be made? No Yes (if yes, ple	ase explain)
HISTORY (see instructions):	
1/1/2022-12/31/2023 Contract for \$1,400,000.00	
1/1/2020-12/31/2021 Contract for \$1,400,000.00	

Upload as "word" document in Infor

Infor/Lawson RQ#:					
Infor/Lawson PO# Code (if applicable):	GOVP				
CM Contract#	3853				
Cuyahoga County Board of Developm	nențal Disabilities		Department	Cler	k of the Board
Briefing Memo			DG		
			**		
Late Submittal Required:		Yes		No	X
Why is the contract being submitted late	?			-	
What is being done to prevent this from					
	*-				
TAC or CTO Required or authorized IT	Standard	Yes		No	X

OTHE	Go	ULL AND OPI overnment Purciewed by Purci		
			Department initials	Purchasing
Justification Form			DG	BRM
Debarment/Suspension Verified	Date:	9/29/23	DG	BRM
Auditor's Finding	Date:	9/29/23	DG	BRM
Vendor's Submission		•	N/A	N/A
Cover - Master contracts only			N/A	N/A
Contract Evaluation - if required			DG	BRM
TAC/CTO Approval or IT Standar	ds (attach a	nd identify		N/A
relevant page #s), if required.	,		N/A	100000
Checklist Verification			DG	BRM

Intra-Agency: A department/division under the auspices of the County Executive, County Council, Prosecutor's Office, Law Library, Inspector General, PRC, Public Defender, 8th District Court of Appeals, Courts of Common Pleas (Common Pleas, Domestic Relations, Juvenile, Probate).

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	DG			
Matrix Law Screen shot	DG			
COI	N/A			
Workers' Compensation Insurance	N/A			

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Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS215110	56110	UCH05510	\$ 700,000.00
1/1/2025 - 12/31/2025	HS215110	56110	UCH05510	\$ 700,000.00
			TOTAL	\$1,400,000.00

Contract History CE/AG# (if applicable)	2981
Infor/Lawson PO# and PO Code (if applicable)	GOVP
Lawson RQ# (if applicable)	
CM Contract#	3853

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$ 1,400,000.00		12/31/2025	Pending	Pending
Prior Contract Amounts (list separately)					
New Contract Amount					
Pending Amendment					
Total Amendments					
Total Contact Amount					

Purchasing Use Only:

Prior Resolutions:		
CM#:	3853	
Vendor Name:	Cuyahoga County Board of Development Disabilities	
ftp:	1/1/2024-12/31/2025	
Amount:	\$1,400,000.00	
History/CE:	OK	
EL:	OK	
Procurement Notes:		

Purchasing Buyer approval: BRM 10/30/2023

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Revised 9/17/2021

CONTRACT EVALUATION FORM

Contractor	Cuyahoga County Board of Developmental Disabilities				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2981				
RQ#	n/a				
Time Period of Original Contract	1/1/2022 – 12/31/2023				
Background Statement	The primary goal of the project is the coordination of care and supports for youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD				
Service Description	Under this agreement CCBDD is responsible for the coordination and provision of housing for youth with developmental disabilities as part of the youth's long-term transition of care plan				
Performance Indicators	Support youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD				
Actual Performance versus performance indicators (include statistics):	CCBDD has worked collaboratively with DCFS to provide all needs for the youth served under this contract including housing and any other needed supports				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)		x	1.		
Justification of Rating	CCBDD has been a great partner in supporting DCFS youth who are aging out of care and eligible with there services. CCBDD has supported DCFS with some of our higher need youth who are at times difficult to maintain in a traditional placement setting, by identifying housing and appropriate supports.				
Department Contact					
User Department					

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0335

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services

A Resolution authorizing an agreement with Cuyahoga County Prosecutor's Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Agreement No. 3854 and all other documents consistent with this Resolution; and declaring the necessity that Resolution this become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an agreement with Cuyahoga County Prosecutor's Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period of 1/1/2024 – 12/31/2025; and

WHEREAS, the agreement is for legal services as defined in Chapter 309 of the Ohio Revised Code in matters related to the adjudication and disposition of children within the jurisdiction of Chapter 2151 of the Ohio Revised Code, and to perform such other duties that may be required of it by operation of Title IV-E; and

WHEREAS, the funding for this project is: (a) 33% Federal Funds (Title IV-E Admin) and (b) 67% Health and Human Services Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an agreement with Cuyahoga County Prosecutor's Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period of 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Agreement No. 3854 and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by	_, the foregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	 Date

<u> </u>	Committee: November 14, 2023 Health, Human Services & Aging
Journal, 20	-

PURCHASE-RELATED TRANSACTIONS

Title	Intra-		tal Agr	eement	with Cuy	ahoga	a County Prosecu	tor's Office for	2024 Legal
Depar	tment o	r Agency Nan	ne	Depart	ment of Ch	nildrei	n and Family Servic	es	
Requested Action			Genera	 ☑ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify): 					
Original (O)/ Amendment No. (If PO, list PO#)			A Co		Date BOC Approved/ Council's Journal Date	Approval No.			
0		3854	Cuyal Count	-	1/1/2023 12/31/20		\$8,322,252.00	Pending	Pending
Repre	include: Draft a Draft r Appea Prepar Provide Handle	n and Parent Ill complaints recessary mor r at every cou e County Pro e 24/7 on-cal e records subj nd argue all a	t-Relat tions, p irt hear secutor I repres poenas ppeals	leadings ing with 's Office, sentation in Juveni in agency	affidavits. County Pro experts, a . le Court y cases.	ces fo		estimony.	, Appeals
Age of	f items b	eing replaced	l:	-	How will r		onal Replacemed items be disposed.		
Goal is						neneve	er needed in cases	of abuse, neglec	t and
If a Co	unty Co	uncil item, ar	e you r	equesting	g passage	of the	item without 3 re	adings. Yes	⊠ No
							reet Address, City, other (specify)	State and Zip C	ode. Beside each
		and address:					ner, executive direc	tor, other (spec	ify):
	Cuyahoga County Prosecutor's Offic			ce		The	Cuyahoga County P	rosecutor is Mic	hael C. O'Malley

Rev. 7/24/23

Cleveland, OH 44113	
Vendor Council District:	Project Council District:
County-Wide	County-Wide
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	An exemption is being requested as this is an intra-
☐ Formal Closing Date:	governmental agreement.
	*See Justification for additional information.
The total value of the solicitation:	
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA) , list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? : Yes	from posting ().
No, please explain.	
*	
Recommended Vendor was low bidder:	⊠ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ⊠ No ☐ Ye	
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? $oxed{oxed}$ No $oxed{oxed}$ Yes, answer the bel	ow questions.
Are services covered under the original ERP Budget or	r Project? Yes No, please explain.
Are the purchases compatible with the new ERP syste	m? 🗆 Yes 🗆 No, please explain.
FUNDING SOURCE(S): (No acronyms – General Fund,	HHS Levy, Capital, etc.). Include % if more than one source
The project is funded 33% Federal (Title IV-E Adm	nin); 67% Health and Human Services Levy
Is this approved in the biennial budget? 🗵 Yes 🗆 No	o (if "no" please explain):
Payment Schedule: 🗆 Invoiced 🖂 Monthly 🗀 Quar	terly One-time Other (please explain):

Provide status of project and if late, include timeline for lateness:				
1				
Is contract late 🗵 No 🗌 Yes, In the fields below provide				
reason for late and timeline of late submission				
nfor, such as the item being disapproved and requiring				
ease explain)				
se explain)				

Upload as "word" document in Infor

Infor/Lawson RQ#:	N/A		
Infor/Lawson PO# Code (if applicable):	N/A		
CM Contract#	3854		
		Department	Clerk of the Board
Briefing Memo		AJ	
Late Submittal Required:		Yes 🗆	⊠ No
Why is the contract being submitted late	?		
What is being done to prevent this from			
- A		1	
FAC or CTO Required or authorized IT	Yes 🗆	No X	

OTHE	Go	ULL AND OPE overnment Purch viewed by Purch		
2024/25 Legal Services CC Prose	cutors Off	ice	Department initials	Purchasing
Justification Form			AJ	BRM
Debarment/Suspension Verified	Date:	10/4/2023	AJ	BRM
Auditor's Finding	Date:	9/29/2023	AJ	BRM
Vendor's Submission			N/A	N/A
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required			AJ	BRM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification				BRM

Intra-Agency: A department/division under the auspices of the County Executive, County Council, Prosecutor's Office, Law Library, Inspector General, PRC, Public Defender, 8th District Court of Appeals, Courts of Common Pleas (Common Pleas, Domestic Relations, Juvenile, Probate).

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
	Department initials		
Agreement/Contract and Exhibits	AJ		
Matrix Law Screen shot	AJ		
COI	N/A (intragovernmental purchase)		
Workers' Compensation Insurance	N/A (intragovernmental purchase)		

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Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/2024 - 12/31/2024	HS260130	55130	UCH00101	\$4,161,126.00
1/1/2025 - 12/31/2025	HS260130	55130	UCH00101	\$4,161,126.00
			TOTAL	\$8,322,252.00

Contract History CE/AG# (if applicable)	CM238, CM2199
Infor/Lawson PO# and PO Code (if applicable)	N/A
Lawson RQ# (if applicable)	N/A
CM Contract#	3854

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$8,322,252.00		1/1/2024 to 12/31/2025	pending	pending
Prior Amendment Amounts (list separately)		\$			
	- 7:11- inte	\$			
Pending Amendment					
Total Amendments		\$			
Total Contact Amount		\$			

Purchasing Use Only:

Prior Resolutions:	
CM#:	3854
Vendor Name:	Cuyahoga County Prosecutor's Office
ftp:	1/1/2024-12/31/2025
Amount:	\$8,322,252.00
History/CE:	OK
EL:	OK
Procurement Notes:	

Purchasing Buyer approval: BRM 10/17/2023

2 | P a g e

CONTRACT EVALUATION FORM

Contractor	Cuyahoga C	Cuyahoga County Prosecutor's Office				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2199.	2199.				
RQ#	n/a -					
Time Period of Original Contract	1/1/2022 - 12/31/2023					
Background Statement	The following services are provided by CCPO: Drafts all complaints Draft necessary motions, pleadings affidavits Appear at every court hearing with CPS Prepare CPS, experts and other witnesses for testimony Provide on-call representation 24/7 Handle records subpoenas in Juvenile Court Brief and argue all appeals in agency cases Consult with DCFS staff when families are evasive					
Service Description	Custody Representation, General Civil Representation, Appeals Representation and Parent-Relative Locator Services					
Performance Indicators	matters as redeveloped a accordance from the conduction of the con	secutor is mandate equested. Once C plan which is in t with law, provide art in order to carr urt grants custody they will facilitate	FS has revie the best inter legal repres by out the play to CFS, if a	ewed recommendates of a child and sentation to secure an. Additionally, a journal entry is n	ations and in approval when the	
Actual Performance versus performance indicators (include statistics):	The County as outlined a	Prosecutor's Offiabove.	ce has repre	esented DCFS on a	all matters	
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)		X				

Justification of Rating	The County Prosecutor's Office has fulfilled its objectives and has represented the agency in a positive and proactive manner.
Department Contact	Carletta McCoy
User Department	Division of Children and Family Services
Date	10/13/2023

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0336

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services

A Resolution making an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services recommends an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 as follows:

- a) Contract No. 3716 with Ashbury Community Services, Inc. in an anticipated amount of \$202,500.00 for Adult Development services.
- b) Contract No. 3717 with Catholic Charities Corporation Fatima Family Center in an anticipated amount of \$328,159.90 for Adult Development and Meals services.
- c) Contract No. 3763 with Catholic Charities Corporation Hispanic Senior Center in an anticipated amount of \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
- d) Contract No. 3765 with Catholic Charities Corporation St. Martin de Porres Family Center in an anticipated amount of \$159,996.60 for Adult Development and Transportation services.
- e) Contract No. 3766 with City of Bedford in an anticipated amount of \$123,991.10 for Adult Development, Meals and Transportation services.
- f) Contract No. 3757 with City of Berea in an anticipated amount of \$159,918.68 for Adult Development and Transportation services.
- g) Contract No. 3758 with City of Euclid in an anticipated amount of \$990,080.00 for Adult Development and Transportation services.

- h) Contract No. 3759 with City of Lakewood in an anticipated amount of \$84,328.00 for Adult Development and Transportation services.
- i) Contract No. 3760 with City of Maple Heights in an anticipated amount of \$81,800.00 for Meals and Transportation services.
- j) Contract No. 3761 with City of Olmsted Falls in an anticipated amount of \$60,000.48 for Adult Development services.
- k) Contract No. 3742 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$24,807.60 for Adult Development and Meals Services.
- 1) Contract No. 3751 with City of Parma Heights in an anticipated amount of \$494,794.00 for Adult Development, Meals and Transportation Services.
- m) Contract No. 3743 with City of Solon in an anticipated amount of \$158,297.68 for Adult Development services.
- n) Contract No. 3744 with City of Strongsville in an anticipated amount of \$193,201.00 for Adult Development and Transportation services.
- o) Contract No. 3745 with Cleveland Clergy Alliance in an anticipated amount of \$216,000.00 for Community Outreach services.
- p) Contract No. 3746 with Community Partnership on Aging in an anticipated amount of \$203,596.44 for Adult Development and Transportation services.
- q) Contract No. 3738 with East End Neighborhood House, Inc. in an anticipated amount of \$273,137.00 for Adult Development, Meals and Transportation services.
- r) Contract No. 3739 with Famicos Foundation, Inc. in an anticipated amount of \$199,080.00 for Adult Development and Transportation services.
- s) Contract No. 3740 with Harvard Community Services Center, Inc. in an anticipated amount of \$201,942.24 for Adult Development, Meals and Transportation services.
- t) Contract No. 3741 with Jennings Center for Older Adults in an anticipated amount of \$75,679.36 for Adult Day Service, Adult Development, Meals and Transportation services.
- u) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in an anticipated amount of \$60,000.24 for Adult Development services.
- v) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in an anticipated amount of \$45,792.00 for Adult Development services.
- w) Contract No. 3754 with Murtis Taylor Human Services System in an anticipated amount of \$366,880.00 for Adult Development, Meals and Transportation services.
- x) Contract No. 3755 with Rose Centers for Aging Well, LLC in an anticipated amount of \$549,829.12 for Adult Development, Meals and Transportation services.
- y) Contract No. 2756 with Senior Citizen Resources, Inc. in an anticipated amount of \$309,363.90 for Adult Development, Meals and Transportation services.
- z) Contract No. 3721 with Senior Transportation Connection in an anticipated amount of \$400,030.68 for Transportation services.

- aa) Contract No. 3730 with The Phillis Wheatley Association in an anticipated amount of \$100,006.76 for Meals services.
- bb) Contract No. 3726 with The Salvation Army in an anticipated amount of \$118,221.20 for Adult Development, Meals and Transportation services.
- cc) Contract No. 3727 with University Settlement, Inc. in an anticipated amount of \$209,999.88 for Adult Development, Meals and Transportation services.
- dd) Contract No. 3728 with West Side Community House in an anticipated amount of \$329,172.44 for Adult Development, Meals and Transportation services.

WHEREAS, the primary goal of this project is to provide programming at senior centers throughout Cuyahoga County; and

WHEREAS, this project is funded 100% by Health and Human Service Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby makes an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 as follows:

- a) Contract No. 3716 with Ashbury Community Services, Inc. in an anticipated amount of \$108,084.00 for Adult Development services.
- b) Contract No. 3717 with Catholic Charities Corporation Fatima Family Center in an anticipated amount of \$328,159.90 for Adult Development and Meals services.
- c) Contract No. 3763 with Catholic Charities Corporation Hispanic Senior Center in an anticipated amount of \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
- d) Contract No. 3765 with Catholic Charities Corporation St. Martin de Porres Family Center in an anticipated amount of \$159,996.60 for Adult Development and Transportation services.
- e) Contract No. 3766 with City of Bedford in an anticipated amount of \$123,991.10 for Adult Development, Meals and Transportation services.
- f) Contract No. 3757 with City of Berea in an anticipated amount of \$159,918.68 for Adult Development and Transportation services.
- g) Contract No. 3758 with City of Euclid in an anticipated amount of \$990,080.00 for Adult Development and Transportation services.
- h) Contract No. 3759 with City of Lakewood in an anticipated amount of \$84,328.00 for Adult Development and Transportation services.

- i) Contract No. 3760 with City of Maple Heights in an anticipated amount of \$81,800.00 for Meals and Transportation services.
- j) Contract No. 3761 with City of Olmsted Falls in an anticipated amount of \$60,000.48 for Adult Development services.
- k) Contract No. 3742 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$24,807.60 for Adult Development and Meals Services.
- 1) Contract No. 3751 with City of Parma Heights in an anticipated amount of \$494,794.00 for Adult Development, Meals and Transportation Services.
- m) Contract No. 3743 with City of Solon in an anticipated amount of \$158,297.68 for Adult Development services.
- n) Contract No. 3744 with City of Strongsville in an anticipated amount of \$193,201.00 for Adult Development and Transportation services.
- o) Contract No. 3745 with Cleveland Clergy Alliance in an anticipated amount of \$216,000.00 for Community Outreach services.
- p) Contract No. 3746 with Community Partnership on Aging in an anticipated amount of \$203,596.44 for Adult Development and Transportation services.
- q) Contract No. 3738 with East End Neighborhood House, Inc. in an anticipated amount of \$273,137.00 for Adult Development, Meals and Transportation services.
- r) Contract No. 3739 with Famicos Foundation, Inc. in an anticipated amount of \$199,080.00 for Adult Development and Transportation services.
- s) Contract No. 3740 with Harvard Community Services Center, Inc. in an anticipated amount of \$201,942.24 for Adult Development, Meals and Transportation services.
- t) Contract No. 3741 with Jennings Center for Older Adults in an anticipated amount of \$75,679.36 for Adult Day Service, Adult Development, Meals and Transportation services.
- u) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in an anticipated amount of \$60,000.24 for Adult Development services.
- v) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in an anticipated amount of \$45,792.00 for Adult Development services.
- w) Contract No. 3754 with Murtis Taylor Human Services System in an anticipated amount of \$366,880.00 for Adult Development, Meals and Transportation services.
- x) Contract No. 3755 with Rose Centers for Aging Well, LLC in an anticipated amount of \$549,829.12 for Adult Development, Meals and Transportation services.
- y) Contract No. 2756 with Senior Citizen Resources, Inc. in an anticipated amount of \$309,363.90 for Adult Development, Meals and Transportation services.
- z) Contract No. 3721 with Senior Transportation Connection in an anticipated amount of \$400,030.68 for Transportation services.
- aa) Contract No. 3730 with The Phillis Wheatley Association in an anticipated amount of \$100,006.76 for Meals services.

- bb) Contract No. 3726 with The Salvation Army in an anticipated amount of \$118,221.20 for Adult Development, Meals and Transportation services.
- cc) Contract No. 3727 with University Settlement, Inc. in an anticipated amount of \$209,999.88 for Adult Development, Meals and Transportation services.
- dd) Contract No. 3728 with West Side Community House in an anticipated amount of \$329,172.44 for Adult Development, Meals and Transportation services.

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with said awards and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual, daily operation of the County; the preservation of public peace, health, or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by	, seconded by	, the foregoing
Resolution was duly adopted.		
Yeas:		
Nays:		

	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
	Committee: November 14, 2023 Health, Human Services & Aging	
Journal	-	

+PURCHASE-RELATED TRANSACTIONS

	partment of Sen			es; Master	Agreement; 01/01	/2024 – 12/31/2	2025; Community
	nt or Agency Nar			of Senior a	nd Adult Services		
Requested	l Action			☐ Purchas	Agreement Lease Amendment Revenue Purchase Order		
			□ Other (bi	ease specify	')·		
Original (O Amendme (A-#)	No. (If PO, list PO#)	Vendo Name		ne Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	Various	Variou		/01/2024 – /31/2025	\$6,063,762.00	Pending	Pending
1							
purchase. Adult Day Innovative	Service, Adult De Program, Digita	velopn Literac	nent, Transpo cy for Seniors	ortation, Me and Adults	dicate whether als, Community O with disabilities in	utreach, Senior Cuyahoga Cour	Service and
Age of iter	ns being replaced	d:	N/A ł		nal 🗆 Replacen laced items be dis		
 To red To implies To red 	als, Outcomes or luce loneliness and prove physical, so luce food insecutoride access to sa	nd isola ocial, ar ity	tion nd mental hea		n services		
If a County	If a County Council item, are you requesting passage of the item without 3 readings. Yes No						
vendor/co	ntractor, etc. pro	vide ov		ve director,			
	me and address: enior Computer (nity Center	Own	er, executive direc	tor, other (speci	fy):
11011 Ashl Cleveland,	bury Avenue OH 44106			Wan	da Davis , Executiv	e Director	
Vendor Co	uncil District:			Proje	ct Council District:		
Council Dis	trict 7			Coun	ty Wide		
	ole provide the ty(ies) impacted b			the			
	me and address: harities Corporat		ntima Family	Own	er, executive direc	tor, other (speci	fy):

Rev. 7/24/23

7911 Detroit Avenue	Laloan Pau
Cleveland, OH 44102	LaJean Ray
Vendor Council District:	Project Council District
Council District 7	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Catholic Charities Corporation –	Ramonita Johnson
Hispanic Senior Center	
7911 Detroit Avenue	
Cleveland, OH 44102	4,
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Catholic Charities Corporation –	
St. Martin De Porres Family Center	
TOUT D	
7911 Detroit Avenue	Karnese McKenzie
Cleveland, OH 44102	D 1 40 1181411
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Bedford	
165 Center Rd.	Michael Callahan
Bedford, OH 44146	D
Vendor Council District:	Project Council District:
Council District 9	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Berea	
11 Berea Commons	Natalie Guzzo, Administrator
Berea, OH 44017	Paris at Coursell Blatel
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: City of Euclid	Owner, executive director, other (specify):
	Dov. 7/24/22

585 East 222 nd Street	Dob Daving Manager
Euclid, OH 44123	Bob Payne, Manager
Vendor Council District:	Project Council District:
Council District 11	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Lakewood	owner, executive director, other (specify).
Lawther Center	Chad Berry, Director
16024 Madison Ave Avenue	Chad berry, birector
Lakewood, OH 44107	
Vendor Council District:	Project Council District:
	-
Council District 2	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Maple Heights	
5353 Lee Road	Linda Vopat, Director
Maple Heights, OH 44137	
Vendor Council District:	Project Council District:
Council District 8	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Olmsted Falls	
26100 Bagley Rd.	Angi Mancini, Clerk of Courts
Olmsted Falls, OH 44138	
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the	1,
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Parma Heights	Trish James
6281 Pearl Road	Administrator
Parma Heights, OH 44130	
Vendor Council District:	Project Council District:
Council district 4	
	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Solon	, (2
34200 Bainbridge Road	Jill Frankel
Solon, OH 44139	

Vendor Council District: 6	Project Council District:
Council district 6	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Strongsville	
18100 Royalton Road	
Strongsville, OH 44136	
Vendor Council District:	Project Council District:
Council district 5	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Clergy Alliance	
4050 Monticello Blvd. Cleveland Heights, OH 44121	Rev. Lorenzo Norris , President and CEO
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Community Partnership on Aging	
1370 Victory Drive	Wendy Albin-Sattin, Executive Director
South Euclid, OH 44121	
Vendor Council District:	Project Council District:
Council district 11	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	·
Vendor Name and address: City of Parma – Donna Smallwood Activities Center	Owner, executive director, other (specify):
7010 Powers Blvd.	Erin Lally, Director
Parma, OH 44129	2 23.17, 5.1.0001
Vendor Council District:	Project Council District:
Council district 4	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address: East End Neighborhood House, Inc	Owner, executive director, other (specify):
2749 Woodhill Road	Atunyese Vanessa Herron
Cleveland, OH 44104	recurred valiessa ricifoli
Vendor Council District:	Project Council District:
Council district 7	County Wide

If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Famicos Foundation, Inc	
1325 Ansel Road	John Anoliefo, Executive Director
Cleveland, OH 44106	,
Vendor Council District:	Project Council District:
Council district 7	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Harvard Community Services Center	Owner, executive director, other (specify):
18240 Harvard Avenue	Flaine Cabletin Duraidant 9 CFO
Cleveland, OH 44128	Elaine Gohlstin, President & CEO
Vendor Council District:	Project Council District:
Council district 9	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Jennings Center for Older Adults	(Specify).
10204 Granger Road	Emily Taylor
Garfield Heights, OH 44125	
Vendor Council District:	Project Council District:
Council District 8	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Linking, Employment, Abilities and Potential (LEAP)	
2545 Lorain Ave	Melanie Hogan, Executive Director
Cleveland, OH 44113	
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Near West Side Mulit-Service DBA May Dugan	, (1990)
4115 Bridge Ave	Andy Trares, Owner
Cleveland, OH 44113	,
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

Vendor Name and address:	Owner, executive director, other (specify):
Murtis Taylor	(speany)
13422 Kinsman Rd	Lovell Custard, President & CEO
Cleveland, OH 44120	,
Vendor Council District:	Project Council District:
Council District 9	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Rose Centers For Aging Well, LLC	
11890 Fairlhill Rd	Dabney Conwell, Executive Director
Cleveland, OH 44120	,
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Senior Citizen Resources, Inc	(0,000,000,000,000,000,000,000,000,000,
3100 Devonshire Rd	Liz Kilroy Hernandez, Executive Director
Cleveland, OH 44109	,
Vendor Council District:	Project Council District:
Council District 7	Council District 7
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Senior Transportation Connection	Owner, executive director, other (specify).
4735 W. 150 th Street, Ste A	Laura Kleinman, Executive Director
Cleveland, Ohio 44135	Ladia Mellillali, Executive Dilector
Vendor Council District:	Project Council District:
vendor council district.	Project Council District:
Council District 2	County wide
If applicable provide the full address or list the	\(\frac{1}{2}\)
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
The Phillis Wheatley Association	
4450 Cedar Ave.	Valerie Chilkcutt, Director of Administration
Cleveland, OH 44103	
Vendor Council District:	Project Council District:
Council District 8	County wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
The Salvation Army	

4400 West Nyack Rd.	Sharon Janasek, Director of Government & Foundation
West Nyack, NY 10994	Relations
Vendor Council District: `	Project Council District
N/A	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
University Settlement, Inc.	owner, executive un ector, other (specify).
4800 Broadway Ave.	Kelly McConnell, Development Director
Cleveland, OH 44127	Keny Wecomen, Development Director
Vendor Council District:	Project Council District:
Council District 8	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
West Side Community House	
9300 Lorain Ave.	Rachelle Milner, Executive Director
Cleveland, OH 44102	
Vendor Council District:	Project Council District:
Council District 3	County wide
If applicable provide the full address or list the	
If applicable provide the full address or list the municipality(ies) impacted by the project.	
.,	NON-COMPETITIVE PROCUREMENT
municipality(ies) impacted by the project.	
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid process.
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB 🗵 RFP 🗆 RFQ	Provide a short summary for not using competitive bid
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable	Provide a short summary for not using competitive bid process.
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ⋈ RFP □ RFQ □ Informal □ Formal Closing Date: July 17 th , 2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ☒ RFP □ RFQ □ Informal □ Formal Closing Date: July 17 th , 2023 The total value of the solicitation: \$3,269,175.00	Provide a short summary for not using competitive bid process. *See Justification for additional information. □ Exemption
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable RFB RFP RFQ Informal Closing Date: July 17 th , 2023 The total value of the solicitation: \$3,269,175.00 Number of Solicitations (sent/received) /	Provide a short summary for not using competitive bid process. *See Justification for additional information.
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ☒ RFP □ RFQ □ Informal □ Formal Closing Date: July 17 th , 2023 The total value of the solicitation: \$3,269,175.00	Provide a short summary for not using competitive bid process. *See Justification for additional information. □ Exemption □ State Contract, list STS number and expiration date
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municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ⋈ RFP □ RFQ □ Informal □ Formal Closing Date: July 17 th , 2023 The total value of the solicitation: \$3,269,175.00 Number of Solicitations (sent/received) / 118/34	Provide a short summary for not using competitive bid process. *See Justification for additional information. □ Exemption □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
municipality(ies) impacted by the project. COMPETITIVE PROCUREMENT RQ # if applicable □ RFB ☒ RFP □ RFQ □ Informal □ Formal Closing Date: July 17 th , 2023 The total value of the solicitation: \$3,269,175.00 Number of Solicitations (sent/received) / 118/34 Participation/Goals (%): (0%) DBE (20%) SBE	Provide a short summary for not using competitive bid process. *See Justification for additional information. □ Exemption □ State Contract, list STS number and expiration date □ Government Coop (Joint Purchasing Program/GSA), list number and expiration date □ Sole Source □ Public Notice posted by Department
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How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒	No. If yes, complete section below:
☐ 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? ☐ No ☐ Yes, answer the be	elow questions.
Are services covered under the original ERP Budget	or Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new ERP sys	tem? 🗆 Yes 🗀 No, please explain.
FUNDING SOURCE: i.e. General Fund, Health and H	luman Services Levy Funds, Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.	
100% Health and Human Services	
Is funding for this included in the approved budget?	∑ Yes □ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ⊠ Monthly □ Qu	arterly One-time Other (please explain):
Provide status of project.	
Provide status of project.	
\square New Service or purchase \boxtimes Recurring service of purchase	r 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:	
	Infor, such as the item being disapproved and requiring
correction:	milor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if yes, p	
_	lease explain)
Have payments be made? No Yes (if yes, ple	
Have payments be made? No Yes (if yes, ple HISTORY (see instructions): Original Contract – R2022-0025 – 2/08/2022	

Upload as "word" document in Infor

Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3716

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
	· · · · · · · · · · · · · · · · · · ·	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		D OPEN COMPET Formal RFP		
Ashbury Senior Computer Comn		ewed by Purchasing ter	Department initials	Purchasing
Notice of Intent to Award (sent to a	ll respondii	ng vendors)	JW	OK AC
Bid Specification Packet			JW	OK AC
Final DEI Goal Setting Worksheet			JW	OK AC
Diversity Documents - if required	goal set)		N/A	OK AC
Award Letter (sent to awarded veno	Art .		JW	OK AC
Vendor's Confidential Financial Sta	atement – ij	RFP requested	N/A	N/A AC
Tabulation Sheet	-		JW	OK AC
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).			JW	OK AC
IG# 12-2980		AC	OK AC	
Debarment/Suspension Verified	Date:	9/8/23	AC	OK AC
Auditor's Finding	Date:	9/8/23	AC	OK AC
Vendor's Submission			JW	OK AC
Independent Contractor (I.C.) Requ	irement	Date: 9/12/23	AC	OK AC
Cover - Master contracts only			JW	OK AC
Contract Evaluation – if required			JW	OK AC
TAC/CTO Approval or IT Standard page #s), if required.	ls (attach ar	nd identify relevant	N/A	N/A AC
Checklist Verification			JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
	Department initials		
Agreement/Contract and Exhibits	JW		

1 | Page

Upload as "word" document in Infor

Matrix Law Screen shot	JW	
COI	AC	
Workers' Compensation Insurance	AC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$101,250.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$101,250.00
			TOTAL	\$202,500.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica			o completed by a				
Infor/Lawson PO# and PO Code (if		PO #- 211950					
applicable)							
Lawson RQ# (if ap	plicable)	6690/8713	6690/8713				
CM Contract#		CM2757					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$75,000.00		07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Prior Amendment Amounts (list separately)	\$ \$ \$					
	Pending Amendment	\$					
	Total Amendments	\$					
Total Contact Amount	\$75,000.00						

PURCHASING USE ONLY

Prior Resolutions	N/A	
CM#:	3717	
Vendor Name:	ASHBURY COMMUNITY SERVICES	
ftp:	01/01/24 - 12/31/25	
Amount:	\$202,500.00	

 $2\mid P\; a\; g\; e$

Upload as "word" document in Infor

History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/24/23
initials and date of	
approval	

Upload as "word" document in Infor

Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3717

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?	100 2	NO A
What is being done to prevent this from reoccurring?		
		(m) 4
TAC or CTO Required or authorized IT Standard	Yes	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing					
Fatima Family Center			Department initials	Purchasing	
Notice of Intent to Award (sent to a	all respondi	ing vendors)	JW	OK AC	
Bid Specification Packet			JW	OK AC	
Final DEI Goal Setting Worksheet			JW	OK AC	
Diversity Documents - if required	(goal set)		N/A	N/A AC	
Award Letter (sent to awarded ven	dor)		JW	OK AC	
Vendor's Confidential Financial St	atement – i	if RFP requested	JW	OK AC	
Tabulation Sheet			JW	OK AC	
Evaluation with Scoring Summary included, must have minimum of th			JW	OK AC	
IG# 12-0762			AC	OK AC	
Debarment/Suspension Verified	Date:	9/8/23	AC	OK AC	
Auditor's Finding	Date:	9/8/23	AC-	OK AC	
Vendor's Submission			JW	OK AC	
Independent Contractor (I.C.) Requ	irement	Date: 9/12/23	AC	OK AC	
Cover - Master contracts only			JW	OK AC	
Contract Evaluation - if required			JW	OK AC	
TAC/CTO Approval or IT Standard page #s), if required.	ds (attach a	nd identify relevant	N/A	N/A AC	
Checklist Verification			JW	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	JW			

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Matrix Law Screen shot	JW	
COI	AC	
Workers' Compensation Insurance	AC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$114,479.95	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$49,600.00	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$114,479.95	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$49,600.00	
			TOTAL	\$328,159.90	

CONTRACT HISTORY (to be completed by department)

		I IIISTORI (tt	be completed by a	cpar tilicit)				
CE/AG# (if applica	ble)							
Infor/Lawson PO#	Infor/Lawson PO# and PO Code (if		PO#- 211326					
applicable)								
Lawson RQ# (if ap	Lawson RQ# (if applicable)		6690/8713					
CM Contract#		CM1926						
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$175,312.50		01/01/2022- 12/31/2023	02/08/2022	R2022-0025			
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389			
	Amounts (list	\$						
	separately)	\$						
	Pending Amendment	\$						
	Total Amendments	\$0						
Total Contact Amount	\$175,312.50							

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Prior Resolutions	N/A AC	
CM#:	3717	
Vendor Name:	CATHOLIC CHARITIES CORPORATION - FATIMA	

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ftp:	01/01/24-12/31/25
Amount:	\$328,159.90
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/24/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	2491
CM Contract#	3763

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?	103	110 11
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

	FULL AN	ID OPEN COMPETE Formal RFP	IIION	
	Rev	viewed by Purchasing		
Hispanic Senior Center			Department initials	Purchasing
Notice of Intent to Award (sent to	all respondi	ng vendors)	JW	OK AC
Bid Specification Packet			JW	OK AC
Final DEI Goal Setting Worksheet			JW	OK AC
Diversity Documents - if required	(goal set)		N/A	OK AC
Award Letter (sent to awarded ven	dor)		JW	OK AC
Vendor's Confidential Financial St	atement –	f RFP requested	JW	OK AC
Tabulation Sheet			JW	OK AC
Evaluation with Scoring Summary	,		JW	OK AC
included, must have minimum of th	ree evaluai	tors).		
IG# 12-0762		Nie	JW	OK AC
Debarment/Suspension Verified	Date:	9/8/23	AC	OK AC
Auditor's Finding	Date:	9/8/23	AC	OK AC
Vendor's Submission			JW	OK AC
Independent Contractor (I.C.) Requ	uirement	Date: 9/12/23	AC	OK AC
Cover - Master contracts only			JW	OK AC
Contract Evaluation – if required			JW	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant			N/A	N/A AC
page #s), if required.				
Checklist Verification			JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	iewed by Law	
	Department initials	
Agreement/Contract and Exhibits	JW	

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Matrix Law Screen shot	JW	
COI	AC	
Workers' Compensation Insurance	AC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$44,570.27
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$20,002.80
01/01/2024 - 12/31/2024	HS260265	56110	UCH09306	\$27,005.40
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$29,999.06
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$44,570.27
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$20,002.80
01/01/2025 - 12/31/2025	HS260265	56110	UCH09306	\$27,005.40
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$29,999.06
			TOTAL	\$243,155.06

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)	`						
Infor/Lawson PO#	Infor/Lawson PO# and PO Code (if		PO#- 211325					
applicable)								
Lawson RQ# (if applicable)		6690/8713	6690/8713					
CM Contract#		1925						
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$239,750.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025			
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389			
	Amounts (list	\$			i i			
	separately)	\$						
	Pending Amendment	\$						
	Total Amendments	\$						
Total Contact Amount	\$239,750.00							

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Prior Resolutions	N/A
CM#:	3763
Vendor Name:	CATHOLIC CHARITIES CORPORATION
ftp:	01/01/24-12/3125
Amount:	\$243,155.06
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/24/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756		
Infor/Lawson PO# Code (if applicable):			
Event #			
CM Contract#	3765		
		- V	
		Danartment initials	Clark of the Roard

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	V., [7]	No X
Why is the contract being submitted late?	Yes 🗆	NO A
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		Form	COMPET		
St. Martin De Porres	Rev	riewed by	Purchasing	Department initials	Purchasing
Notice of Intent to Award (sent to a	ll respondi	ng vendo	ors)	JW	OK AC
Bid Specification Packet				JW	OK AC
Final DEI Goal Setting Worksheet				JW	OK AC
Diversity Documents - if required	(goal set)			N/A	N/A AC
Award Letter (sent to awarded vene				JW	OK AC
Vendor's Confidential Financial St	atement – i	f RFP re	quested	JW	OK AC
Tabulation Sheet			***************************************	JW	OK AC
Evaluation with Scoring Summary included, must have minimum of the			rs to be	JW	OK AC
IG# 12-0762				JW	OK AC
Debarment/Suspension Verified	Date:	9/8/23		AC	OK AC
Auditor's Finding	Date:	9/8/23	3	AC	OK AC
Vendor's Submission				JW	OK AC
Independent Contractor (I.C.) Requ	irement	Date:	9/12/23	AC	OK AC
Cover - Master contracts only			JW	OK AC	
Contract Evaluation – if required			JW	OK AC	
TAC/CTO Approval or IT Standard page #s), if required.	ls (attach a	nd identi	fy relevant	N/A	N/A AC
Checklist Verification				JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
Department initials			
Agreement/Contract and Exhibits	JW		

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Matrix Law Screen shot	JW	
COI	AC	
Workers' Compensation Insurance	AC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$54,999.90	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$24,998.40	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$54,999.90	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$24,998.40	
			TOTAL	\$159,996.60	

CONTRACT HISTORY (to be completed by department)

	CONTRAC	I IIISTOKI (II	o de completea dy a	epai (ment)			
CE/AG# (if applica	ble)			· · · · · · · · · · · · · · · · · · ·			
Infor/Lawson PO#	and PO Code (if	PO#- 21137					
applicable)							
Lawson RQ# (if applicable)		6690/8713	6690/8713				
CM Contract#		1927			-74		
	Original	Amendment	Original Time	Approval	Approval #		
	Amount	Amount	Period & End Date/ Amended End Date	Date			
Original Amount	\$178,640.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list	\$					
	separately)	\$					
	Pending Amendment	\$					
	Total Amendments	\$0					
Total Contact Amount	\$178,640.00						

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389
CM#:	3765
Vendor Name:	Catholic Charities Corporation

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ftp:	01/01/24 - 12/31/25
Amount:	\$159,996.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	AC 10/25/23

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	2491
CM Contract#	3766

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		ID OPEN COMPETI Formal RFP riewed by Purchasing		
City of Bedford			Department initials	Purchasing
Notice of Intent to Award (sent to	all respondi	ng vendors)	JW	OK AC
Bid Specification Packet		-24	JW	OK AC
Final DEI Goal Setting Worksheet			JW	OK AC
Diversity Documents - if required	(goal set)		N/A	
Award Letter (sent to awarded ven			JW	OK AC
Vendor's Confidential Financial St	atement – i	f RFP requested	JW	OK AC
Tabulation Sheet	·		JW	OK AC
Evaluation with Scoring Summary included, must have minimum of th			JW	OK AC
IG#			N/A	
Debarment/Suspension Verified	Date:	9/8/23	AC	OK AC
Auditor's Finding	Date:	9/8/23	AC	OK AC
Vendor's Submission			JW	OK AC
Independent Contractor (I.C.) Requ	uirement	Date:	N/A	
Cover - Master contracts only			JW	OK AC
Contract Evaluation – if required			JW	OK AC
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identify relevant	N/A	
Checklist Verification			JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
	Department initials		
Agreement/Contract and Exhibits	JW		

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Matrix Law Screen shot	JW	
COI	AC	
Workers' Compensation Insurance	AC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$29,999.20
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$11,999.45
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$19,996.90
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$29,999.20
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$11,999.45
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$19,996.90
	-		TOTAL	\$123,991.10

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)						
Infor/Lawson PO#	and PO Code (if	(if PO#- 211329					
applicable)							
Lawson RQ# (if ap	Lawson RQ# (if applicable) CM Contract#		6690/8713 1936				
CM Contract#							
	Original	Amendment	Original Time	Approval	Approval #		
	Amount	Amount	Period & End Date/ Amended End Date	Date			
Original Amount	\$108,084.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list	\$					
	separately)	\$					
	Pending Amendment	\$			F:		
	Total Amendments	\$0					
Total Contact Amount	\$108,084.00						

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3766
Vendor Name:	CITY OF BEDFORD
ftp:	01/01/24 - 12/31/25
Amount:	\$123,991.10
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	N/A
Event #	4491
CM Contract#	3757

	Department initials	Clerk of the Board
Briefing Memo	DWM	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing				
City of Berea			Department initials	Purchasing
Notice of Intent to Award (sent to a	ıll respondi	ng vendors)	DWM	OK AC
Bid Specification Packet			DWM	OK AC
Final DEI Goal Setting Worksheet			DWM	OK AC
Diversity Documents - if required	(goal set)			
Award Letter (sent to awarded vene			DWM	OK AC
Vendor's Confidential Financial St	atement – i	f RFP requested	DWM	OK AC
Tabulation Sheet			DWM	OK AC
Evaluation with Scoring Summary (Names of evaluators to be			DWM	OK AC
included, must have minimum of th IG# N/A	ree evaiuai	ors).	N/A	
Debarment/Suspension Verified	Date:	9/7/23	DWM	OK AC
Auditor's Finding	Date:	9/7/23	DWM	OK AC
Vendor's Submission			DWM	OK AC
Independent Contractor (I.C.) Requ	irement	Date: N/A	N/A	
Cover - Master contracts only			DWM	OK AC
Contract Evaluation – if required			DWM	OK AC
TAC/CTO Approval or IT Standard page #s), if required.	ds (attach a	nd identify relevant	N/A	
Checklist Verification			DWM	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	riewed by Law	
	Department initials	
Agreement/Contract and Exhibits	DWM	

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Matrix Law Screen shot	DWM
COI	DWM
Workers' Compensation Insurance	DWM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$ 44,997.00
01/01/2024 — 12/31/2024	HS260265	56110	UCH09309		\$ 34,962.34
01/01/2025 — 12/31/2025	HS260265	56110	UCH09303		\$ 44,997.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$ 34,962.00
			TOTAL	\$159,918	

CONTRACT HISTORY (to be completed by department)

CELLOR II		-	be completed by a	cpai tillent)			
CE/AG# (if applica		N/A					
Infor/Lawson PO#	and PO Code (if	211330					
applicable)							
Lawson RQ# (if ap	plicable)	6690	6690				
CM Contract#		1939					
	Original	Amendment	Original Time	Approval	Approval #		
	Amount	Amount	Period & End Date/ Amended End Date	Date			
Original Amount	\$226,036.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list	\$					
	separately)	\$					
	Pending Amendment	\$					
	Total Amendments	\$					
Total Contact Amount	\$226,036.00						

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389
CM#:	3757

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Vendor Name:	CITY OF BEREA
ftp:	01/01/24 - 12/31/25
Amount:	\$159,918.00
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/2025
initials and date of	
approval	

Upload as "word" document in Infor

DInfor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	N/A
Event #	4491
CM Contract#	3758

	Department initials	Clerk of the Board
Briefing Memo	DWM	
T		1
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP					
City of Euclid	Rev	iewed by Purchasing	Department initials	Purchasing	
Notice of Intent to Award (sent to	all respondi	ng vendors)	DWM	OK AC	
Bid Specification Packet			DWM	OK AC	
Final DEI Goal Setting Worksheet			DWM	OK AC	
Diversity Documents - if required			N/A		
Award Letter (sent to awarded ven	dor)		DWM	OK AC	
Vendor's Confidential Financial St	atement – i	f RFP requested	N/A		
Tabulation Sheet			DWM	OK AC	
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).			DWM	OK AC	
IG# N/A			N/A		
Debarment/Suspension Verified	Date:	9/7/23	DWM	OK AC	
Auditor's Finding	Date:	9/7/23	DWM	OK AC	
Vendor's Submission	·		DWM	OK AC	
Independent Contractor (I.C.) Requ	N/A				
Cover - Master contracts only			DWM	OK AC	
Contract Evaluation – if required			DWM	OK AC	
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identify relevant	N/A		
Checklist Verification			DWM	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	DWM			

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Matrix Law Screen shot	DWM
COI	DWM
Workers' Compensation Insurance	DWM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 12/31/2024	HS260265	56110	UCH09303	\$ 4,800.00	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$ 30,002.50	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09306	\$ 10,237.50	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$ 4,800.00	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$ 30,002.50	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09306	\$ 10,237.50	
			TOTAL	\$90,080.00	

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)	N/A					
Infor/Lawson PO# and PO Code (if applicable) Lawson RQ# (if applicable)		211331					
		6690					
CM Contract#		1940					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$152,810.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list	\$					
	separately)	\$					
	Pending Amendment	\$90,080.00	01/01/24- 12/31/25				
	Total Amendments	\$					
Total Contact Amount	\$152,810.00						

PURCHASING USE ONLY

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3758
Vendor Name:	CITY OF EUCLID
ftp:	01/01/24-12/31/25
Amount:	\$90,080.00
History/CE:	1940
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

Upload as "word" document in Infor

Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	N/A
Event #	4491
CM Contract#	3759

	Department initials	Clerk of the Board
Briefing Memo	DWM	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes □	No X

		ID OPEN COMPETI Formal RFP iewed by Purchasing		
			Department initials	Purchasing
Notice of Intent to Award (sent to a	all respondi	ng vendors)	DWM	OK AC
Bid Specification Packet			DWM	OK AC
Final DEI Goal Setting Worksheet			DWM	OK AC
Diversity Documents - if required	(goal set)		N/A	
Award Letter (sent to awarded ven	dor)		DWM	OK AC
Vendor's Confidential Financial St	atement – i	f RFP requested	DWM	OK AC
Tabulation Sheet		3,	DWM	OK AC
Evaluation with Scoring Summary included, must have minimum of th			DWM	OK AC
IG# N/A			N/A	
Debarment/Suspension Verified	Date:	9/7/23	DWM	OK AC
Auditor's Finding	Date:	9/7/23	DWM	OK AC
Vendor's Submission			DWM	OK AC
Independent Contractor (I.C.) Requ	irement	Date: N/A	N/A	
Cover - Master contracts only		DWM	OK AC	
Contract Evaluation – if required			DWM	OK AC
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identify relevant	N/A	
Checklist Verification			DWM	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law				
Department initials				
Agreement/Contract and Exhibits	DWM			

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Matrix Law Screen shot	DWM	
COI	DWM	
Workers' Compensation Insurance	DWM	
Performance Bond, if required per RFP	DWM	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$ 11,000.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309		\$ 31,164.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303		\$ 11,000.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$ 31,164.00
			TOTAL		\$84,328.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica		N/A	be completed by u			
Infor/Lawson PO# and PO Code (if applicable) Lawson RQ# (if applicable)		211485				
		6690	6690			
CM Contract#		1946				
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #	
Original Amount	\$91,000.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025	
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389	
	Amounts (list separately)	\$				
	Pending Amendment	\$84,328.00	01/01/24 — 12/31/25			
	Total Amendments	\$				
Total Contact Amount	\$91,000.00					

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3759	
Vendor Name:	CITY OF LAKEWOOD	

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ftp:	01/01/24-12/31/25
Amount:	\$84,328.00
History/CE:	1946
EL:	OK .
Procurement Notes:	
Purchasing Buyer's initials and date of	AC 10/25/23
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	N/A
Event #	4491
CM Contract#	3760

	Department in	itials (Cler	k of the Board
Briefing Memo	DWM	1		
	*			
Late Submittal Required:	Yes □	1	No	X
Why is the contract being submitted late?				
What is being done to prevent this from reoccurring?				
TAC or CTO Required or authorized IT Standard	Yes 🗆	1	No	X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing				
			Department initials	Purchasing
Notice of Intent to Award (sent to	all respon	ding vendors)	DWM	OK AC
Bid Specification Packet			DWM	OK AC
Final DEI Goal Setting Worksheet			DWM	OK AC
Diversity Documents - if required	(goal set)		N/A	
Award Letter (sent to awarded ver	idor)		DWM	OK AC
Vendor's Confidential Financial S	tatement –	if RFP requested	DWM	OK AC
Tabulation Sheet			DWM	OK AC
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).			DWM	OK AC
IG# N/A			N/A	
Debarment/Suspension Verified	Date:	9/7/23	DWM	OK AC
Auditor's Finding	Date:	9/7/23	DWM	OK AC
Vendor's Submission			DWM	OK AC
Independent Contractor (I.C.) Req	N/A			
Cover - Master contracts only			DWM	OK AC
Contract Evaluation – if required			DWM	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	
Checklist Verification		DWM	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by La	W
	Department initials
Agreement/Contract and Exhibits	DWM

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Matrix Law Screen shot	DWM
COI	DWM
Workers' Compensation Insurance	DWM
Performance Bond, if required per RFP	DWM

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309		\$ 18,900.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304		\$ 22,000.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$ 18,900.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304		\$ 22,000.00
			TOTAL		\$81,000.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applicable)		N/A	be completed by t	opar uniont,			
Infor/Lawson PO# and PO Code (if		211332					
applicable)							
Lawson RQ# (if ap	plicable)	6690					
CM Contract#		1941					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval#		
Original Amount	\$114,800.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list	\$					
	separately) Pending Amendment	\$ \$81,000.00	01/01/24- 12/31/25				
	Total Amendments	\$					
Total Contact Amount	\$114,800.00						

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	1941	
Vendor Name:	CITY OF MAPLE HEIGHTS	

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ftp:	01/01/24-12/31/25
Amount:	\$81,000.00
History/CE:	1941
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	N/A
Event #	4491
CM Contract#	3761

	Department initials	Clerk of the Board
Briefing Memo	DWM	
Late Submittal Required:	Yes	No X
Why is the contract being submitted late?		-
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		Formal	COMPETI RFP Purchasing		
				Department initials	Purchasing
Notice of Intent to Award (sent to a	ll respondi	ng vendor	s)	DWM	OK AC
Bid Specification Packet				DWM	OK AC
Final DEI Goal Setting Worksheet				DWM	OK AC
Diversity Documents - if required	(goal set)			N/A	
Award Letter (sent to awarded vend				DWM	OK AC
Vendor's Confidential Financial Statement – if RFP requested				DWM	OK AC
Tabulation Sheet			DWM	OK AC	
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).			to be	DWM	OK AC
IG# N/A				N/A	
Debarment/Suspension Verified	Date:	9/7/23		DWM	OK AC
Auditor's Finding	Date:	9/7/23		DWM	OK AC
Vendor's Submission	•			DWM	OK AC
Independent Contractor (I.C.) Requ	N/A	N/A			
Cover - Master contracts only			DWM	OK AC	
Contract Evaluation – if required			DWM	OK AC	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			relevant	N/A	
Checklist Verification				DWM	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Revi	ewed by Law
	Department initials
Agreement/Contract and Exhibits	DWM

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Matrix Law Screen shot	DWM
COI	DWM
Workers' Compensation Insurance	DWM
Performance Bond, if required per RFP	DWM

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$ 30,000.24
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303		\$ 30,000.24
			TOTAL		\$60,000.48

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica		N/A	be completed by u	cpartment)			
Infor/Lawson PO# applicable)		211333					
	Lawson RQ# (if applicable)		6690				
CM Contract#		1942					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$59,990.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0 \$	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list separately)	\$					
	Pending Amendment	\$60,000.48	01/01/24- 12/31/25				
	Total Amendments	\$					
Total Contact Amount	\$59,990.00						

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3761	
Vendor Name:	CITY OF OLMSTED FALLS	
ftp:	01/01/24-12/31/25	
Amount:	\$60,000.48	

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History/CE:	1942
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

Upload as "word" document in Infor

Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3742

	Department initials	Clerk of the Board
Briefing Memo	NM	
Late Submittal Required:	Yes	No 🗆 X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
	10 E	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No □ X

FULL AND OPEN COMPETITION Formal RFP				
		iewed by Purchasing		
Donna Smallwood Activities Center City of Parma		Department initials	Purchasing	
Notice of Intent to Award (sent to a	ll respondi	ng vendors)	NM	OK AC
Bid Specification Packet			NM	OK AC
Final DEI Goal Setting Worksheet			NM	OK AC
Diversity Documents - if required	(goal set)		N/A	OK AC
Award Letter (sent to awarded vend	lor)		NM	OK AC
Vendor's Confidential Financial Sta	NM	OK AC		
Tabulation Sheet			NM	OK AC
Evaluation with Scoring Summary (Names of evaluators to be			NM	OK AC
included, must have minimum of three evaluators).				
IG#			N/A	N/A AC
Debarment/Suspension Verified	Date:	10.16.2023	NM	OK AC
Auditor's Finding	Date:	10.16.2023	NM	OK AC
Vendor's Submission			NM	OK AC
Independent Contractor (I.C.) Requ	Date:	N/A	N/A AC	
Cover - Master contracts only			NM	OK AC
Contract Evaluation – if required			N/A	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A AC
Checklist Verification		NM	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Revie	ewed by Law
	Department initials
Agreement/Contract and Exhibits	NM

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Matrix Law Screen shot	NM
COI	NM
Workers' Compensation Insurance	NM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
1/01/2024-12/31/20024	HS260265	56110	UCH09303	\$7,156.80	
01/01/2024-12/31/2024	HS260265	56110	UCH09304	\$5,247.00	
1/01/2025-12/31/20025	HS260265	56110	UCH09303	\$7,156.90	
01/01/2025-12/31/2025	HS260265	56110	UCH09304	\$5,247.00	
			TOTAL	\$24,807.60	

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)				
Infor/Lawson PO#	and PO Code (if				
applicable)					
Lawson RQ# (if ap	plicable)				
CM Contract#		New Vendor			
Not on last RFP	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount					
	Prior	\$			
	Amendment	\$			
	Amounts (list separately)	\$			
	Pending Amendment	\$			
	Total Amendments	\$			
Total Contact Amount					

PURCHASING USE ONLY

Prior Resolutions	N/A AC
CM#:	3742
Vendor Name:	CITY OF PARMA - DONNA SMALLWOOD ACTIVITIES CENTER
ftp:	01/01/24 - 12/31/25

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Amount:	\$24,807.60
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	6690
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3751

	Department initials	Clerk of the Board
Briefing Memo	PC	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

	FULL AN	D OPEN	COMPETI	TION	
		Forma	l RFP		
	Rev	iewed by	Purchasing		
City of Parma Heights				Department initials	Purchasing
Notice of Intent to Award (sent to	all respondi	ng vendo	rs)	PC	OK AC
Bid Specification Packet	1000			PC	OK AC
Final DEI Goal Setting Worksheet				PC	OK AC
Diversity Documents - if required	(goal set)			N/A	
Award Letter (sent to awarded ven	dor)			PC	OK AC
Vendor's Confidential Financial St	atement – i	f RFP red	juested	PC	OK AC
Tabulation Sheet				PC	OK AC
Evaluation with Scoring Summary included, must have minimum of the			rs to be	PC	OK AC
IG#				N/A	
Debarment/Suspension Verified	Date:	9/25/2	23	PC	OK AC
Auditor's Finding	Date:	9/13/2	23	PC	OK AC
Vendor's Submission				PC	OK AC
Independent Contractor (I.C.) Requ	uirement	Date:	9/5/23	PC	OK AC
Cover - Master contracts only				PC	OK AC
Contract Evaluation – if required				PC	OK AC
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identi	fy relevant	N/A	
Checklist Verification				PC	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	iewed by Law
	Department initials
Agreement/Contract and Exhibits	PC

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Matrix Law Screen shot	NM
COI	PC
Workers' Compensation Insurance	PC
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$39,900.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$75,000.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$132,497.32
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$39,900.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$75,000.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$132,497.32
			TOTAL	\$494,794.64

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)							
Infor/Lawson PO#	and PO Code (if							
applicable)								
Lawson RQ# (if applicable)		6690	6690					
CM Contract#		2758						
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$ 374,500.00		7/1/2022- 12/31/2023	11/22/22	R2022-0389			
	Prior	\$0.00	7/1/22-12/31/23	11/22/22	R2022-0389			
	Amendment	\$						
	Amounts (list separately)	\$						
	Pending Amendment	\$494,794.64	01/01/24/- 12/31/25					
	Total Amendments	\$						
Total Contact Amount	\$374,500.00			-				

PURCHASING USE ONLY

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Prior Resolutions	R2022-0389, R2022-0389
.CM#:	3751
Vendor Name:	CITY OF PARMA HEIGHTS
ftp:	01/01/24/-12/31/25
Amount:	\$494,794.64
History/CE:	2758
EL:	
Procurement Notes:	OK
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	6690 12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3743

	Department initials	Clerk of the Board
Briefing Memo	PC	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

		Form	N COMPETI al RFP y Purchasing		
City of Solon				Department initials	Purchasing
Notice of Intent to Award (sent to a	ll respondi	ing vend	ors)	PC	CQ
Bid Specification Packet				PC	CQ
Final DEI Goal Setting Worksheet				PC	CQ
Diversity Documents - if required	(goal set)			N/A	NA
Award Letter (sent to awarded vene	PC	CQ			
Vendor's Confidential Financial St	PC	CQ			
Tabulation Sheet	PC	CQ			
Evaluation with Scoring Summary included, must have minimum of the			ors to be	PC	CQ
IG#				N/A	GOVT ENTITY
Debarment/Suspension Verified	PC	09/2	5/2023	PC	CQ
Auditor's Finding	PC	09/13	3/2023	PC	CQ
Vendor's Submission				PC	CQ
Independent Contractor (I.C.) Requ	N/A	GOVT ENTITY			
Cover - Master contracts only	PC	CQ			
Contract Evaluation – if required				PC	CQ
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	NA
Checklist Verification				PC	CQ

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed	by Law	
	Department initials	

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Agreement/Contract and Exhibits	PC	
Matrix Law Screen shot	NM	
COI	PC	
Workers' Compensation Insurance	PC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$79,148.84
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$79,148.84
			TOTAL	\$158,297.68

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica			be completed by the	,			
Infor/Lawson PO#	and PO Code (if						
applicable)							
Lawson RQ# (if applicable) CM Contract#		6690 1943					
Original Amount	\$119,626.00		1/1/2022 - 12/31/2023	02/08/22	R2022-0025		
	Prior Amendment Amounts (list separately)	\$0.00	7/1/22-12/31/23	11/22/22	R2022-0389		
	Pending Amendment	\$158,297.68	1/1/24-12/31/25				
	Total Amendments						
Total Contact Amount	\$119,626.00						

PURCHASING USE ONLY

Prior Resolutions	R2022-0025
	R2022-0389
CM#:	3743
Vendor Name:	City of Solon
ftp:	1/1/24-12/31/25
Amount:	\$158,297.68

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History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	CQ 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	6690
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3744

	Department initials	Clerk of the Board
Briefing Memo	PC	
Late Submittal Required:	Yes 🗖	No X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
City of Strongsville	ioned by	a or chesting	Department initials	Purchasing		
Notice of Intent to Award (sent to all responding vendors)		PC	OK AC			
Bid Specification Packet			PC	OK AC		
Final DEI Goal Setting Worksheet			PC	OK AC		
Diversity Documents - if required (goal set)			N/A			
Award Letter (sent to awarded vendor)			PC	OK AC		
Vendor's Confidential Financial Statement - ij	f RFP requ	uested	PC	OK AC		
Tabulation Sheet		PC	OK AC			
Evaluation with Scoring Summary (Names of eincluded, must have minimum of three evaluate		to be	PC	OK AC		
IG# N/A			N/A			
Debarment/Suspension Verified	9/23/2	3	PC	OK AC		
Auditor's Finding	9/13/23		PC	OK AC		
Vendor's Submission			PC	OK AC		
Independent Contractor (I.C.) Requirement	N/A		N/A			
Cover - Master contracts only			PC	OK AC		
Contract Evaluation – if required			PC	OK AC		
TAC/CTO Approval or IT Standards (attach an page #s), if required.	nd identify	relevant	N/A			
Checklist Verification			PC	OK AC		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law					
	Department initials				

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Agreement/Contract and Exhibits	PC	
Matrix Law Screen shot	NM	
COI	PC	
Workers' Compensation Insurance	PC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$63,600.00	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$33,000.50	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$63,600.00	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$33,000.50	
			TOTAL	\$193,201.00	

	CONTRAC	CT HISTORY (to	be completed by de	partment)	
CE/AG# (if applica	ble)				
Infor/Lawson PO#	and PO Code (if	PO#211343			
applicable)					
Lawson RQ# (if ap	plicable)	6690			
CM Contract#		1944			
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$220,950.00		1/1/22- 12/31/23	02/08/22	R2022-0025
	Prior Amendment Amounts (list separately)	\$0.00	7/1/22-12/31/23	11/22/22	R2022-0389
	Pending Amendment	\$193,201.00	01/01/24- 12/31/25		
	Total Amendments				
Total Contact Amount	\$220,950.00				

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3744	
Vendor Name:	CITY OF STRONGSVILLE	

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ftp:	01/01/24-12/31/25
Amount:	\$193,201.00
History/CE:	1944
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

Upload as "word" document in Infor

Infor/Lawson RQ#:	6690
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3745

	Department initials	Clerk of the Board
Briefing Memo	PC	
	1.0	-1
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing							
Cleveland Clergy Alliance	Department initials	Purchasing					
Notice of Intent to Award (sent to	PC	OK KT 10/25/2023					
Bid Specification Packet			PC	OK KT 10/25/2023			
Final DEI Goal Setting Worksheet			PC	OK KT 10/25/2023			
Diversity Documents - if required	(goal set)		N/A	N/A			
Award Letter (sent to awarded ven	dor)		PC	OK KT 10/25/2023			
Vendor's Confidential Financial St	atement – if	RFP requested	PC	OK KT 10/25/2023			
Tabulation Sheet			PC	OK KT 10/25/2023			
Evaluation with Scoring Summary included, must have minimum of the	PC	OK KT 10/25/2023					
IG# 19-0005-REG 31DEC	PC	OK KT 10/25/2023 Cleveland Clergy Alliance 19-0005- REG 31DEC2023					
Debarment/Suspension Verified	Date:	9/25/2023 9/23/23	PC	OK KT 09/23/2023			
Auditor's Finding	Date:	9/12/2023	PC	OK KT 09/12/2023			
Vendor's Submission	1	~	PC	OK KT 10/25/2023			
Independent Contractor (I.C.) Requ	irement	Date: 9/12/23	PC	OK KT 09/12/2023			
Cover - Master contracts only							
Contract Evaluation – if required	PC	OK KT 10/25/2023					
TAC/CTO Approval or IT Standar	N/A	N/A					
page #s), if required.			-				
Checklist Verification			PC	OK KT 10/25/2023			

Other documentation may be required depending upon your specific item Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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	Department initials	
Agreement/Contract and Exhibits	PC	
Matrix Law Screen shot	NM	
COI	PC	
Workers' Compensation Insurance	PC	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09306	\$108,000.00	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09306	\$108,000.00	
			TOTAL	\$216,000.00	

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ıble)				
Infor/Lawson PO# applicable)	and PO Code (if				
Lawson RQ# (if ap	plicable)	6690			
CM Contract#		1945			
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$300,000.00		1/1/22- 12/31/23	02/08/22	R2022-0025
Prior Amendment Amounts (li	Prior Amendment Amounts (list separately)	\$0.00 \$ \$	7/1/22-12/31/23	11/22/22	R2022-0389
	Pending Amendment	\$			
	Total Amendments	\$216,000.00			
Total Contact Amount	\$300,000.00				

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3745
Vendor Name:	Cleveland Clergy Alliance

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ftp:	01/01/2024-12/31/25
Amount:	\$216,000.00
History/CE:	
EL:	OK
Procurement Notes:	
Purchasing Buyer's	KT 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	6690
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3746

	Department initials	Clerk of the Board
Briefing Memo	PC	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			Form	N COMPETI al RFP y Purchasing		
	ity Partnership on Agin				Department initials	Purchasing
Notice of	Intent to Award (sent to a	ll respondi	ng vend	ors)	PC	GHM
Bid Specia	fication Packet				PC	GHM
Final DEI	Goal Setting Worksheet				PC	GHM
Diversity	Documents - if required	(goal set)			N/A	NA
Award Le	tter (sent to awarded vend	lor)			PC	GHM
Vendor's	Confidential Financial Sta	atement – į	f RFP re	equested	PC	GHM
Tabulation Sheet					PC	GHM
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).					PC	GHM
IG# PC			PC	Community Partnership Or Aging 21-0146- REG 31DEC202		
Debarmen	nt/Suspension Verified	PC	9/25	/23	PC	GHM
Auditor's		PC	9/12/	23	PC	GHM
Vendor's	Submission	*			PC	GHM
Independent Contractor (I.C.) Requirement PC 9/5/2023					PC	GHM
Cover - Master contracts only					PC	GHM
Contract Evaluation – if required					PC	GHM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A	
Checklist Verification				PC	GHM	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Revie	wed by Law
	Department initials
Agreement/Contract and Exhibits	PC document attached GHM
Matrix Law Screen shot	NM document attached GHM
COI	PC document attached GHM
Workers' Compensation Insurance	PC document attached GHM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$61,797.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$40,001.22
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$61,797.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$40,001.22
			TOTAL	\$203,596.44

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)	NA			
Infor/Lawson PO# and PO Code (if		NA			
applicable)					
Lawson RQ# (if applicable) CM Contract#		6690			
		1947	1947		
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$140,000.00		1/1/22- 12/31/23	02/08/22	R2022-0025
	Prior Amendment Amounts (list separately)	\$0.00 \$ \$	7/1/22-12/31/23	11/22/22	R2022-0389
	Pending Amendment	\$203,596.44	01/01/2024 — 12/31/2025		v
	Total Amendments	\$			
Total Contact Amount	\$140,000.00				

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3746
Vendor Name:	Community Partnership On Aging
ftp:	01/01/2024 - 12/31/2025
Amount:	\$203,596.44
History/CE:	1947
EL:	OK
Procurement Notes:	
Purchasing Buyer's	GHM 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3738

	Department initials	Clerk of the Board
Briefing Memo	NM	
Late Submittal Required:	Yes □	No □ X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No □ X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
East End Neighborhood House Association			Department initials	Purchasing		
Notice of Intent to Award (sent to all responding vendors)			NM OK AC			
Bid Specification Packet			NM OK AC			
Final DEI Goal Setting Worksheet			NM	OK AC		
Diversity Documents – if required (goal set)			N/A	N/A AC		
Award Letter (sent to awarded vendor)			NM OK AC			
Vendor's Confidential Financial St	atement – i	f RFP req	juested	NM	OK AC	
Tabulation Sheet			NM OK AC			
Evaluation with Scoring Summary (Names of evaluators to be			NM	OK AC		
included, must have minimum of th	ree evaluat	tors).				
IG# 12-1174-REG exp12/3	1/2023			NM	OK AC	
Debarment/Suspension Verified	Date:	09.15.2023		NM	OK AC	
Auditor's Finding	Date:	ate: 09.13.2023		NM	OK AC	
Vendor's Submission	"			NM	OK AC	
Independent Contractor (I.C.) Requirement			09.07.2023	NM	OK AC	
Cover - Master contracts only			NM	OK AC		
Contract Evaluation – if required				NM	OK AC	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A AC	
Checklist Verification			NM	OK AC		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	iewed by Law
	Department initials
Agreement/Contract and Exhibits	NM

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Matrix Law Screen shot	NM
COI	NM
Workers' Compensation Insurance	NM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity Value	Amount
01/01/2024-12/31/2024	HS260265	56110	UCH09303	\$ 63,600.00
01/01/2024-12/31/2024	HS260265	56110	UCH09309	\$ 19,996.90
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$ 52,971.60
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$ 63,600.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$ 19,996.90
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$ 52,971.60
			TOTAL	\$273,137.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)		*					
Infor/Lawson PO# and PO Code (if applicable)		RFP						
	Lawson RQ# (if applicable)		6690					
CM Contract#		CM1948						
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$250,000.00		01/01/2022- 12/31/2023	11/22/2022	R2022-0231			
	Prior Amendment	\$0.00	07/01/2022- 12/31/2023	11/22/2022	R2022-0389			
	Amounts (list separately)	\$						
	Pending Amendment	\$273,137.00	01/01/24 - 12/31/25					
	Total Amendments	\$						
Total Contact Amount	\$250,000.00							

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Prior Resolutions	R2022 – 0231, R2022-0389	
CM#:	3738	
Vendor Name:	EAST END NEIGHBORHOOD HOUSE	
ftp:	01/01/24 - 12/31/25	
Amount:	\$273,137.00	
History/CE:	1948	
EL:	OK	
Procurement Notes:		
Purchasing Buyer's	AC 10/25/23	
initials and date of		
approval		

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3739

	Department initials	Clerk of the Board
Briefing Memo	NM	
Late Submittal Required:	Yes 🗆	No □ X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
		w
TAC or CTO Required or authorized IT Standard	Yes □	No □ X

		Forma	COMPETITE I RFP Purchasing	TION	
Famicos Foundation, Inc				Department initials	Purchasing
Notice of Intent to Award (sent to a	ıll respondi	ng vendo	rs)	NM	OK AC
Bid Specification Packet				NM	OK AC
Final DEI Goal Setting Worksheet				NM	OK AC
Diversity Documents - if required	(goal set)			N/A	
Award Letter (sent to awarded ven	dor)			NM	OK AC
Vendor's Confidential Financial St	atement – i	RFP rec	juested	NM	OK AC
Tabulation Sheet				NM	OK AC
Evaluation with Scoring Summary included, must have minimum of th			s to be	NM	OK AC
IG# 21-0206-REG exp. 12/	31/2025			NM	OK AC
Debarment/Suspension Verified	Date:	09.21.	2023	NM	OK AC
Auditor's Finding	Date:	09.07.	2023	NM	OK AC
Vendor's Submission	-			NM	OK AC
Independent Contractor (I.C.) Requirement Date: 09.15.2023				NM	OK AC
Cover - Master contracts only				NM	OK AC
Contract Evaluation – if required			N/A		
TAC/CTO Approval or IT Standard page #s), if required.	ds (attach a	nd identif	y relevant	N/A	
Checklist Verification				NM	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Department initials			
Agreement/Contract and Exhibits	NM		

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Matrix Law Screen shot	NM
COI	NM
Workers' Compensation Insurance	NM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$ 46,080.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$ 53,460.00
01/01/2024 - 12/31/2025	HS260265	56110	UCH09309	\$ 46,080.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$ 53,460.00
			TOTAL	\$199,080.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)				
Infor/Lawson PO# applicable)	and PO Code (if				
Lawson RQ# (if ap	plicable)				
CM Contract#		New Vendor			
Not on last RFP	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount					
	Prior	\$			
	Amendment	\$			
	Amounts (list separately)	\$			
	Pending Amendment	\$199,080.00	01/01/24- 12/31/25		
	Total Amendments	\$			
Total Contact Amount					

PURCHASING USE ONLY

Prior Resolutions	N/A
CM#:	3739
Vendor Name:	FAMICOS FOUNDATION
ftp:	01/01/24-12/31/25

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Amount:	\$199,080.00
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	AC 10/25/23

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3740

	Department initials	Clerk of the Board
Briefing Memo	NM	
Late Submittal Required:	Yes 🗆	No □ X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
	111	
TAC or CTO Required or authorized IT Standard	Yes □	No □ X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
Harvard Community Center			Department initials	Purchasing		
Notice of Intent to Award (sent to a	ll respondi	ng vendo	rs)	NM	OK AC	
Bid Specification Packet			**	NM	OK AC	
Final DEI Goal Setting Worksheet				NM	OK AC	
Diversity Documents - if required	(goal set)			N/A		
Award Letter (sent to awarded vend	lor)			NM	OK AC	
Vendor's Confidential Financial Sta	atement – i	f RFP rec	juested	NM	OK AC	
Tabulation Sheet				NM	OK AC	
Evaluation with Scoring Summary included, must have minimum of the			rs to be	NM	OK AC	
IG# 12-1457-REG exp. 12/3				NM	OK AC	
Debarment/Suspension Verified	Date:	09.21.	2023	NM	OK AC	
Auditor's Finding	Date:	09.07.	2023	NM	OK AC	
Vendor's Submission		"		NM	OK AC	
Independent Contractor (I.C.) Requ	irement	Date:	09.19.2023	NM	OK AC	
Cover - Master contracts only	NM	OK AC				
Contract Evaluation – if required				NM	OK AC	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A			
Checklist Verification			NM	OK AC		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Department initials				
Agreement/Contract and Exhibits	NM			

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Matrix Law Screen shot	NM	
COI	NM	
Workers' Compensation Insurance	NM	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$ 45,003.12
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$ 18,550.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$ 37,418.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$ 45,003.12
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$ 18,550.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$ 37,418.00
			TOTAL	\$201,942.24

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)							
Infor/Lawson PO#	and PO Code (if	PO211956	PO211956					
applicable)								
Lawson RQ# (if ap	plicable)	6690						
CM Contract#		CM1953						
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$265,504.00		01/01/2022- 12/31/2023	11/22/2022	R2022-0231			
	Prior Amendment	\$0.00	07/01/2022- 12/31/2023	11/22/2022	R2022-0389			
	Amounts (list	\$						
	separately)	\$						
	Pending Amendment	\$201,942.24	01/01/24- 12/31/25					
	Total Amendments	\$						
Total Contact Amount	\$265,504.00							

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Prior Resolutions	R2022-0231, R2022-0389
CM#:	3740
Vendor Name:	HARVARD COMMUNITY SERVICES CENTER
ftp:	01/01/24-12/31/25
Amount:	\$201,942.24
History/CE:	1953
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3741

	Department initials	Clerk of the Board
Briefing Memo	NM	
Late Submittal Required:	Yes 🗆	No □X
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No □X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
Jennings Center for Older Adults				Department initials	Purchasing	
Notice of Intent to Award (sent to	all respondi	ng vendo	rs)	NM	OK AC	
Bid Specification Packet	_==-	111.0		NM	OK AC	
Final DEI Goal Setting Worksheet				NM	OK AC	
Diversity Documents - if required	(goal set)			N/A		
Award Letter (sent to awarded ven	dor)			NM	OK AC	
Vendor's Confidential Financial S	atement - i	f RFP rei	juested	NM	OK AC	
Tabulation Sheet				NM	OK AC	
Evaluation with Scoring Summary included, must have minimum of the			rs to be	NM	OK AC	
IG# 12-1610-REG exp 12/3		013).		NM	OK AC	
Debarment/Suspension Verified	Date:	OK A	C	NM	OK AC	
Auditor's Finding	Date:	OK A	C	NM	OK AC	
Vendor's Submission	"			NM	OK AC	
Independent Contractor (I.C.) Requ	uirement	Date:	OK AC	NM	OK AC	
Cover - Master contracts only		NM	OK AC			
Contract Evaluation - if required	NM	OK AC				
TAC/CTO Approval or IT Standar page #s), if required.	N/A					
Checklist Verification				NM	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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	Department initials				
Agreement/Contract and Exhibits	NM				

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Matrix Law Screen shot	NM
COI	NM
Workers' Compensation Insurance	NM
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303	\$19,998.16	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09310	\$7,941.00	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309	\$5,001.08	
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304	\$4,899.44	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303	\$19,998.16	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09310	\$7,941.00	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309	\$5,001.08	
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304	\$4,899.44	
			TOTAL	\$75,679.36	

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)		, no complete ay	•	
Infor/Lawson PO#	and PO Code (if	PO 211956			
applicable)					
Lawson RQ# (if ap)	olicable)	6690			
CM Contract#	211	CM2769			
They were not part of last RFP	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$137,105.82	1111111	01/01/2022- 12/31/2023	11/22/2022	R2022-0231
	Prior Amendment	\$68,552.94	07/01/2022- 12/31/2023	11/22/2022	R2022-0389
	Amounts (list	\$			
	separately)	\$			
	Pending Amendment	\$75,679.36	01/01/24- 12/31/25		
	Total Amendments	\$			
Total Contact Amount	\$205,658.76				

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PURCHASING USE ONLY

Prior Resolutions	R2022-0231, R2022-0389	
CM#:	3741	
Vendor Name:	JENNINGS CENTER FOR OLDER ADULTS	
ftp:	01/01/24-12/31/25	
Amount:	\$75,679.36	
History/CE:	2769	
EL:	OK	
Procurement Notes:		
Purchasing Buyer's	AC 10/25/23	
initials and date of		
approval		

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3752

	Department initials	Clerk of the Board
Briefing Memo	DLL	
Late Submittal Required:	Yes	No X
Why is the contract being submitted late?		2
What is being done to prevent this from reoccurring?		

TAC or CTO Required or authorized IT Standard	Yes □	No X

		Forma	COMPETI al RFP Purchasing		
Linking, Employment Abilities a				Department initials	Purchasing
Notice of Intent to Award (sent to a	ıll respondi	ng vendo	rs)	DLL	OK AC
Bid Specification Packet				DLL	OK AC
Final DEI Goal Setting Worksheet				DLL	OK AC
Diversity Documents - if required	(goal set)			N/A	
Award Letter (sent to awarded ven	dor)			DLL	OK AC
Vendor's Confidential Financial Statement – if RFP requested				DLL	OK AC
Tabulation Sheet				DLL	OK AC
Evaluation with Scoring Summary included, must have minimum of th			rs to be	DLL	OK AC
IG# 12-3395-REG exp 12/3		-		DLL	OK AC
Debarment/Suspension Verified	Date:	9/12/	2023	DLL	OK AC
Auditor's Finding	Date:	9/7/2	023	DLL	OK AC
Vendor's Submission				DLL	OK AC
Independent Contractor (I.C.) Requ	DLL	OK AC			
Cover - Master contracts only				DLL	OK AC
Contract Evaluation – if required			DLL	OK AC	
TAC/CTO Approval or IT Standard page #s), if required.	ds (attach a	nd identi	fy relevant	N/A	
Checklist Verification			DLL	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Revi	ewed by Law
	Department initials
Agreement/Contract and Exhibits	DLL

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Matrix Law Screen shot	DLL
COI	DLL
Workers' Compensation Insurance	DLL
Performance Bond, if required per RFP	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$30,000.12
01/01/2025 12/31/2025	HS260265	56110	UCH09303		\$30,000.12
			TOTAL		\$60,000.24

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applical	ble)						
Infor/Lawson PO# : applicable)	and PO Code (if	RFP					
Lawson RQ# (if applicable)		12756	12756				
CM Contract#		3752					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$50,000.00		1/1/22-12/31/22	2/8/22	R2022-0025		
	Prior Amendment Amounts (list separately)	\$0 \$ \$	7/1/22-12/31/23	11/22/22	R2022-0389		
	Pending Amendment	\$60,000.24	01/01/24- 12/31/25		,		
	Total Amendments	\$					
Previous Contract Cycle Amount	\$50,000.00	\$					

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3752	
Vendor Name:	LINKING EMPLOYMENT, ABILITIES AND POTENTIAL	

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ftp:	01/01/24-12/31/25
Amount:	\$60,000.24
History/CE:	3752
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3896

	Department initials	Clerk of the Board
Briefing Memo	DLL	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
Near West Side -May Dugan			Department initials	Purchasing		
Notice of Intent to Award (sent to a	all respondi	ng vendo	rs)	DLL	OK AC	
Bid Specification Packet				DLL	OK AC	
Final DEI Goal Setting Worksheet				DLL	OK AC	
Diversity Documents - if required	(goal set)			N/A		
Award Letter (sent to awarded ven	dor)			DLL OK AC		
Vendor's Confidential Financial St	atement – i	f RFP rec	quested	DLL	OK AC	
Tabulation Sheet				DLL	OK AC	
Evaluation with Scoring Summary included, must have minimum of th	, ,		rs to be	DLL	OK AC	
IG# 12-2002-REG exp 12/3				DLL	OK AC	
Debarment/Suspension Verified	Date:	9/12/2	2023	DLL	OK AC	
Auditor's Finding	Date:	OK A	C	DLL	OK AC	
Vendor's Submission				DLL	OK AC	
Independent Contractor (I.C.) Requ	irement	Date:	9/13/2023	DLL	OK AC	
Cover - Master contracts only	DLL	OK AC				
Contract Evaluation - if required	DLL	OK AC				
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A		
Checklist Verification				DLL	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
	Department initials		
Agreement/Contract and Exhibits	DLL		

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Matrix Law Screen shot	DLL
COI	DLL
Workers' Compensation Insurance	DLL
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 12/31/2024	HS260265	56110	UCH09303		\$22,896.00
01/01/2025 — 12/31/2025	HS260265	56110	UCH09303		\$22,896.00
			TOTAL		\$45, 792.00

CONTRACT HISTORY (to be completed by department)

	CONTRAC	I HISTORY (II	be completed by a	partment)				
CE/AG# (if applica	ble)			11				
Infor/Lawson PO# and PO Code (if		RFP						
applicable)								
Lawson RQ# (if applicable)		12756	12756					
CM Contract#		3753	3753					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$50,000.00		1/1/22- 12/31/23	2/8/22	R2022-0025			
	Prior Amendment	\$0 \$	7/1/22-12/31/23	11/22/22	R2022-0389			
,	Amounts (list separately)	\$						
	Pending Amendment	\$45, 792.00	01/01/24- 12/31/25					
	Total Amendments	\$						
Total Contact Amount	\$50,000.00							

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389
CM#:	3896
Vendor Name:	Near West Side Multi Service Corporation dba May Dugan Center

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ftp:	01/01/24-12/31/25
Amount:	\$45,792.00
History/CE:	3753
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3754

	Department initials	Clerk of the Board
Briefing Memo	DLL	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
	-1	
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
Murtis Taylor					Purchasing	
Notice of Intent to Award (sent to a	DLL	GHM				
Bid Specification Packet	355			DLL	GHM	
Final DEI Goal Setting Worksheet				DLL	GHM	
Diversity Documents - if required (goal set)			N/A	N/A	
Award Letter (sent to awarded vend	or)			DLL	GHM	
Vendor's Confidential Financial Sta	tement - i	f RFP reg	juested	DLL	GHM	
Tabulation Sheet				DLL	GHM	
Evaluation with Scoring Summary (included, must have minimum of thr	DLL	GHM				
IG# 12-1963-REG exp 12/31/2024				DLL	Murtis Taylor Human Services System 12-1963- REG 31DEC2024	
Debarment/Suspension Verified	Date:	9/12/2	.023	DLL	GHM	
Auditor's Finding	Date:	9/7/20	23	DLL	GHM	
Vendor's Submission	"			DLL	GHM	
Independent Contractor (I.C.) Requ	DLL	GHM				
Cover - Master contracts only	DLL	GHM				
Contract Evaluation - if required	DLL	GHM				
TAC/CTO Approval or IT Standard page #s), if required.	N/A	N/A				
Checklist Verification	DLL GHM					

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Reviewed by Law				
	Department initials			
Agreement/Contract and Exhibits	DLL document attached GHM			
Matrix Law Screen shot	DLL document attached GHM			
COI	DLL document attached GHM			
Workers' Compensation Insurance	DLL document attached GHM			
Performance Bond, if required per RFP				

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$57,500.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309		\$2,400.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304		\$123,540.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303		\$57,500.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$2,400.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304		\$123,540.00
			TOTAL		\$366,880.00

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)	NA					
Infor/Lawson PO# and PO Code (if		RFP					
applicable) Lawson RQ# (if ap	plicable)	12756, this num	12756, this number is the current RQ#				
CM Contract#		3754, this numb	per is current contract	t			
Original Amount		Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$815,244.00		1/1/22-12/31/23	2/8/22	R2022-0025		
	Prior Amendment Amounts (list separately)	\$0 \$ \$		11/22/22	R2022-0389		
	Pending Amendment	\$366,880.00	01/01/2024 - 12/31/2025				
	Total Amendments	\$					

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Total Contact	\$815,244.00		
Amount			

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Prior Resolutions	R2022-0025, R2022-0389		
CM#:	3754		
Vendor Name:	Murtis Taylor Human Services System		
ftp:	01/01/2024 - 12/31/2025		
Amount:	\$366,880.00		
History/CE:	N/A		
EL:	3754		
Procurement Notes:			
Purchasing Buyer's	GHM 10/25/2023		
initials and date of			
approval			

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3755

	Department initials	Clerk of the Board
Briefing Memo	DLL	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗖	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing					
Rose Centers for Aging Well, Ll		201100000	_ wi viiwbiiig	Department initials	Purchasing
Notice of Intent to Award (sent to	all respondi	ng vendo	rs)	DLL	EB 10/25/23
Bid Specification Packet				DLL	EB 10/25/23
Final DEI Goal Setting Workshee	t			DLL	EB 10/25/23
Diversity Documents - if required				N/A	N/A
Award Letter (sent to awarded ver	idor)			DLL	EB 10/25/23
Vendor's Confidential Financial S	tatement – i	f RFP rec	juested	DLL	EB 10/25/23
Tabulation Sheet				DLL	EB 10/25/23
Evaluation with Scoring Summary included, must have minimum of the			s to be	DLL	EB 10/25/23
IG# 15-0225-REG exp 12/3				DLL	EB 10/25/23
Debarment/Suspension Verified	Date:	9/12/2	023	DLL	EB 10/25/23
Auditor's Finding	Date:	9/7/20	23	DLL	EB 10/25/23
Vendor's Submission	Δ.			DLL	EB 10/25/23
Independent Contractor (I.C.) Req	uirement	Date:	9/3/2023	DLL	EB 10/25/23
Cover - Master contracts only	1	DLL	EB 10/25/23		
Contract Evaluation – if required	DLL	EB 10/25/23			
TAC/CTO Approval or IT Standa page #s), if required.	rds (attach a	nd identif	fy relevant	N/A	N/A
Checklist Verification				DLL	EB 10/25/23

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Rev	iewed by Law
	Department initials
Agreement/Contract and Exhibits	DLL

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Matrix Law Screen shot	DLL	
COI	DLL	
Workers' Compensation Insurance	DLL, exp 1/1/2024	
Performance Bond, if required per RFP		

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 12/31/2024	HS260265	56110	UCH09303		\$125,476.44
01/01/2024 — 12/31/2024	HS260265	56110	UCH09309		\$59,998.12
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304		\$89,440.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303		\$125,476.44
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$59,998.12
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304		\$89,440.00
			TOTAL		\$549,829.12

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica			be completed by de	,	
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if ap	plicable)	12756			
CM Contract#		3755			
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$957,686.00		1/1/22-12/31/23	2/8/22	R20220025
	Prior Amendment Amounts (list separately)	\$0 \$ \$	7/1/22-12/31/23	11/22/22	R2022-0389
	Pending Amendment	\$			
	Total Amendments	\$			
Total Contact Amount	\$957,686.00				

PURCHASING USE ONLY

Prior Resolutions	R20220025, R2022-0389	

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CM#:	3755
Vendor Name:	Rose Centers for Aging Well
ftp:	1/1/2022 – 12/31/2023 EXT 12/31/2025
Amount:	\$549,829.12
History/CE:	OK
EL:	OK
Procurement Notes:	BWC set to expire on 1/1/2024
Purchasing Buyer's	EB 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3756

	Department initials	Clerk of the Board
Briefing Memo	DLL	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
	-	
TAC or CTO Required or authorized IT Standard	Yes □	No X

		Forma			
Senior Citizen Resources, Inc.	Rev	iewed by	Purchasing	Department initials	Purchasing
Notice of Intent to Award (sent to	all respondi	ng vendo	rs)	DLL	EB 10/25/23
Bid Specification Packet			11	DLL	EB 10/25/23
Final DEI Goal Setting Worksheet				DLL	EB 10/25/23
Diversity Documents - if required	(goal set)			N/A	N/A
Award Letter (sent to awarded ven	dor)			DLL	EB 10/25/23
Vendor's Confidential Financial S	atement - i	f RFP red	quested	N/A	N/A
Tabulation Sheet				DLL	EB 10/25/23
Evaluation with Scoring Summary included, must have minimum of the			s to be	DLL	EB 10/25/23
IG# 20-0319-REG exp 12/3				DLL	EB 10/25/23
Debarment/Suspension Verified	Date:	9/12/2	.023	DLL	EB 10/25/23
Auditor's Finding	Date:	9/7/20)23	DLL	EB 10/25/23
Vendor's Submission				DLL	EB 10/25/23
Independent Contractor (I.C.) Requ	irement	Date:	9/5/2023	DLL	EB 10/25/23
Cover - Master contracts only			DLL	EB 10/25/23	
Contract Evaluation – if required			DLL	EB 10/25/23	
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identi	fy relevant	N/A	N/A
Checklist Verification				DLL	EB 10/25/23

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law		
	Department initials	
Agreement/Contract and Exhibits	DLL	

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Matrix Law Screen shot	DLL	
COI	DLL	
Workers' Compensation Insurance	DLL	
Performance Bond, if required per RFP		

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Account Category or Subaccount	Amount
01/01/2024 - 12/31/2024	HS260265	56110	UCH09303		\$75,000.00
01/01/2024 - 12/31/2024	HS260265	56110	UCH09309		\$60,000.75
01/01/2024 - 12/31/2024	HS260265	56110	UCH09304		\$19,681.20
01/01/2025 - 12/31/2025	HS260265	56110	UCH09303		\$75,00.00
01/01/2025 - 12/31/2025	HS260265	56110	UCH09309		\$60,000.75
01/01/2025 - 12/31/2025	HS260265	56110	UCH09304		\$19,681.20
			TOTAL		\$309,363.90

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)				
Infor/Lawson PO# applicable)	and PO Code (if	RFP			
Lawson RQ# (if applicable)		12756			
CM Contract#		3756			
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #
Original Amount	\$493,042.00	Thursday, N. 19	1/1/22-12/31/23	2/8/22	R2022-0025
	Prior Amendment Amounts (list separately)	\$0 \$ \$	7/1/22-12/31/23	11/22/22	R2022-0389
	Pending Amendment	\$			
	Total Amendments	\$			
Total Contact Amount	\$493,042.00				

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Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3756	
Vendor Name:	Senior Citizen Resources Inc.	
ftp:	1/1/2022 – 12/31/2023 EXT 12/31/2025	
Amount:	\$309,363.90	
History/CE:	ok	
EL:	ok	
Procurement Notes:	COI umbrella liability insurance exp 6/1/2023	
Purchasing Buyer's	EB 10/25/2023	
initials and date of		
approval		

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3721

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP					
Senior Transportation Connection		ewed by	Purchasing	Department initials	Purchasing
Notice of Intent to Award (sent to al	l respondin	g vendo	rs)	JW	OK AC
Bid Specification Packet	***			JW	OK AC
Final DEI Goal Setting Worksheet				JW	OK AC
Diversity Documents - if required (goal set)			N/A	
Award Letter (sent to awarded vend				JW	OK AC
Vendor's Confidential Financial Sta	tement - if	RFP red	juested	JW.	OK AC
Tabulation Sheet				JW	OK AC
Evaluation with Scoring Summary (included, must have minimum of thr			s to be	JW	OK AC
IG# 20-0277				JW	OK AC
Debarment/Suspension Verified	Date:	9/12/2	3	JW	OK AC
Auditor's Finding	Date:	9/6/23		JW	OK AC
Vendor's Submission	h-	100		JW	OK AC
Independent Contractor (I.C.) Requi	rement	Date:	9/15/23	JW	OK AC
Cover - Master contracts only				JW	OK AC
Contract Evaluation – if required			JW	OK AC	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A		
Checklist Verification				JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law		
	Department initials	
Agreement/Contract and Exhibits	JW	

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Matrix Law Screen shot	JW
COI .	JW
Workers' Compensation Insurance	JW
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
1/1/2024-12/31/2024	HS260265	56110	UCH09309	\$200,015.34
1/1/2025-12/31/2025	HS260265	56110	UCH09309	\$200,015.34
			TOTAL	\$400,030.68

CONTRACT HISTORY (to be completed by department)

		T HISTORY (to	be completed by d	epartment)				
CE/AG# (if applica	ble)				1			
Infor/Lawson PO# and PO Code (if applicable) Lawson RQ# (if applicable) CM Contract#		211346						
		6690	6690					
		1961			·			
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #			
Original Amount	\$400,000.00		01/01/2022- 12/31/2023	02/08/2022	R2022-0025			
	Prior Amendment	\$0	01/01/2022- 12/31/2023	11/22/2022	R2022-0389			
	Amounts (list	\$						
	separately)	\$						
	Pending Amendment	\$						
	Total Amendments	\$0						
Total Contact Amount	\$400,000.00							

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389	
CM#:	3721	
Vendor Name:	SENIOR TRANSPORTATION CONNECTION	
ftp:	01/01/24 - 12/31/25	

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Amount:	\$400,030.68
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's	AC 10/25/23
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3730

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes	No X

		Forma	COMPET I RFP Purchasing		
The Phillis Wheatley Association			Department initials	Purchasing	
Notice of Intent to Award (sent to	all respondi	ing vendo	rs)	JW	OK AJ 10/25/2023
Bid Specification Packet				JW	OK AJ 10/25/2023
Final DEI Goal Setting Worksheet				JW	OK AJ 10/25/2023
Diversity Documents - if required	(goal set)			N/A	n/a
Award Letter (sent to awarded ven	dor)			JW	OK AJ 10/25/2023
Vendor's Confidential Financial St	atement – i	if RFP rec	juested	JW	OK AJ 10/25/2023
Tabulation Sheet				JW	OK AJ 10/25/2023
Evaluation with Scoring Summary included, must have minimum of the			s to be	JW	OK AJ 10/25/2023
IG# 23-0279-REG 31DEC	2027			JW	OK AJ 10/25/2023
Debarment/Suspension Verified	Date: 9/12/23		JW	OK AJ 10/25/2023 dated within 60 days	
Auditor's Finding	Date:	9/6/23		JW	OK AJ 10/25/2023 dated within 60 days
Vendor's Submission				JW	OK AJ 10/25/2023
Independent Contractor (I.C.) Requirement Date: 9/19/23			JW	OK AJ 10/25/2023 dated within 1 year	
Cover - Master contracts only				JW	OK AJ 10/25/2023
Contract Evaluation – if required				JW	OK AJ 10/25/2023
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	n/a	
Checklist Verification				JW	OK AJ 10/25/2023

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Review	wed by Law	
	Department initials	
Agreement/Contract and Exhibits	JW	
Matrix Law Screen shot	JW	
COI	JW	
Workers' Compensation Insurance	JW	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024-12/31/2024	HS260265	56110	UCH09304	\$50,003.38
01/01/2025-12/31/2025	HS260265	56110	UCH09304	\$50,003.38
			TOTAL	\$100,006.76

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)					
Infor/Lawson PO#	and PO Code (if	211952				
applicable)	11 11 5	((00 10710	· • •			
Lawson RQ# (if applicable)		6690 and 8713 ((reissued)			
CM Contract#		2775		•		
	Original	Amendment	Original Time	Approval	Approval #	
	Amount	Amount	Period & End Date/ Amended End Date	Date		
Original Amount- Added through amendment \$109,696.00			07/01/2022- 12/31/2023	11/22/2022	R2022-0389	
	Prior	\$				
	Amendment	\$				
	Amounts (list separately)	\$				
	Pending Amendment	\$				
	Total Amendments	\$				
Total Contact Amount	\$109,696.00					

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Prior Resolutions	R2022-0389
CM#:	3730
Vendor Name:	The Phillis Wheatley Association
ftp:	01/01/2024 - 12/31/2025
Amount:	\$100,006.76
History/CE:	OK
EL:	OK
Procurement Notes:	Buyer Review Completed
Purchasing Buyer's	AJ 10/25/2023
initials and date of	
approval	

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3726

	Department init	ials Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes 🗆	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes □	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing						
The Salvation Army		Department initials	Purchasing			
Notice of Intent to Award (sent to	all respond	ling ver	idors)	JW	OK AC	
Bid Specification Packet				JW	OK AC	
Final DEI Goal Setting Worksheet				JW	OK AC	
Diversity Documents - if required	(goal set)			N/A		
Award Letter (sent to awarded ven	dor)			JW	OK AC	
Vendor's Confidential Financial St	JW	OK AC				
Tabulation Sheet	JW	OK AC				
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).				JW	OK AC	
IG# 12-2752				JW	OK AC	
Debarment/Suspension Verified	Date:	9/12/2	.3	JW	OK AC	
Auditor's Finding	Date:	9/6/23		JW	OK AC	
Vendor's Submission				JW	OK AC	
Independent Contractor (I.C.) Requ	uirement	Date:	9/6/23	JW	OK AC	
Cover - Master contracts only		JW	OK AC			
Contract Evaluation - if required		JW	OK AC			
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A		
Checklist Verification				JW	OK AC	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Review	ved by Law
	Department initials
Agreement/Contract and Exhibits	JW

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Matrix Law Screen shot	JW
COI	JW
Workers' Compensation Insurance	JW
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024-12/31/2024	HS260265	56110	UCH09303	\$28,620.00
01/01/2024-12/31/2024	HS260265	56110	UCH09309	\$13,829.60
01/01/2024-12/31/2024	HS260265	56110	UCH09304	\$16,661.00
01/01/2025-12/31/2025	HS260265	56110	UCH09303	\$28,620.00
01/01/2025-12/31/2025	HS260265	56110	UCH09309	\$13,829.60
01/01/2025-12/31/2025	HS260265	56110	UCH09304	\$16,661.00
			TOTAL	\$118,221.20

CONTRACT HISTORY (to be completed by department)

	CONTINAC	I IIISTOKI (IV	be completed by c	icpar tilicit)	
CE/AG# (if applica	able)				
Infor/Lawson PO#	and PO Code (if	211341			
applicable)					
Lawson RQ# (if ap	plicable)	6690			
CM Contract#		1959			
	Original	Amendment	Original Time	Approval	Approval #
	Amount	Amount	Period & End	Date	
			Date/		
			Amended End		
			Date		
Original Amount	\$242,302.00		01/01/2022-	02/08/2022	R2022-0025
			12/31/2023		
	Prior	\$0	07/01/2022-	11/22/2022	R2022-0389
	Amendment		12/31/2023		
	Amounts (list	\$			
	separately)				
	Pending	\$118,221.20	01/01/24-		
	Amendment		12/31/25		
	Total	\$			
	Amendments				
Total Contact	\$242,302.00				
Amount					

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3726
Vendor Name:	THE SALVATION ARMY
ftp:	01/01/24-12/31/25
Amount:	\$118,221.20
History/CE:	1959
EL:	OK
Procurement Notes:	
Purchasing Buyer's	10/25/2023
initials and date of	
approval	

Upload as "word" document in Infor

Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3727

	Departr	nent initials	Cle	rk of the Board
Briefing Memo	JW			
Late Submittal Required:	Yes		No	X
Why is the contract being submitted late?				
What is being done to prevent this from reoccurring?				
TAC or CTO Required or authorized IT Standard	Yes		No	Х

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing					
University Settlement		Department initials	Purchasing		
Notice of Intent to Award (sent to a	ll respond	ling ven	idors)	JW	OK AC
Bid Specification Packet				JW	OK AC
Final DEI Goal Setting Worksheet				JW	OK AC
Diversity Documents - if required ((goal set)			N/A	
Award Letter (sent to awarded vend	lor)			JW	OK AC
Vendor's Confidential Financial Sta	tement –	if RFP	requested	JW	OK AC
Tabulation Sheet				JW	OK AC
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).			tors to be	JW	OK AC
IG# 12-2872				JW	OK AC
Debarment/Suspension Verified	Date:	9/12/2	.3	JW	OK AC
Auditor's Finding	Date:	9/6/23		JW	OK AC
Vendor's Submission				JW	OK AC
Independent Contractor (I.C.) Requ	irement	Date:	9/11/23	JW	OK AC
Cover - Master contracts only				JW	OK AC
Contract Evaluation – if required				JW	OK AC
TAC/CTO Approval or IT Standards page #s), if required.	s (attach a	nd iden	tify relevant	N/A	
Checklist Verification				JW	OK AC

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law			
Department initials			
Agreement/Contract and Exhibits	JW		

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Matrix Law Screen shot	JW	
COI	JW	
Workers' Compensation Insurance	JW	
Performance Bond, if required per RFP	N/A	

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024-12/31/2024	HS260265	56110	UCH09303	\$69,999.80
01/01/2024-12/31/2024	HS260265	56110	UCH09309	\$15,003.24
01/01/2024-12/31/2024	HS260265	56110	UCH09304	\$19,996.90
01/01/2025-12/31/2025	HS260265	56110	UCH09303	\$69,999.80
01/01/2025-12/31/2025	HS260265	56110	UCH09309	\$15,003.24
01/01/2025-12/31/2025	HS260265	56110	UCH09304	\$19,996.90
			TOTAL	\$209,999.88

CONTRACT HISTORY (to be completed by department)

		(+0	be completed by c	epar ement,	
CE/AG# (if application)	ible)				
Infor/Lawson PO# and PO Code (if		211342			
applicable) Lawson RQ# (if applicable)		6690			
	Original	Amendment	Original Time	Approval	Approval #
	Amount	Amount	Period & End	Date	
			Date/		
			Amended End		
			Date		
Original Amount	\$295,978.00		01/01/2022-	02/08/2022	R2022-0025
J			12/31/2023		
	Prior	\$0	07/01/2022-	11/22/2022	R2022-0389
	Amendment		12/31/2023		
	Amounts (list	\$			
	separately)	\$			
	Pending	\$209,999.88	01/01/24-		
	Amendment		12/31/25		
	Total	\$			
	Amendments				
Total Contact Amount	\$295,978.00				

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Prior Resolutions	R2022-0025, R2022-0389
CM#:	3727
Vendor Name:	UNIVERSITY SETTLEMENT, INC
ftp:	01/01/24-12/31/25
Amount:	\$209,999.88
History/CE:	1962
EL:	
Procurement Notes:	OK
Purchasing Buyer's	AC 10/25/2023
initials and date of	
approval	

Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	12756
Infor/Lawson PO# Code (if applicable):	RFP
Event #	4491
CM Contract#	3728

	Department initials	Clerk of the Board
Briefing Memo	JW	
Late Submittal Required:	Yes □	No X
Why is the contract being submitted late?		
What is being done to prevent this from reoccurring?		
TAC or CTO Required or authorized IT Standard	Yes 🗆	No X

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing							
West Side Community House				Department initials	Purchasing		
Notice of Intent to Award (sent to	all respondi	ng vendo	rs)	JW	OK AJ 10/25/2023		
Bid Specification Packet				JW	OK AJ 10/25/2023		
Final DEI Goal Setting Worksheet				JW	OK AJ 10/25/2023		
Diversity Documents - if required	(goal set)			N/A	n/a		
Award Letter (sent to awarded ven	dor)			JW.	OK AJ 10/25/2023		
Vendor's Confidential Financial St	atement – į	f RFP red	juested	JW	OK AJ 10/25/2023		
Tabulation Sheet				JW	OK AJ 10/25/2023		
	Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).						
IG# 12-2980-REG 31DEC2	2023			JW	OK AJ 10/25/2023		
Debarment/Suspension Verified	Date:	9/12/2	23	JW	OK AJ 10/25/2023 dated within 60 days		
Auditor's Finding	Date:	9/6/23		JW	OK AJ 10/25/2023 dated within 60 days		
Vendor's Submission				JW	OK AJ 10/25/2023		
Independent Contractor (I.C.) Requ	Independent Contractor (I.C.) Requirement Date: 9/7/23			JW OK AJ 10/25 dated within			
Cover - Master contracts only	Cover - Master contracts only				OK AJ 10/25/2023		
Contract Evaluation – if required				JW	OK AJ 10/25/2023		
TAC/CTO Approval or IT Standar page #s), if required.	ds (attach a	nd identi:	fy relevant	·N/A	n/a		
Checklist Verification				JW OK AJ 10/25/2022			

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

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Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

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Reviewed by Law						
	Department initials					
Agreement/Contract and Exhibits	JW					
Matrix Law Screen shot	JW					
COI	JW					
Workers' Compensation Insurance	JW					
Performance Bond, if required per RFP	N/A					

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account	Activity	Amount
01/01/2024-12/31/2024	HS260265	56110	UCH09303	\$89,040.00
01/01/2024-12/31/2024	HS260265	56110	UCH09309	\$26,712.00
01/01/2024-12/31/2024	HS260265	56110	UCH09304	\$48,834.22
01/01/2025-12/31/2025	HS260265	56110	UCH09303	\$89,040.00
01/01/2025-12/31/2025	HS260265	56110	UCH09309	\$26,712.00
01/01/2025-12/31/2025	HS260265	56110	UCH09304	\$48,834.22
			TOTAL	\$329,172.44

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applica	ble)						
Infor/Lawson PO# applicable)	and PO Code (if	211347					
Lawson RQ# (if applicable)		6690					
CM Contract#		1964					
	Original Amount	Amendment Amount	Original Time Period & End Date/ Amended End Date	Approval Date	Approval #		
Original Amount	\$417,997.50		01/01/2022- 12/31/2023	02/08/2022	R2022-0025		
	Prior Amendment	\$0	07/01/2022- 12/31/2023	11/22/2022	R2022-0389		
	Amounts (list separately)	\$					
	Pending Amendment	\$					
	Total Amendments	\$					

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Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

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Total Contact	\$417,997.50		
Amount			

PURCHASING USE ONLY

Prior Resolutions	R2022-0025, R2022-0389
CM#:	3728
Vendor Name:	West Side Community House
ftp:	01/01/2024 - 12/31/2025
Amount:	\$329,172.44
History/CE:	OK ·
EL:	OK
Procurement Notes:	Buyer Review Completed
Purchasing Buyer's	AJ 10/25/2023
initials and date of	
approval	

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Contractor	Catholic Cha	arities Corporation	on – Fatima I	Family Center				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211326							
RQ#	6690	6690						
Time Period of Original Contract	7/1/2022 — 12/31/2023							
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development and meal services to seniors in partnership with DSAS.							
Performance Indicators	N/A see response below							
Actual Performance versus performance indicators (include statistics):	1	vided during Cov f the implied per		would not be reflequirements".	ective or			
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120							
User Department	Cuyahoga C	ounty Division o	of Senior and	Adult Services				
Date	9/18/23							

Contractor	Catholic Cha	rities Corporation	on – Hispanic	Senior Center			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211325						
RQ#	6690			£1			
Time Period of Original Contract	7/1/2022 – 12	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals, transportation and outreach services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	Catholic Cha	rities Corporation	on – St. Marti	n De Porres			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211327						
RQ#	6690		10				
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	City of Bedfo	ord					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211329 211955						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	1	rided during Cov f the implied per		would not be reflequirements".	ective or		
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	City of Berea	a							
Current Contract History:	CM#: 1939								
CE/AG# (if applicable)	PO#: 211330)							
Infor/Lawson PO#:	$10\pi.211550$,							
RQ#	6690				_				
Time Period of Original Contract	7/1/2022 - 1	2/31/2023							
Background Statement	of Senior and organizations Services Prog	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.								
Performance Indicators	N/A see response below								
Actual Performance versus performance indicators (include statistics):	1	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor				
Select One (X)			X						
Justification of Rating	the best of th	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid							
Department Contact	Daphne R. Ja	ames <u>daphne.kel</u> nan Rd, Clevelar		<mark>o.gov</mark> 216-698-47. 20	31				
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services					
7									
Date	9/20/23				l l				

Contractor	The City of	Euclid						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#: 1940 PO#: 21133	l	-					
RQ#	6690							
Time Period of Original Contract	7/1/2022 – 1	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see response below							
Actual Performance versus performance indicators (include statistics):		rided during Cov f the implied per		would not be reflequirements".	ective or			
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact		ames <u>daphne.kel</u> nan Rd, Clevelar		.gov 216-698-47	31			
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services				
Date	9/20/23							

Contractor	The City of I	Lakewood						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#: 1946 PO#: 211485	5						
RQ#	6690							
Time Period of Original Contract	7/1/2022 – 1:	7/1/2022 — 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see response below							
Actual Performance versus performance indicators (include statistics):	-	vided during Cov f the implied per		would not be reflequirements".	ective or			
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact		ames <u>daphne.kel</u> nan Rd, Clevelar		0.gov 216-698-47 20	31			
	Cuyahoga County Division of Senior and Adult Services							
User Department	Cuyahoga Co	ounty Division o	of Senior and	Adult Services				

Contractor	The City of N	Maple Heights							
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#: 1941 PO#: 211332	CM#: 1941 PO#: 211332							
RQ#	6690								
Time Period of Original Contract	7/1/2022 — 12/31/2023								
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.								
Service Description	Providing meals, and transportation services to seniors in partnership with DSAS.								
Performance Indicators	N/A see resp	onse below							
Actual Performance versus performance indicators (include statistics):	_	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor				
Select One (X)			X						
Justification of Rating	the best of the	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact		Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120							
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services					
Date	9/20/23								

Contractor	The City of C	Olmsted Falls							
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#: 1942 PO#: 211333	3							
RQ#	6690								
Time Period of Original Contract	7/1/2022 – 1	2/31/2023							
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.								
Service Description	Providing Adult Development, and transportation services to seniors in partnership with DSAS.								
Performance Indicators	N/A see response below								
Actual Performance versus performance indicators (include statistics):	_	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor				
Select One (X)			X	·					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards								
Department Contact	_	ames <u>daphne.kel</u> nan Rd, Clevelar		o.gov 216-698-47 20	31				
User Department	Cuyahoga C	ounty Division c	of Senior and	Adult Services					
Date	9/20/23								

Contractor	City of Parm	a Heights						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM3751 PO#211951							
RQ#	6690							
Time Period of Original Contract	7/1/2022 – 12	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see response below							
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	_	ames <u>daphne.kel</u> nan Rd, Clevelar		o.gov 216-698-47 20	31			
User Department	Cuyahoga Co	ounty Division o	of Senior and	Adult Services				
Date	9/18/23							

Contractor	City of Solo	n		II				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM3743 PO#211334							
RQ#	6690							
Time Period of Original Contract	7/1/2022 – 1	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development Services to seniors in partnership with DSAS.							
Performance Indicators	N/A see resp	oonse below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120							
User Department	Cuyahoga County Division of Senior and Adult Services							

Contractor	City of Stron	gsville							
Current Contract History:	CM3744								
CE/AG# (if applicable)	PO#210294								
Infor/Lawson PO#:	PO#200054								
RQ#	6690								
Time Period of Original Contract	7/1/2022 – 12	2/31/2023			-				
Background Statement	of Senior and organizations	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years							
Service Description	Providing Adult Development, and transportation services to seniors in partnership with DSAS.								
Performance Indicators	N/A see response below								
Actual Performance versus performance indicators (include statistics):	_	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor				
Select One (X)			X						
Justification of Rating	the best of th	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid							
Department Contact	Daphne R. Ja	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120							
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services					
Date	9/18/23								
	7/10/23								

Contractor	Cleveland Clergy Alliance							
Current Contract History:	CM3745							
CE/AG# (if applicable)	PO# 211344							
Infor/Lawson PO#:	1 Οπ.Δ113**							
RQ#	6690							
Time Period of Original Contract	7/1/2022 — 12/31/2023							
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see resp	onse below						
Actual Performance versus performance indicators (include statistics):	_	rided during Cov f the implied per		would not be refle uirements".	ective or			
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)	[4]		X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	_	ames <u>daphne.kel</u> nan Rd, Clevelar		.gov 216-698-47 0	31			
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services				
Date	9/18/23							
	7110123							

Contractor	Community I	Partnership on A	ging					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM3746 PO# 211335							
RQ#	6690							
Time Period of Original Contract	7/1/2022 – 12	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see response below							
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	_	mes <u>daphne.kel</u> an Rd, Clevelar		.gov 216-698-47 0	31			
User Department	Cuyahoga County Division of Senior and Adult Services							

Contractor	East End Nei	ighborhood Hou	se Association	on				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1948-21 CM 3738	1336						
RQ#	6690							
Time Period of Original Contract	7/1/2022 - 1	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.							
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.							
Performance Indicators	N/A see resp	onse below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)			X					
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards							
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120							
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services				
Date	9/18/23							

Contractor	Harvard Con	nmunity Center					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 1953/21 CM 3740	1345					
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see resp	onse below					
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X	>			
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	_	ames <u>daphne.kel</u> nan Rd, Clevelar		o.gov 216-698-47 20	31		
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	Jennings Cer	iter for Older Ac	lults				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM 2769/211956 CM 3741						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	the best of th	eir ability consid	dering the cer	s were providing nters being closed their operations to	d and their		
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	Linking Emp	oloyment, Abiliti	es and Poter	ntial (LEAP)			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211338						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 1	7/1/2022 — 12/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description			====	seniors in partner	ship with		
Performance Indicators	N/A see resp	onse below					
Actual Performance versus performance indicators (include statistics):	_	vided during Cor f the implied per		would not be reflequirements.	ective or		
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)	*		X				
Justification of Rating	the best of th	eir ability consid	dering the ce	s were providing s nters being closed their operations to	and their		
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	Murtis Taylo	r				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211438					
RQ#	6690					
Time Period of Original Contract	7/1/2022 — 12/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.					
Service Description	Providing Ac		ıt, transporta	tion, and meal sen	rvices to	
Performance Indicators	N/A see resp	onse below				
Actual Performance versus performance indicators (include statistics):	_	rided during Cov f the implied per		would not be reflequirements".	ective or	
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)			X			
Justification of Rating	the best of th	eir ability consid	lering the ce	s were providing s nters being closed their operations to	d and their	
Department Contact		ames <u>daphne.kel</u> nan Rd, Clevelan		o.gov 216-698-47 20	31	
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services		
Date	9/18/23					

Contractor	Rose Centers	For Aging Wel	1			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211492					
RQ#	6690	Α,				
Time Period of Original Contract	7/1/2022 – 12	2/31/2023				
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.					
Service Description	Providing Adult Development, transportation, and meal services to seniors in partnership with DSAS.					
Performance Indicators	N/A see response below					
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".					
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)			X			
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations					
Department Contact	1 -	mes <u>daphne.kel</u> nan Rd, Clevelar		<u>.gov</u> 216-698-47	31	
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services		
Date	09/18/2023					

Contractor	Senior Citize	en Resources				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	211439					
RQ#	6690					
Time Period of Original Contract	7/1/2022 – 12/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.					
Service Description	Providing Adult Development, transportation, and meal services to seniors in partnership with DSAS.					
Performance Indicators	N/A see response below					
Actual Performance versus performance indicators (include statistics):		vided during Cov f the implied per		would not be reflequirements".	ective or	
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)			X			
Justification of Rating	the best of th	eir ability consid	dering the ce	s were providing s nters being closed their operations to	l and their	
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120					
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services		
Date	9/18/23					

Contractor	Senior Trans	portation Conne	ction				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO #: 211346						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Senior Trans services.	portation Conne	ction will pro	ovide transportation	on		
Performance Indicators	N/A see resp	onse below					
Actual Performance versus performance indicators (include statistics):	Services provided during Covid and data would not be reflective or supportive of the implied performance requirements.						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	the best of th	eir ability consid	dering the ce	s were providing s nters being closed their operations to	and their		
Department Contact		imes <u>daphne.kel</u> nan Rd, Clevelar		o.gov 216-698-473 20	31		
User Department	Cuyahoga Co	ounty Division o	of Senior and	Adult Services			
Date	09/18/2023						

Contractor	The Phillis	Wheatley Associa	tion				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO #: 211952						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing meal services to seniors in partnership with DSAS.						
Performance Indicators	N/A see resp	ponse below					
Actual Performance versus performance indicators (include statistics):		vided during Cov		would not be refle quirements".	ctive or		
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)				X			
Justification of Rating	Phillis Whea	atley did not prov	ide services	during 2023			
Department Contact		ames <u>daphne.kell</u> nan Rd, Clevelan		o.gov 216-698-473 20	31		
User Department	Cuyahoga C	County Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	The Salvation	n Army					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO #: 211341						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga County Division of Senior and Adult Services						

Contractor	University S	ettlement					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO #: 211342						
RQ#	6690	6690					
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards						
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			
Date	9/18/23						

Contractor	West Side Co	ommunity House	e				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO #: 211347						
RQ#	6690						
Time Period of Original Contract	7/1/2022 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County.						
Service Description	Providing Adult Development, meals and transportation services to seniors in partnership with DSAS.						
Performance Indicators	N/A see response below						
Actual Performance versus performance indicators (include statistics):	services provided during Covid and data would not be reflective or supportive of the implied performance requirements".						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X				
Justification of Rating	the best of the	eir ability consid	dering the cer	s were providing anters being closed their operations to	d and their		
Department Contact	Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120						
	Cuyahoga County Division of Senior and Adult Services						
User Department	Cuyahoga Co	ounty Division o	f Senior and	Adult Services			



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: 12756/Event #4491	TYPE: (RFB/RFP/RFQ): RFP	ESTIMATE: \$3,269,175.00
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: 7/17/2023	NUMBER OF RESPONSES (issued/submitted): 118/34
REQUESTING DEPARTMENT: Division of Senior & Adult Services	COMMODITY DESCRIPTION: 2024 Community Social Services Prog (CSSP)	
DIVERSITY GOAL/SBE 20%	DIVERSITY GOAL/MBE 0%	DIVERSITY GOAL/WBE 0%
Does CCBB Apply: □Yes ⊠No-N/A the	CCBB: Low Non-CCBB Bid\$:N/A	Add 2%, Total is: N/A
procurement method was RFP or RFQ, JW 8/1/2023		
Does CCBEIP Apply: □Yes ⊠No N/A the	CCBEIP: Low Non-CCBEIP Bid \$: N/A	Add 2%, Total is: N/A
procurement method was RFP or RFQ, JW 8/1/2023		
*PRICE PREFERENCE LOWEST BID REC'D \$ N/A	RANGE OF LOWEST BID REC'D \$ N/A	Minus \$, =
PRICE PREF % & \$ LIMIT:\$ N/A	MAX SBE/MBE/WBE PRICE PREF \$ N/A	DOES PRICE PREFERENCE APPLY? □Yes ⊠No

Revised Diversity Review Completed: LL 10/19/2023

⊠ Yes			*
			<u> </u>
No subcontractors used.	□Yes □SBE □MBE □WBE ⊠No SBE: 0 % MBE: 0% WBE: 0 %	⊠Yes LL 10/19/2023 ⊠No LL 8/3/2023 No DIV 2. No DIV 3. SS 07/24/2023	signed div-1 form only form provided by vendor, JW 7/28/2023 No Div-3 Forms submitted. Insufficient Good Faith Effort documentation. LL 8/3/2023 DIV 2 received, but not filled out. DIV 3 received, but full or partial waiver was
Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N) Total %	SBE/WBE/WBE Comply: (Y/N)	Comments and Initials:
CCBEIP CCBEIP CCBEIP SNo		nana d	
□Yes			
Compliant: No IG Registration Complete:		PH: N/A	CCBB: The control of
	Avenue Cleveland OH 44106		
	y Compliant: □ Yes CCBB Subcontractor No subcontractors used. ter □ Yes □ No □ Yes Name(s): init □ GCBEIP □ CCBEIP □ Yes ir Registration □ Yes y Complete: □ No	Ashbury Compliant: □ Ves CCBB Subcontractor No subcontractors used. Senior □ No □ Ves □ No □ No	Ashbury Senior Computer Is a complete: Complete: Complete: Complete: Complete: Computer Complete:

SBE / MBE / WBE Not selected. Proof of 501 © 3 submitted5S 10/10/2023 JW 10/18/2023 LL 10/19/2023 JW 10/18/2023 LL 10/19/2023	Buyer Price CCBB / Administrativ Praferenc CCBB /
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submittedSS 10/10/2023 JW 10/18/2023 LL 10/19/2023	
JW 10/18/2023 LL 10/19/2023	
	aba
	ryulaurud 1991

Award :	(X/N)				⊠Yes																										
Dept. Tech.	Revie	*																													
Review:					No subcontractors used or contacted.							□Yes □SBE □MBE □WBE	⊠No		SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 8/3/2023	No					No DIV-3 1 of 2 SS 07/24/2023	Signed Div-1, Div-2 per vendor "n/a	seeking participation exemption. See	attached table for the list of our potential	qualified contractors who may or may not be county certified she/mbe/whe" No	attached table found in proposal. JW	7/28/2023 No Diversity Forms. Prime	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(c)	./2/2	20				SBE/MBE/WBE	Prime: (Y/N)		Total %			SBE/MBE/WBE	Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:					
CCBB /	Registere	q			CCBB	Vac	2 <u>8</u>		CCBEIP	□Yes	No ⊠										0-0-							prophilips.			
Price Preferenc	a				□Yes		2																								
Buyer Administrativ	٥	Review:	OPD Buyer	Initials	Compliant:	×Ινας	2 N		<u>9</u>	Registration	Complete:	□Yes	oN⊠	IG Number:	NCA:	⊠Yes	°N □	N/A □		PH:	⊠Yes	ON [N/A		CCBB:	□Yes	°N □	□N/A		CCBEIP:	3
Actual Bid	Amoun	t (enter	"N/A" if	RFP or	Z Z																										
Bid	_	Chec	~																												
Bidder's	Vendor	s Name	and	Address	2 Bedford		165	Center	Road	Bedford	공	44146																			

Buyer Administrativ Preferenc e Review: OPD Buyer Initials NA No NA OPD Buyer Initials: AC		_								
Bid Actual Buyer CCBB / Diversity Program Review: Bond Bid Administrativ Preferenc CCBEIP Chec t (enter Review:	Award :	(N/N)								
Bid Actual Buyer Price CCBEIP Bond Bid Administrativ Preferenc CCBEIP / Amoun e Registere SBE / MBE / WBE Chec t (enter Review: d k "N/A" if OPD Buyer d d RFQ □N/A □N/A OPD Buyer Initials: a AC AC a	Dept. Tech.	Revie	*							
Bid Actual Buyer Price CCBB / Bond Bid Administrativ Preferenc CCBEIP / Amoun e Registere Chec t (enter Review: d k "N/A" if OPD Buyer Initials RFQ □No □No □No □N/A OPD Buyer Initials: ACAC	iversity Program Review:	BE / MBE / WBE				Vendor is a political subdivision/non- profit entity. LL 8/3/2023				
Bid Actual Buyer Bond Bid Administrativ / Amoun e Chec t (enter Review:		رو	ъ					arke-m		
Bid Actual Bond Bid / Amoun Chec t (enter k "N/A" if RFP or RFQ	Price Preferenc	a								
Bid Bond Chec k	Buyer Administrativ					□ No	COOP:	□ No	OPD Buyer Initials: AC	
			t (enter	RFP or	RFQ					
Bidder's / Vendor s Name and Address	Bid Bond	_	Chec	×						
	Bidder's	Vendor	s Name	Address				11111		

Award :	(X/N)			⊠Yes	° □																						
Dept. Tech.	Revie	*																									
Review:				No subcontractors						Nes SBF MBF WBF		⊠No		7007	SBE: U% INIBE: U% WDE: U%			⊠ves tt 10/19/2023	No LL 8/3/2023				No DIV 1 No DIV 2 No DIV 3 SS	07/24/2023	Per vendor proposal table of contents #11	is good faith effort certification, none	found. No diversity forms found.
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):					SBE/MBE/WBE	D	Prime: (Y/N)		H	lotal %			SBE/MBE/WBE	Compiy: (Y/N)				SBE/MBE/WBE	Comments and	Initials:		
CCBEIP	Registere	0		CCBB	□Yes	No No	•	CCBEIP	□Yes	oN X																	
Price Preferenc	Ð			□Yes	No																						
Buyer Administrativ	ø	Review:	Or D buyer Initials	Compliant:	⊠Yes	°N □		9	Registration	Complete:	ទ	oN⊠	IG Number:	N/A	NCA:	⊠Yes	o :	N/A		PH:	⊠Yes	° S	N/A	CCBB:		2 2 3	N/A
Actual Bid	Amoun	t (enter	RFP or RFQ																								
Bid	/	Chec	~																								
Bidder's / Vendors	Name	and	Address	3 Berea	City of	11 Berea	Common	s	Berea OH	4401/																	

Award: (Y/N)	
Dept. Tech. Revie w	
Diversity Program Review: SBE / MBE / WBE	JW 7/28/2023 No Diversity Forms – Need DIV-1 Covenant of Non-discrimination - Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 2023 DIV 1 received. –SS 10/10/2023 Div-1 provided, no div-2 or div-3 provided, JW 10/18/2023 LL 10/19/2023
CCBB / CCBEIP Registere d	
Price Preferenc e	
Buyer Administrativ e Review: OPD Buyer Initials	CCBEIP: Ves No No No No No No No No No N
Actual Bid Amoun t (enter "N/A" if RFP or RFQ	
Bid Bond / Chec k	
Bidder's / Bid Vendors Bor Name / and Che Address k	

Award		(X/N)]Vec		<u>0</u> ⊠																									
Dept.	Tech.	Revie	*																														
Review:						No subcontractors								□Yes □SBE □MBE □WBE	⊠No			SBE: 0 % MBE: 0% WBE: 0%			⊠Yes LL 8/3/2023	□No				No DIV 3 SS 07/24/2023	div-1 signed, div-2 signed at top by	vendor, bottom not filled out. No good	faith effort div-3 provided, JW 7/28/2023	Prime Vendor is a political	subdivision/non-profit entity. LL 8/3/2023		
Diversity Program Review:		SBE / MBE / WBE				Subcontractor	Marra(a):	Name(s):		,				SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE	Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB/	CCBEIP	Registere	p			CCRR		□ Yes	No No		CCBEIP	□Yes	No									60000											
Price	Preferenc	Φ				Voc		No																									
Buyer	Administrativ	o o	Review:	OPD Buyer	Initials	Compliant.	Compagne	⊠Yes	ON		9	Registration	Complete:	. X	S oN		IG Number:	19-0005-REG	NCA.	□No	□N/A		i	N S	N/A]	CCRR	□ Yes	2	N/A		CCBEIP:	□Yes
Actual	Bid	Amoun	t (enter	"N/A" if	RFP or	2																											
Bid	Bond	/	Chec	~											1																		
Bidder's	_	Vendors	Name	and	Address	a closed		d Clergy	Alliance	3130	Eastwick	٥'n	Clevelan	d Hts OH	44118																		
		_	_	_		-	_	_		_	_	_	-	-	_	_	_		_	_	_			 -				_	_	_	_	_	

t. Award		e (Y/N)												
Dept.	Tech	Revi	≥											
ν:														
Diversity Program Review:		SBE / MBE / WBE												
CCBB/	CCBEIP	Registere	0						T-offmann				engaga-en	V.
Price	Preferenc	a												
Buyer	Administrativ	a	Review:	OPD Buyer	Initials		□No □N/A	C00P:	⊠Yes □ No	N/A	OPD Buyer Initials:	AC		
Actual	Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ								
Bid	Bond	_												
Bidder's Bid	_	Vendors	Name	and	Address									

Award :	(Y/N)			⊠Yes	o _N □																									
Dept. Tech.	Revie	*																												
Review:				No subcontractors							☐Yes ☐SBE ☐MBE ☐WBE	⊠No			SBE: 0 % MBE: 0% WBE: 0%			XIVec 11 10/19/2023	SNo LL 8/3/2023					No DIV 1 Incomplete DIV 2. Full waiver	requested due to not receiving a	response and not finding a vendor that is	an exercise, yoga, dance instructor(E-mails attached) - CC 07/04/2003	No Div-1 provided, div-2 not filled out, full	waiver requested, subs contacted by	יכוויים וויכויים וויכויים מלי וויכויים מלי וויכויים מלי
Diversity Program Review:	SBE / MBE / WBE	H		Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %			SRF/MRF/WRF	Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:				
CCBB / CCBEIP	Registere	70		CCBB	□Yes	o _N ⊠		CGBEIP	□Yes	No⊠																				
Price Preferenc	a			□Yes	°N⊝																									
Buyer Administrativ	a	Review: OPD Buver	Initials	Compliant:	⊠Yes	□No		9	Registration	Complete:	⊠Yes	oN □	N O	24 O4 67 BFO	21-0146-KEG NCA:	N K	}	□N/A		Hd	⊠Yes	□ No	N/A		CCBB:	□Yes	o _N □	A/N□	CCBEIP:	□Yes
Actual Bid	Amoun	t (enter "N/A"	if RFP or RFQ																											
Bid		Chec																												
Bidder's / Vendors	Name and	Address		5 Communit	^	Partnershi	p on Aging	1370	Victory Dr	South	Euclid OH	44121																		

Award .	(N/X)					
Dept.	Revie	W				
Review:						left for helping hands and ride-medi. Brenda with wind beneath my wings not aware of who contacted her about possible subcontracting. Supporting documentation provided. JW 7/28/2023 Covenant of Non-discrimination. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 DIV 1 receivedSS 10/10/2023 JW 10/18/2023 LL 10/19/2023
Diversity Program Review:	SBE / MBE / WBE					
CCBB /	Registere	٥			ANDAM	
Price Preferenc	e					,
Buyer Administrativ	a	Review:	OPD Buyer	Initials		□N/A COOP: No □N/A OPD Buyer Initials: □
Actual Bid	Amoun	t (enter	"N/A"	if RFP	or RFQ	
Bid		Chec	~			
Bidder's / Vendors	Name and	Address				

Award :	(1/N)	⊠Yes							
Dept. Tech.	Revie w						П		
Review:		No subcontractors	□Yes □SBE □MBE □WBE ⊠No	SBE: 0% MBE: 0% WBE: 0%	⊠Yes LL 10/19/2023 ⊠No LL 8/3/2023		No DIV 3 page 2 of 2. SS 07/24/2023 Signed div-1, vendor did not specify full waiver, no good faith effort supporting documentation provided, div-3 page 2 not	provided, JW 7/28/2023 Insufficient documentation of good faith effort to achieve the diversity goals. LL 8/3/2023	
Diversity Program Review:	SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBB / CCBEIP	Registere d	CCBEP CCBEIP CCBEIP NANO	La Millard						
Price Preferenc	υ	□Yes							
Buyer Administrativ	e Review: OPD Buyer Initials	Compliant:	□ Yes □ No	NCA: ⊠Yes □No	N/A	No □ No □ No	CCBB:	UN/A	□Yes
Actual Bid	Amoun t (enter "N/A" if RFP or RFQ								
Bid	/ Chec k			ě:					
Bidder's / Vendors	Name and Address	Smallwoo d Activities Center 7010	Blvd Parma OH 44129						
		6 Donna Smallwoo d Activities Center 7010	Blvd Parma OH 44129						

Bidder's / Vendors	Bid Bond	Actual Bid	Buyer Administrativ	Price Preferenc	CCBB/	Diversity Program Review:	Dept. Tech.	Award
Jame and	_	Amoun	e	ø	Registere	SBE / MBE / WBE	Revie	(X/X)
Address	Chec	t (enter	Review:		p		3	
		"N/A" if	OPD Buyer					
		RFP or	Initials					
		RFQ						
			ON0			DIV-1 received, DIV-2 received, DIV-3		
			□N/A			page 1 of 2 received, full/partial waiver		
						not selectedSS 10/18/2023		
			COOP:			Prime vendor is a municipality, JW		
			⊠Yes			10/18/2023 Ll 10/19/2023		
			□ No					
			DN/A					
			OPD Buyer					
			Initials:					
			AC					

Award :	(3/N)				□Yes	oN⊠																							
Dept. Tech.	Revie	*																											
Review:					Dynamics Global Financial Network, Inc.	SBE/MBE 20%						⊠Yes ⊠SBE ⊠MBE □ WBE	□ No			SBE: 20 % MBE: 0% WBE: 0%		⊠Yes LL 8/3/2023 □No					No DIV Z for Dynamic Global Financial	div-1 has typed signature not original, no	div-2 for prime vendor who is county	certified as SBE/MBE. Div-2 provided for	Safeway Medical Transportation &	Professional Inc, DBA: Dominion Home Healthcare Agency SBE/MBE certified.	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %		SBE/MBE/WBE Comply: (Y/N)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SBE/MBE/WBE	Initials:					
CCBB/ CCBEIP	Registere	р			CCBB	□Yes	No		CCBEIP	□ Yes																	pulpo s	i, a	
Price Preferenc	a				□Yes	No																							
Buyer Administrativ	ø	Review:	OPD Buyer	Initials	Compliant:	□Yes	N N		<u>e</u>	Registration	Complete:	□Yes	SNo ⊠		IG Number:	NCA:	2 2 1	N/A	i	⊼ Yes	oN □	N/A	i i	CCBB:			A/NI	CCBEIP:	□Yes
Actual Bid	Amoun	t (enter	"N/A" if	RFP or																									
Bid	_	Chec .	~																										
Bidder's	Vendors	Name	and	Address	7 Dynamics	Global	Financial	Network	Inc	3100	East 45 th	St #222	Clevelan	НОР	44111														

Bidder's	Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
	Bond	Bid	Administrativ	Preferenc	CCBEIP		Tech.	
Vendors	_	Amoun	a	a	Registere	SBE / MBE / WBE	Revie	(X/X)
Name	Chec	t (enter	Review:		p		*	
and	~	"N/A" if	OPD Buyer					
Address		RFP or	Initials					
		RFQ						
			oN□			this company is owned by Prime. Prime		
		k	□N/A			vendors are PROHIBITED from using		
						SBE/MBE/WBE(s) with whom the prime		
			C00P:			vendor has a familial relationship, joint or		
			□Yes			co-ownership, common partners, officers,	_	
			No No			or a shareholder relationship to meet the	_	
			N/A		-6-	SBE/MBE/WBE Participation Goals.		
						Hence, on Cuyahoga County		
			OPD Buver			projects/contracts, any portion of work		
			Initials:			subcontracted to an SBE/MBE/WBE		
			AC			vendor by a prime vendor that meets the		
						above-mentioned criteria will NOT count		
						towards the achievement of the		
						established SBE/MBE/WBE Participation		
						Goals. Prime given credit for SBE goal, JW		
						7/28/2023 LL 8/3/2023		

Award :	(Y/N)			⊠ Yes	2																	
Dept. Tech.	Revie	*																				
Review:				No subcontractors					□Yes □SBE □MBE □WBE	⊠No		SBE: 0% MBE: 0% WBE: 0%		⊠Yes LL 8/3/2023 □ No			DIV 2 not completed No DIV 3- SS	Cianad div. 1 provided no other	supporting documentation provided, JW	7/28/2023 Prime Vendor is a political	subdivision/non-profit entity. LL 8/3/2023	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):				SBE/MBE/WBE	Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)			SBE/MBE/WBE	Comments and	mulais.			
CCBB /	Registere	70 ~		CCBB	☐ Yes	o N N	CCBEIP	□ Yes														
Price Preferenc	e .			□Yes	No N																	
Buyer Administrativ	e)	Review: OPD Buyer	Initials	Compliant:	χγes	<u>8</u>	9	Registration	⊠ Yes	ON	IG Number:	NCA:	ON [N/A	PH:	0 N C		CCBB:		ON C		CCBEIP:
Actual	Amoun	t (enter "N/A"	if RFP or RFQ																			
Bid		Chec																				
Bidder's /	Name and	Address		East End	Neighborhoo	d House 2749	Woodhill Rd	Cleveland OH														
				00																		

Bidder's /	Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
Vendors	Bond	Bid	Administrativ	Preferenc	CCBEIP		Tech.	
Name and		Amoun		9	Registere	SBE / MBE / WBE	Revie	(N/K)
Address	Chec	t (enter			p		*	
	~	"N/A"						
		if RFP						
		or RFQ						
			oN □					
			□N/A					
			C00P:					
			⊠Yes					
			oN 🗆					
			N/A					
			OPD Buyer					
			Initials:					
			 - - -					

Award :	(X/N)				⊠Yes	o _N □																									1
Dept. Tech.	Revie	*																													
Review:					No subcontractors						: : : :	☐Yes ☐SBE ☐MBE ☐WBE	⊠No			CDT. OO. NADE. O 9.	36E: U% IMBE: U% WBE. U%		XVac II 8/3/2003	□ No				Full waiver requested due to being a	municipality5S 07/24/2023	div-1 signed, div-3 full waiver requested,	supporting documentation found includes	letter to dir. Ot purchasing mentioning	city of Euclid as municipality. JW	//28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			T-4-10/	lotal %		CRE/MRE/MRE	Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB /	Registere	O			CCBB	□Yes	No		CCBEIP	□Yes	No No			44000	lived																
Price Preferenc	a				□Yes	□No																									
Buyer Administrativ	ą	Review:	OPD Buyer	Initials	Compliant:	⊠Yes	□No		9	Registration	Complete:	□Yes	o _N ⊠		IG Number:		NCA:	8 N	□N/A		i	× Yes	N N		CCBB:	□ Yes	N	□N/A	,	CCBEIP:	
Actual	Amoun	t (enter	"N/A" if	RFP or	5																										
Bid	_	Chec																													
Bidder's	Vendors	Name	and	Address	9 Euclid		Senior	Program	S	585 East	222 nd St	Euclid	ЮН	44123-	2099																

Award : (Y/N)	=		
Dept. Tech. Revie	>		
Diversity Program Review: SBE / MBE / WBE			
CCBB / CCBEIP Registere	р	·	
Price Preferenc e			
Buyer Administrativ e	Revi OPE Initi	□No □N/A COOP: □No □N/A OPD Buyer Initials: AC	
Actual Bid Amoun	t (enter "N/A" if RFP or RFQ		
	Chec		
Bidder's / Vendors	Name and Address		

Award	(X/N)				⊠Yes	°N □																										
Dept. Tech.	Revie	×																														
Review:					No subcontractors							☐Yes ☐SBE ☐MBE ☐WBE	No				SBE: 0 % MBE: 0 % WBE: 0 %			⊠Yes LL 8/3/2023	ON [Incomplete DIV 1. Did not select if full or	partial waiver is requested on DIV 3.	Waiver requested due to being a non-	profit agencySS 07/24/2023	vendor did not specify full waiver, no	good faith effort supporting	documentation provided JW 7/28/2023	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)				Total %			'SBE/MBE/WBE	Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB/ CCBEIP	Registere	0			CCBB	□Yes	oN⊠		CCBEIP	□Yes	No ⊠							_				,										
Price Preferenc	a				□Yes	oN □																										
Buyer Administrativ	a	Review:	OPD Buyer	Initials	Compliant:	⊠Yes	oN		<u>១</u>	Registration	Complete:	⊠Yes	ON □		IG Number	12 0766 DEG	NCA.	⊠Yes	ON [□N/A		Ė	: 5	£ €		CCRR	- Nec				CCBEIP:	□Yes
Actual Bid	Amoun	t (enter	"N/A" if	RFP or RFQ																												
Bid	_	Chec	~																													
Bidder's	Vendors	Name	and	Address	1 Fatima	Family	Ctr-	Catholic	Charities	Corp	7911	Detroit	Ave	Clevelan	НОР	44102																

Award :	(4/14)			
Dept. Tech.	w w			
Diversity Program Review:	SDE / WIDE / WDE	Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023		
CCBEIP CCBEIP	מ פופונים מ	•		
Price Preferenc	υ			
Buyer Administrativ	e Review: OPD Buyer Initials	□No □N/A	COOP: No No No No	OPD Buyer Initials: AC
Actual Bid	t (enter "N/A" if RFP or RFQ			
Bid Bond /	Chec k			
	Name and Address			

Award (Y/N)	⊠ Yes							
Dept. Tech. Revie w								
Review:	No subcontractors	□Yes □SBE □MBE □WBE ⊠No	SBE: 0% MBE: 0% WBE: 0%	⊠Yes LL 8/3/2023 □No	COOLANIE OF CAME OF CAME	div-1 provided, no other diversity forms provided, no supporting documentation	provided, of waiver requested for non- profit, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023	
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	7000	SBE/MBE/WBE Comments and Initials:	1	
CCBB / CCBEIP Registere d	CCBB Ves No CCBEIP Yes			-				
Price Preferenc e	□ Yes							
Buyer Administratiy e Review: OPD Buyer Initials	Compliant:	⊠ Yes □ No IG Number: 21-0206	NCA:	PH:	No N/A	CCBB:	N/A	CCBEIP:
Actual Bid Amoun t (enter "N/A" if RFP or RFQ								
Bid Bond / Chec k								
Bidder's / Vendors Name and Address	1 Famicos Foundatio n Inc 1325 Ansel Rd Cleveland OH 44106							

	_	_	_	_	_	_		_	_		_	_	_		_	_	_	_	_	_
Award :	(V/N)																			
Dept. Tech.	Revie	*																		
Diversity Program Review:	SBE / MBE / WBE																			
CCBB / CCBEIP	Registere	р																		
Price Preferenc	e			7																
Actual Buyer Bid Administrativ	a	Review:	OPD Buyer	Initials		ON [ON/A		COOP:	⊠Yes	°N□	□N/A	1	OPD Buyer	Initials:	AC				
Actual Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ															
Bid Bond	_	Chec	~																	
Bidder's / Vendors	Name and	Address																		

Award :	(A/N)					oN ⊠																										
Dept. Tech.	Revie	≥																														
Review:					No subcontractors							□Yes □SBE □MBE □WBE	⊠No			00/ 440°. 00/ 14/0°.	SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 8/3/2023	ON I				Incomplete DIV 1 Did not calact if full or	nation waiver is requested on DIV 3 -55	07/24/2023	Incomplete div-1 provided, prime vendor	provided same diversity forms as Fatima	Family Ctr – Catholic Charities Corp. no	supporting documentation provided for	waiver for non-profit agency, JW
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			701-1-1	lotal %			SBE/MBE/WBE	Compry. (1/N)				CRE/AARE/AARE	Comments and	Initials:					
CCBB / CCBEIP	Registere	0		0000	CCBB	□Yes	No No		CCBEIP	□Yes	No ⊠																,					
Price Preferenc	ð				☐ Yes	oN □																										
Buyer Administrativ	0	Review: OPD Buver	Initials	-	Compliant:	□Yes	oN⊠		<u>១</u>	Registration	Complete:	⊠Yes	ON		IG Number:	12-0766-REG	NCA:	×es	No I	□N/A		PH:	□Yes	No.	A/N	i i	CCBB:		8 :	N/A	CCBEIP:	□Yes
Actual Bid	Amoun	t (enter "N/A" if	RFP or	RFQ							/																					
Bid		Chec	4																													
Bidder's /	Vendors	Name	Address		1 Good	Shepherd	Family	Center	7911	Detroit	Ave	Clevelan	40Н	44102																		

Award :	(X/N															
Dept. Tech.	Revie	*														
Diversity Program Review:	SBE / MBE / WBE					7/28/2023. Prime Vendor is a political	subdivision/non-profit entity. LL 8/3/2023			TO A THE PERSON OF THE PERSON						
CCBB /	Registere	O		100.4												
Price Preferenc	a															
Buyer Administrativ	a	Review:	OPD Buyer	Initials		ON [□N/A	COOP:	⊠Yes	oN 🗆	□N/A	OPD Buyer	Initials:	AC		
	_	t (enter	"N/A" if	RFP or	RFQ											
Bid Bond	_	Chec	~													
Bidder's Bid Actual	Vendors	Name	and	Address												

Award :	(A/N)	⊠ Yes					
Dept. Tech.	Revie w						
Review:		No subcontractors	□Yes □SBE □MBE □WBE ⊠No	SBE: 0% MBE: 0% WBE: 0%	⊠Yes I.L 8/3/2023 □No	Full waiver requested, 501(c) (3) documentation attachedSS 07/24/2023 JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023	
Diversity Program Review:	SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:	
CCBB/ CCBEIP	Registere d	CCBB Ves No CCBEIP Ves	-				
Price Preferenc	o.	□Yes					
Buyer Administrativ	e Review: OPD Buyer Initials	Compliant:	©Yes □No IG Number: 12-1457-REG	NCA:	DN/A PH: ⊠Yes	CCBB:	CCBEIP:
Actual Bid	Amoun t (enter "N/A" if RFP or RFQ					0	
Bid Bond	/ Chec k	:				=	
Bidder's / Vendors	Name and Address	Harvard Communit y Service Center 18240 Harvard Ave	Cleveland OH 44128				

	Bidder's /	Bid	Actual	Buyer	Price	CCBB /	Diversity Program Review:	$\overline{}$	Award
	Vendors	Bond	Bid	Administrativ	Preferenc	CCBEIP			
_	Name and	_	Amoun	Ф	a	Registere	SBE / MBE / WBE	Revie	(N/X)
	Address	Chec	t (enter			ъ		*	
_		~	"N/A"						
			if RFP	Initials					
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				□ No □ N/A					
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				COOP:					
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				□N/A					
				OPD Buyer					
				Initials:					
				AC					
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Award ⊠ Yes (N/X) Revie Dept. Tech. documentation provided. DIV 3 notary is Incomplete DIV 1. Did not select if full or Incomplete div-1 provided, prime vendor provided same diversity forms as Fatima Family Ctr - Catholic Charities Corp. and Good Shepherd Family Center, prime partial waiver requested on DIV 3, SBE: 0% MBE: 0% WBE: 0% □Yes □SBE □MBE □WBE illegible. -SS 07/24/2023 No subcontractors ⊠Yes LL 8/3/2023 Diversity Program Review: No⊠ 8 | | SBE / MBE / WBE SBE/MBE/WBE SBE/MBE/WBE SBE/MBE/WBE Comments and Subcontractor Comply: (Y/N) Prime: (Y/N) Name(s): Initials: Total % Registere CCBEIP □ Yes ⊠No CCBEIP CCBB/ CCBB □ Yes Preferenc □Yes □No Price Administrativ IG Number: 12-0766-REG Registration Compliant: Complete: NCA:

⊠ Yes

□ No CCBEIP: ⊠Yes ⊠Yes oN □ **OPD Buyer** ºN□ □Yes □ N° CCBB: □Yes 9 Review: Initials Buyer "N/A" if t (enter Amoun RFP or RFQ Actual Bid Bond Chec Bid Hispanic Catholic Clevelan Bidder's Address Charities Vendors Detroit Senior Name 44102 Corp 7911 Ave но р and

Transaction ID:

Award :	(X/N)																
Dept. Tech.	Revie	*															
Diversity Program Review:	SBE / MBE / WBE					provided supporting documentation for 501(c) for this business, JW 7/28/2023	Prime Vendor is a political	subdivision/non-profit entity. LL 8/3/2023									
CCBB / CCBEIP	Registere	р								-							
Price Preferenc	eu eu			140													
Buyer Administrativ			OPD Buyer			□ No □ N/A		COOP:	⊠Yes	ON [N/A	!	OPD Buyer Initials:	Militals.	 		
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Bidder's /	Vendors	Name	and	Address													

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Review:					No subcontractors							□Yes □SBE □MBE □WBE	⊗No				SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 10/19/2023	⊠No LL 8/3/2023					No DIV 1, No DIV 2, No DIV 3 submitted	SS 07/24/2023	No diversity forms provided, JW	7/28/2023 No Div-1 Covenant of Non-	discrimination – must be completed and	submitted. LL 8/3/2023	DIV 1 received, DIV 2 received, DIV 3	collipleted, Idil Walve: Tequested due to
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)				Total %			SBE/MBE/WBE	Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:					
CCBB/	Registere	ъ			CCBB	□Yes	oN⊠		CCBEIP	□Yes	No No														-0-4	*1							
Price Preferenc	a				□Yes	°N □																											
Buyer Administrativ	a	Review:	OPD Buyer	Initials	Compliant:	⊠Yes	oN □		9	Registration	Complete:	⊠Yes	oN □	,	IG Number:	12-1610-REG	NCA:	⊠Yes	ON [□N/A		.Hd	X X	S S	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		CCBB:	Yes	% 	□N/A		CCBEIP:	□Yes
Actual	Amoun	t (enter	"N/A" if	RFP or	3																												
Bond	_	Chec	~																														
Bidder's	Vendors	Name	and	Address	1 Jenning	s Center	for	Older	Adults	10204	Granger	Rd	Garfield	Hts OH	44125																		

Dept. Award Tech. :	vie (Y/N)										_				
P P	Re	≥	_					_							
m Review:	ш				being a non-profit agency. Proof of 501	© 3 received. SS 10/12/2023 JW 10/18/2023 LL 10/19/2023									
Diversity Program Review:	SBE / MBE / WBE														
CCBB/ CCBEIP	Registere	Б													
Price Preferenc	a														
Buyer Administrativ		Review:	OPD Buyer	Initials	ON []	DN/A	C00P:	⊠Yes	№	□N/A	2000	Or D buyer Initials:	AC		
Actual Bid				_											
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Bidder's Bid / Bond	Vendors /	Name	and	Address											

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requested on DIV 3SS 07/25/2023 Signed div-1 provided no div-2, div -3 requested, did not specify full or partial waiver, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023
Comments and Initials:
(Melyan
CCBB: Yes No N/A CCBEIP: Yes
To the contract of

	Bidder's / Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
Vendors	Bond	Bid	Administrativ		CCBEIP		Tech.	
Name	_	Amoun	a		Registere	SBE / MBE / WBE	Revie	(X/N)
and	Chec	t (enter	Review:		Ф		3	
Address	~	"N/A" if	OPD Buyer					
		RFP or	Initials					
		RFQ						
			□No					
			□N/A					
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Award: (Y/N)	No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Dept. Tech. Revie w	
Review;	No subcontractors □Yes □SBE □MBE □WBE SBE: 0% MBE: 0% WBE: 0 % No DIV 1. Did not select if full or partial waiver is requested on DIV 3, documentation attachedSS 07/25/2023 No div-1 or div-2, requesting full waiver due to being non-profit agency, provided supporting documentation, JW 7/28/2023 DIV 1 receivedSS 10/10/2023 W 10/18/2023 LL 10/19/2023
Diversity Program Review;	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) Total % Comply: (Y/N) SBE/MBE/WBE Comments and Initials:
CCBE / CCBEIP Registere d	CCBB CCBEIP CCBEIP No
Price Preferenc e	□Yes
Buyer Administrativ e Review: OPD Buyer Initials	Compliant:
Actual Bid Amoun t (enter "N/A" if RFP	
Bid Bond / Chec k	
Bidder's / Vendors Name and Address	Linking Employment , Abilities and Potential (LEAP) 25458 Lorain Ave Cleveland OH 44113

	(X/N)		
Dept. Tech.	Revie	>	
Diversity Program Review:	SBE / MBE / WBE		Missing Div-1 Covenant of non-discrimination – must be completed/signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023
CCBB/ CCBEIP	Registere	0	
Price Preferenc	e		
Buyer Administrativ		Nevi OPD Initii	□No □N/A COOP: □No □NO □N/A OPD Buyer Initials:
Actual Bid	Amoun	t (enter "N/A" if RFP or RFQ	
Bid Bond		k Ca	
Bidder's / Vendors	Name and	Address	

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Dept.	Tech.	Revie	*														101																
Review:							No subcontractors							□Yes □SBE □MBE □WBE	CN			SBE: 0% IMBE: 0% WBE: 0%			⊠Yes LL 8/3/2023	ONO				Full waiver requested due to being a	municipalitySS 07/25/2023	No supporting documentation provided	for div-3, JW 7/28/2023 Prime Vendor is a	political subdivision/non-profit entity. LL	8/3/2023	THE RESERVE THE PARTY OF THE PA	
Diversity Program Review:		SBE / MBE / WBE					Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE	Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
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Buyer	Administrativ	Ð	Review:	OPD Buyer	Initials		Compliant:	⊠Yes	ON	İ	<u>5</u>	Registration	Complete	\ \ \ \ \	S 8	IG Number:		NCA:	⊠Yes	°N □	DN/A		H.	 3 8	2 N		CCBB:	□Yes	°N □	□N/A		CCBEIP:	517
Actual	Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ																											
Bid	Bond	_	Chec	~																													
Bidder's	_	Vendor	s Name	and	Address		1 Maple	Heights	City of	15901	Libby	Road	Maple	Hts OH	44137																		

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rogram :/WBE		
Diversity Program Review: SBE / MBE / WBE		
CCBB/ CCBEIP Registere d		
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Buyer Administrat e Review: OPD Buyer Initials	- C O M U L	OPD Initi
Actual Bid Amoun t (enter "N/A" if RFP or RFQ		
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Bidder's Bid / Bond Vendor / s Name Chec and k Address		
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Award :	(X/N)				⊠Yes	% 																									
Dept. Tech.	Revie	*																													
Review:					No subcontractors						1	Ves USBE UMBE WBE	No				SBE: 0% MBE: 0% WBE: 0%			⊠Yes 8/3/2023 □No				Did not select if full or partial waiver is	requested on DIV 35S 07/25/2023	Vendor requesting waiver due to being	non-profit agency, did not specify on div-	3 for full or partial waiver no supporting	documentation provided, JW 7/28/2023	Prime Vendor is a political subdivision/non-profit entity. 11 8/3/2023	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)				Total %			SBE/MBE/WBE Comply: (Y/N)				SRE/MRE/MRE	Comments and	Initials:					
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Buyer Administrativ	· e	Review:	OPD Buyer	Initials	Compliant:	⊠Yes	No		<u>n</u>	Registration	Complete:	⊠Yes	No		IG Number:	12-1963-REG	NCA:	⊠Yes	№	N/A	PH:	⊠Yes	o N D	- IN/A	. Gab.		S oN	□N/A		CCBEIP:	∏Yes □
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Bid		Chec	~																												
Bidder's	Vendors	Name	and	Address	1 Murtis	Taylor	Human	Services	System	13422	Kinsman	Rd	Clevelan	фОН	44120																

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Review:						No subcontractors							□Yes □SBE □MBE □WBE	No				SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 8/3/2023	ON					Full waiver requested due to being a non-	profit property documentation attached -	SC 07/25/2023	JW 7/28/2023 Prime Vendor is a political	subdivision/non-profit entity, LL 8/3/2023		THE RESERVE OF THE PARTY OF THE	
Diversity Program Review:	SBE / MBE / WBE					Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)				Total %			SBE/MBE/WBE	Comply: (Y/N)					SRE/MRE/WRF	Commonts and	loitials:					
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Price Preferenc	a)					□Yes	№																											
Buyer Administrativ	a	Review:	OPD Buyer	Initials		Compliant:	⊠Yes	oN □		<u>5</u>	Registration	Complete:	⊠Yes	°N □		IG Number:	12-2002-REG	NCA:	⊠Yes	ON []	N/A		i	Ë	⊠Yes	° . □	A/N	1	CC88:	□ Yes	ON :	N/A	CCRFID	□Yes
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Bid		Chec																																
Bidder's	Vendors	Name	and	Address		2 Near	West	Side	Multi-	Service	Corp dba	May	Dugan	4115	Bridge	Ave	Clevelan	НОР	44113															

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Diversity Program Review:	SBE / MBE / WBE							
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Buyer Administrativ	a	Review: OPD Buyer	Initials	□No □N/A	COOP:	No □N/A	OPD Buyer Initials: AC	
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Bid Bond	_ 7	z K						
Bidder's /	Vendors	Name and	Address					

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Dept. Tech.	Revie	3																						11					
Review:					No subcontractors							TVes TSRE TMRE TWRE	_	NO NO		SBE: 0% MBE: 0 % WBE: 0%		⊠Yes LL 8/3/2023 □No				Full waiver requested due to being a	government municipalitySS 07/25/2023	No supporting documentation provided	to support government municipality, JW	7/28/2023 Prime Vendor is a political	subdivision/non-profit entity. LL 8/3/2023		
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SRE/MRE/WRF	Drimo: (V/N)	71 III C (1/14)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB / CCBEIP	Registere	0			CCBB	□yes	N		CCBFIP	Vec									-										
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Buyer Administrativ	Φ	Review:	OPD Buyer	Initials	Compliant:	□Yes	ON X		<u>u</u>	Registration	Complete:		£ :	o N N	IG Number:	NCA:	oN⊠	A/N	Ž	H	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A/N]	CCBB.				VN∏	CCBEIP:	□Yes
Actual Bid	Amoun	t (enter	"N/A" if	RFP or	7																								
Bid Bond	_	Chec	~																										
Bidder's	Vendors	Name	and	Address	2 Ofmste		City of	26100	Baglev	Rd .	Olmste	d Falls		44138															

Bidde	's Bid		Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
	/ Bond		Administrativ	Preferenc	CCBEIP		Tech.	
Vendo	rs /		a	Ð	Registere	SBE / MBE / WBE	Revie	(N/N)
Name	Chec		Review:		p		3	
and	_	"N/A" if	OPD Buyer					
Addre	SS	RFP or	Initials					
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Award Yes ⊠No (N/X) Revie Dept. Tech. completed and signed. Prime Vendor is a IW 7/28/2023 Missing Div-1 Covenant of political subdivision/non-profit entity. LL No DIV 1, DIV 2, DIV 3 submitted. -SS SBE: 0 % MBE: 0 % WBE: 0% Non-discrimination – need to be □Yes □SBE □MBE □WBE No subcontractors No LL 8/3/2023 07/25/2023 8/3/2023 Diversity Program Review: □Yes No No SBE / MBE / WBE Comments and Initials: Subcontractor SBE/MBE/WBE SBE/MBE/WBE SBE/MBE/WBE Comply: (Y/N) Prime: (Y/N) Name(s): Total % Registere CCBB / CCBEIP CCBEIP □ Yes ⊠No CCBB □Yes SN⊗ Preferenc □Yes % □ Price Administrativ Registration Compliant: Complete: G Number: CCBEIP: □Yes □Yes OPD Buyer ⊠Yes °N⊝ S No ⊠ ⊠Yes □No □N/A □N° NCA: ⊠Yes □ N°A CCBB: □Yes Ħ Review: Initials Buyer t (enter Amoun "N/A" if RFP or RFQ Actual Bid Chec k Bid Bond Commissio n on Aging Name and Parma OH Bidder's / Vendors Address Powers Parma 44129 7010 Blvd

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Award :	(N/X)														
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Diversity Program Review:	SBE / MBE / WBE														
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Dept. Tech. Revie	\$									
Review:		No subcontractors		□Yes □SBE □MBE □WBE ⊠No		SBE: 0% MBE: 0% WBE: 0%	⊠Yes LL 8/3/2023 □No		No DIV 2, DIV 3 submittedSS 07/25/2023 JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023	
Diversity Program Review: SBE / MIBE / WBE		Subcontractor Name(s):	·	SBE/MBE/WBE Prime: (Y/N)		Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:	
CCBB / CCBEIP Registere	5	CCBB	CCBEIP □ Yes				ME			
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Buyer Administrativ e Review:	neview. OPD Buyer Initials	Compliant: □Yes ⊠No	IG Registration Complete:	☐ Yes ⊠ No	IG Number:	NCA:	N/A	PH: No No No No No No No N	CCBB:	CCBEIP:
Actual Bid Amoun	"N/A" if RFP or RFQ									
Bid Bond /	<u> </u>									
Bidder's / Vendor	s name and Address	2 Parma Heights City of	Pearl Rd Parma Hts OH	44130						

Award .	(N/X)															
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Diversity Program Review:	SBE / MBE / WBE															
CCBB/	Registere	р					- 3	-ipid								
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Buyer	9	Review:	OPD Buyer	Initials		□ No □ N/A	•	COOP:	□Yes	oN⊠	□N/A	OPD Buver	Initials:	AC		
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Review:				No subcontractors							☐ Yes ☐ SBE ☐ MBE ☐ WBE	No			SBE: 0% MBE: 0% WBE: 0%		⊠Yes Lt 10/19/2023 ⊠No Lt 8/3/2023		J			No DIV 1, No DIV 2, DIV 3 submittedSS	0//25/2023	JW 7/28/2023 Missing Div-1 Covenant of	Non-Discrimination — needs to be	completed/signed. Prime Vendor is a	pointical subdivision/non-profit entity. LL 8/3/2023 LL 10/19/2023	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %		SBE/MBE/WBE Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:				
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Bidder's / Vendors	Name and	Address		Phillis	Wheatley	Associatio		4450	Cedars	Ave Unit	#1	Cleveland	2011															
m >	Z	⋖		2 P	>	⋖	_	4	Ū	⋖	#	U C)															

Tech.	Revie (Y/N)	W																
	SBE / MBE / WBE					DIV 1 received. DIV 2, DIV 3 received, but	not filled out., "waive- nonprofit" hand-	written -SS 10/11/2023	Diversity forms provided, verified state of	ohio business search prime vendor is non-	profit, JW 10/19/2023			1000000000000000000000000000000000000				
CCBEIP	Registere	q		ngh ghiligi man														
Preferenc	a																	
Buyer Administrativ	e	Review:	OPD Buyer	Initials			□N/A		COOP:	⊠Yes	oN □	□N/A	OPD Buyer	Initials:	AC			
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	_		~															
Bidder's / Vendors	Name and	Address																

Award :	(N/N)				⊠Yes	°N □																									
Dept. Tech.	Revie	*							7,																						
Review:					No subcontractors							□Yes □SBE □MBE □WBE	⊠No			SBE: 0 % MBE: 0% WBE: 0 %			⊠Yes LL 8/3/2023	. ONO				Did not select if full or partial waiver is	requested on DIV 3SS 07/25/2023	div-1 and div-3 provided, per div-3 vendor	states "we only contract out our	transportation service. There is only one	transportation service in Cleveland that	specializes in transport for older adults and those with disabilities. They are not	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE	Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB /	Registere	р			CCBB	□Yes	oN⊠		CCBEIP	□Yes	No											-									
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Buyer Administrativ	a)	Review:	OPD Buyer	Initials	Compliant:	⊠Yes	□No		16	Registration	Complete:	⊠Yes	o N		IG Number:	NCA:	⊠Yes	ON [A/N		PH:	⊠Yes	% 	N/A	CCBB.	□Yes	N _O	A/N 🗆		CCBEIP:	□Yes
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Bid Bond	_	Chec	~																												
Bidder's	Vendors	Name	and	Address	2 Rose		for Aging	Well	11890	Fairhill	Rd	Clevelan	d OH 44120	777					Ł												

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Diversity Program Review:	SBE / MBE / WBE		SBE MBE or WBE. We are a non-profit and are requesting a full waiver." JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023	
CCBB/ CCBEIP	Registere d			
Price Preferenc	Φ.			
Buyer Administrativ		OPD Buyer Initials	□No COOP: XYes □No □N/A OPD Buyer Initials:	
Actual Bid	Amoun t (enter	"N/A" if RFP or RFQ.		
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Bidder's /	Vendors	and Address		

Award: (Y/N)		⊠Yes	08																						
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Review:		No subcontractors used					□Yes □SBE □MBE □WBE	⊠No		SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 8/3/2023 □ No			1		Full waiver requestedSS 07/25/2023	Per vendor they do not subcontract this	work, no supporting documentation	provided, JW 7/28/2023 Prime Vendor is a	political subdivision/non-profit entity. LL 8/3/2023		· · · · · · · · · · · · · · · · · · ·	
Diversity Program Review: SBE / MBE / WBE		Subcontractor	ivame(s):				SBE/MBE/WBE	Prime: (Y/N)		Total %			SBE/MBE/WBE Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:					
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Buyer Administrativ e Review:	OPD Buyer Initials	Compliant:	□ No		16	Complete:	⊠Yes	ON	IG Number:	12-2752 NCA:	NCA: ⊠Yes	ON □	□N/A	i	H ;	No □	DN/A		CCBB:	□Yes	°N□	□N/A	CCRFID		
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Bidder's		Vendors	Name	and	Address													

Award	(N/N)			⊠Yes	oN□																				30	
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Review:				No subcontractors						OVE COL MARE TAMBE		e.	SBE: 0% MBE: 0% WBE: 0%			⊠Yes LL 8/4/2023 □ No					Did not select if full or partial waiver is	requested on Drv 333 07/23/2023	due to non profit agency, no supporting	documentation provided, JW 7/28/2023 Prime Vendor is a nolitical	subdivision/non-profit entity. LL 8/4/2023	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):					CRE/AME/AVRE	Prime: (Y/N)		Total %			SBE/MBE/WBE Comply: (Y/N)					SBE/MBE/WBE	Loirials:				
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Award: (Y/N)	No □		-			137	
Dept. Tech. Revie w							
Review:	No subcontractors	□Yes □SBE □MBE □WBE ⊠No	SBE: 0% MBE: 0% WBE: 0%	⊠Yes LL 8/4/2023 □ No	•	Did not select if full or partial waiver is requested on DIV 3SS 07/25/2023 Prime vendor requesting full waiver per they are a non profit agency, no supporting documentation provided. JW	8/1/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:	
CCBEIP CCBEIP Registere d	CCBB No CCBEIP			S-2.			
Price Preferenc e	□Yes						
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: No IG Registration Complete:	⊠Yes ⊠Yes □No IG Number:	NCA:	N/A PH:	⊠ Ves □ No	CCBB:	CCBEIP:
Actual Bid Amoun t (enter "N/A" if RFP or RFQ							
Bid Bond / Chec k							
Bidder's / Vendors Name and Address	2 Senior Transportatio n Connection 4735 West 150th St Ste A Cleveland OH 44135						

Award : (Y/N)	
Dept. Tech. Revie w	
Diversity Program Review: SBE / MBE / WBE	
CCBEIP CCBEIP Řegistere d	
Price Preferenc e	
Buyer Administrativ e Review: OPD Buyer Initials	□No □N/A COOP: □N/A □N/A OPD Buyer Initials:
Actual Bid Amoun t (enter "N/A" if RFP	
Bid Bond / Chec k	
Bidder's / Vendors Name and Address	

Award :	(Y/N)			⊠Yes	ON [
Dept. Tech.	Revie	M																									
Review:				No subcontractors							□Yes □SBE □MBE □WBE	⊠No		SBE: 0% MBE: 0% WBE: 0%		⊠Yes LL 8/4/2023 □No				Full waiver requested due to being a	municipalitySS 07/25/2023	Prime vendor added selection to div-2	form "boxed checked that says	Municipality Government" full waiver	requested, no supporting documentation	provided: JW 8/1/2023 Prime Vendor Is a	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)		Total%		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB /	Registere	p		CCBB	□Yes	oN⊠		CCBEIP	□Yes	No																	
Price Preferenc	a			□Yes	oN□																						
Buyer Administrativ	е	Review: OPD Buyer Initials		Compliant:	⊠Yes	°N □		9	Registration	Complete:	□Yes	oN⊠	IG Number:	NCA: NYes	ON	N/A	 ⊼ Yes	No N	□N/A		CCBB:	□Yes	°N □	A/N		CCBEIP:	Lives
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Bid Bond	_	Chec																									
Bidder's / Vendors	Name and	Address		2 Solon City	of	Departmen	t of Senior	Services	35000	Portz	Parkway	Solon OH 44139															

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Diversity Program Review:	SBE / MBE / WBE					political subdivision/non-profit entity. LL 8/4/2023						
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Bid Bond	_	Chec	~									
Bidder's / Vendors	Name and	Address										

Award	(X/N)				X Yes		2																								
Dept. Tech.	Revie	*																													
Review:					No subcontractors								□Yes □SBE □MBE □WBE	No				SBE: 0 % MBE: 0% WBE: 0%			⊠Yes LL 8/4/2023 □No			Incomplete DIV 1. Did not select if full or	partial waiver is requested on DIV 3SS	07/25/2023	Full waiver requested due to nonprofit,	supporting documentation provided. JW	8/1/2023 Prime Vendor is a political	subarylion-prome entity. Lt. 6/4/2023	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Namo(c).	Name(s).						SBE/MBE/WBE	Prime: (Y/N)				Total %			SBE/MBE/WBE Comply: (Y/N)			SBE/MBE/WBE	Comments and	Initials:					
CCBB/ CCBEIP	Registere	ō			CCRR	202		No X		CCBEIP	□Yes	oN⊠																			
Price Preferenc	a				□Vos		ON																								
Buyer Administrativ	a)	Review:	OPD Buyer	Inítials	Compliant:	Zive	£ [ON I		91	Registration	Complete:	⊠Yes	No		IG Number:	12-0766-RFG	NCA:	⊠Yes	ON [□N/A	. L.	o S	A/N]	CCBB.	CCBB.	<u>8</u>	□N/A		CCBEIP:	Lives
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Bid	_	Chec	~																												
Bidder's	Vendors	Name	and	Address	t)		Martin	De	Porres –	Catholic	Charities	Corp	7911	Detroit	Ave	Clevelan	НОР	44102													

Actual Buyer Bid Administrativ Amoun e t (enter Review: "N/A" if OPD Buyer RFQ □ No □No □N/A COOP: □N/A OPD Buyer Initials: ACAC		(N/K)	•				I								
Actual Buyer CCBB / Diversity Program Review: Bid Administrativ Preferenc CCBEIP Amoun e e Registere SBE / MBE / WBE t (enter Review: "\N/A" if OPD Buyer			_												
Actual Buyer Price CCBEIP Bid Administrativ Preferenc CCBEIP Amoun e e Registere t (enter Review: d "N/A" if OPD Buyer RFQ	Dept. Tech.	Revie	*	;											
Actual Buyer Bid Administrativ Preferenc Amoun e e t (enter Review: "N/A" if OPD Buyer RFQ Initials COOP: SYes In N/A OPD Buyer Initials: ACAC	Diversity Program Review:	SBE / MBE / WBE													
Actual Buyer Bid Administrativ Amoun e t (enter Review: "N/A" if OPD Buyer RFQ □ No □No □N/A COOP: □N/A OPD Buyer Initials: ACAC	CCBB/ CCBEIP	Registere	70												
Actual Bid Amoun t (enter "N/A" if RFP or RFQ	Price Preferenc	a													
Bid Actual Bond Bid / Amoun Chec t (enter k "N/A" if RFP or RFQ	Buyer Administrativ	Ð	Review:	OPD Buyer	Initials		□No □N/A	C00P:	⊠Yes	No U	□N/A	OPD Buyer	AC		
Bid Bond Chec k	Actual Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ									
	Bond	_	Chec								IK:				
Bidder's / Vendors Name and Address	Bidder's Bid / Bond	Vendors	Name	and	Address										

Award :	(N/N)			⊠Yes	2																			
Dept. Tech.	Revie	>																						
Review:				No subcontractors					□Yes □SBE □MBE □WBE	⊠No		SBE: 0 % MBE: 0% WBE: 0%						No DIV 1, DIV 2, DIV 3 submittedSS	JW 8/1/2023 Missing DIV-1 (Covenant of	Non-discrimination) – must be	completed/submitted. Prime Vendor is a	pointical subdivision/non-profit entity. Lt 8/4/2023	DIV 1 receivedSS 10/10/2023	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):				SBE/MBE/WBE	Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:				
CCBEIP	Registere	ъ		CCBB	☐ Yes ⊠ No		CCBEIP	□ Yes	ON X						_									
Price Preferenc	e			□Yes	%																			
Buyer Administrativ		Review: OPD Buyer	Initials	Compliant:	⊠ Yes □ No		9	Registration Complete:	Complete:	S ON	IG Number:	NCA:	oN □	□ A/N	PH:	⊠Yes	o No		CCBB:	□Yes	°N □	DN/A	CCRFID	□Yes
Actual Bid	Amoun	t (enter "N/A" if	RFP or RFQ																					
Bid		Chec																						
Bidder's / Vendors	Name and	Address		3 Strongsvill	e City of 18100	Royalton	Rd	Strongsvill	44136															

p.	-															
Award :	(V/N)			1												
Dept. Tech.	Revie	*														
Diversity Program Review:	SBE / MBE / WBE				prime Vendor provided div-1, no div-2 or	div-3 provided, prime vendor is a	municipality, JW 10/18/2023 LL	10/19/2023								
CCBEIP	Registere	-								2						
Price Preferenc	e															
Buyer Administrativ	Φ.	Review: OPD Buver	Initials		2 2	□N/A	(C00P:	⊠Yes	oN □	N/A	OPD Buyer	Initials:	AC		
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		z Pec														
Bidder's / Vendors	Name and	Address														
												_				

WEE Revie WBE Waitial waiver is signature or ge 2 of 2SS	no rovided. JW
VBE VBE: 0% Intial waiver is signature or ge 2 of 2SS full waiver per	no rovided. JW
No subcontractors No subcontractors □ Yes □ SBE □ MBE □ WBE ⊠ No SBE: 0 % MBE: 0% WBE: 0% □ No □ No signature or not select if full or partial waiver is requested on DIV 3. No signature or notarization on DIV 3 page 2 of 2SS 07/25/2023 Prime vendor requesting full waiver per	they are a nonprofit agency, no supporting documentation provided. JW
SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Total % SBE/MBE/WBE Comply: (Y/N) SBE/MBE/WBE Comply: (Y/N) SBE/MBE/WBE Comply: (Y/N) SBE/MBE/WBE Comments and requestinitials: O7/25/ Prime	
CCBB / CCB / CCBB / CCBB CCBB / CCBB	
Price Preference One	162
Buyer Administrativ e Review: OPD Buyer Initials Compliant:	CCBEIP:
Actual Bid Amoun t (enter "N/A" if RFP or RFQ	
Bid Sond Chec K	
Bidder's / Vendors Name and Address Settlemen t t 4800 Broadway Ave Cleveland OH 44127	

0							
Award :	(Y/N)						
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Diversity Program Review:	SBE / MBE / WBE			8/1/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023			
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Price Preferenc	an						
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Bidder's / Vendors	Name and	Address					

Actual Buy Bid Adn Amoun e t {enter Rev "N/A" if OPE RFQ C C C C C C C C C C C C C C C C C C C	Award :	(X/N)			□Yes	oN⊠																							
Actual Buyer CCBB / Bid Administrativ Price CCBEIP Amoun e	Dept. Tech.	Revie	*																										
Actual Buyer Bid Administrativ Preferenc CCBEIP Amoun e 1 (enter Review: "N/A" if OPD Buyer RFP or Initials RFQ Compliant:	Review:				No subcontractors							☐Yes ☐SBE ☐MBE ☐WBE	⊠No		SBE: 0 % MBE: 0% WBE: 0%		Vac	⊠No LL 8/4/23					Web Wise Enterprise checked SBE on DIV	incomplete: no notarization or full or	partial waiver selectedSS 07/25/2023	JW 8/1/2023 Diversity Goal not met. No	details or documentation on Good Faith	Effort exerted to achieve the diversity	
Actual Buyer Bid Administrativ Preferenc Amoun e t (enter Review: "N/A" if OPD Buyer RFQ Compliant:	Diversity Program	SBE / MBE / WBE			Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)		Total %		SRE/MRE/WRF	Comply: (Y/N)					SBE/MBE/WBE	Initials:					
Actual Buyer Bid Administrativ Amoun e t {enter Review: "N/A" if OPD Buyer RFP or Initials RFQ Compliant:	CCBB / CCBEIP	Registere	ъ		CCBB	□Yes	No No		CCBEIP	□Yes	oN⊠		validinas					10 Met 10											
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	Buyer Administrativ	a)	Review: OPD Buyer	Initials	Compliant:	□Yes	oN ⊠		9	Registration	Complete:	□Yes	oN⊠	is inumber:	NCA:	<u>8</u>	DN/A		Ë	□Yes	oN⊠	□N/A	6	CC88:		ON S	A/N]	CCBEIP:	□Yes
30nd Chec	Actual Bid	Amoun	t (enter "N/A" if	RFP or RFQ																									
	Bid	/	Chec k																										
Bidder's / Vendors Name and Address Substituting Substitution Substituting Substitution Substitution Substituting Substitution Substitu	Bidder's / Vendors	Name and	Address			Enterprise	s	305	Woodstoc	k Rd	Eastlake	OH 44095																	

Preferenc e	Administrativ e Review: OPD Buyer
	Initials \textsum \t
	COOP: Nes Door No Door Door D
	OPD Buyer Initials: _AC

⊠Yes □ No					
				(84)	
No subcontractors	□Yes □SBE □MBE □WBE ⊠No	SBE: 0% MBE: 0% WBE: 0%	⊠Yes LL 10/19/2023 ⊠No LL 8/4/2023	No DIV 1 or DIV 2. Full waiver requestedSS 7/25/2023 Only div-3 provided, per vendor requesting full waiver of diversity goals per they are not engaging/working with any subcontractors business/activities	JW 8/1/2023 Missing DIV-1 (Covenant of Non-discrimination) – must be completed
Subcontractor Name(s):	SBE/WBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:	
CCBB Yes No CCBEIP Yes					
□ Yes □ No					
Compliant:	⊠ Yes □ No IG Number: 12-2980-REG	NCA: ⊠ Yes	N/A □ □ N/A □ □ N/A □ □ N/A	CCBB:	CCBEIP:
West Side Communit y House 9300 Lorain Ave Cleveland OH 44102					
	t Compliant:	Compliant:	t Compliant: □Yes CCBB Subcontractor No subcontractors □No □Yes Name(s): □G CCBEIP Registration Complete: □Nes □No SBE/MBE/WBE □Yes □SBE □MBE □WBE □No □G Number: 12-280-REG □NCA: □No	t Compliant: □Yes CCBE	Compilant:

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Award :	(X/N)																		
Dept. Tech.	Revie	*																	
Diversity Program Review:	SBE / MBE / WBE					and signed. Prime Vendor is a political	subdivision/non-profit entity. LL 8/4/2023	DIV 1 receivedSS 10/10/2023	JW 10/18/2023 LL 10/19/2023			一方 一							
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Bid Bond	_	Chec	~																
Bidder's / Vendors	Name and	Address																_	
					_	_							_		_	_			_

				GOAL SETTING WORKSHEET	WORKSHEET				
Department Name:	Department of Sea	Department of Senior and Adult Services	ices						
Contact Name:	Daphne James						NOTE: User Department completes the YELLOW AREAS ONLY.	ent completes the YE	LOW AREAS ONLY.
Contact Phone#:	216-698-4731								
Contact Email:	daphne.kelker@jfs.ohio.gov	s.ohia.gov							
RQ#:									
RQ Description:	2024 DSAS Comm	2024 DSAS Community and Social Services Program	rvices Program						
Work Category/Scope	NIGP Code (5 digits)	Work/Scope Amount (\$)	Disparity Study Work/Scope Availability # (All	Disparity Study Work/Scope Availability # (MBE)	Disparity Study Work/Scope Availability % (MBE)	Disparity Study Work/Scope Availability \$ (MBE) Availability # (WBE)	Disparity Study Work/Scope Availability # (WBE)	Disparity Study Work/Scope Availability % (WBE)	Disparity Study Work/Scope Availability \$ (WBE)
Human Services	95200	3269175.00	1		00:00	00:0		00.0	00:00
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Totals (\$):		3269175.00				00.0			00:00
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		-	NIGP 95200:						
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County Council of Cuyahoga County, Ohio

Resolution No. R2023-0337

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services

A Resolution making awards RQ12904 with various providers in the not-to-exceed total amount \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 - 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services has recommended awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 with the following providers:

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- b) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.
- c) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services.
- d) Contract No. 3789 with Caring Hearts Health Services LLC for Homemaker, Personal Care, Chore and Laundry services.
- e) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services.

- f) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- g) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- h) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals for Home Delivered Meals services.
- i) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- j) Contract No. 3791 with First Choice Medical Staffing, Inc. for Homemaker and Personal Care services.
- k) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 1) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- m) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services.
- n) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- o) Contract No. 3771 with Rent a Daughter Senior Care, Inc. Homemaker and Personal Care services.
- p) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.
- q) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- r) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services.
- s) Contact No. 3735 with TOBI Transportation for Transportation services.

- t) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- u) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- v) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- w) Contract No. 3749 Wash House CLE LLC for Laundry services.
- x) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care services; and

WHEREAS, the primary goal of the OPTIONS for Independent Living Services Program is to provide a flexible, affordable in-home care program to Cuyahoga County residents aged 60 and above who, because of income and/or assets, are not eligible for Medicaid waiver or other programs; and

WHEREAS, the various services provided by the program that are essential to Cuyahoga County senior include: 1) assistance with larger household chores; 2) medical emergency response services; 3) grab bar installation; 4) homemaking assistance; 5) home delivered meals; 6) assistance with personal care and/or transportation for medical-related appointments; and

WHEREAS, this project is funded 100% by Health and Human Services Levy funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 - 12/31/2025 with the following providers:

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- b) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.

- c) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services.
- d) Contract No. 3789 with Caring Hearts Health Services LLC for Homemaker, Personal Care, Chore and Laundry services.
- e) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services.
- f) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- g) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- h) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals for Home Delivered Meals services.
- i) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- j) Contract No. 3791 with First Choice Medical Staffing, Inc. for Homemaker and Personal Care services.
- k) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 1) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- m) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services.
- n) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- o) Contract No. 3771 with Rent a Daughter Senior Care, Inc. Homemaker and Personal Care services.
- p) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.

- q) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- r) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services.
- s) Contact No. 3735 with TOBI Transportation for Transportation services.
- t) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- u) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- v) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- w) Contract No. 3749 Wash House CLE LLC for Laundry services.
- x) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care services; and

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with said awards and this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by	, the foregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
	o Committee: <u>November 14, 20</u> <u>Health, Human Services & Ag</u>	
Journal	_	
, 20		

PURCHASE-RELATED TRANSACTIONS

			(OPTN)			
Department o	r Agency Nar	ne	Department of Senior	and Adult Services		
Requested Ac	tion			ment 🗆 Lease [☐ Amendment [☐ Revenue
			Generating □ Purcha			
			☐ Other (please speci			
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendo Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	Various	Variou	01/01/2024 - 12/31/2025	\$9,550,000.00	Pending	Pending
nultiple vend The Options County who	dors in the a program pro need: assista	mount o vides in ince wit	ior and Adult Services of \$9,550,000.00 for t -home services to ser h larger household ch sistance; home delive	he time period 03 iors and adults w ores; medical em	L/01/2024-12/3 th disabilities livergency respon	1/2025. ving in Cuyahog se services; gra
multiple vend The Options County who par installation	program proneed: assista	mount ovides in ince with king assal-relate	of \$9,550,000.00 for the comment of	he time period 02 iors and adults w ores; medical em red meals; assista	1/01/2024-12/3 ith disabilities livergency respondance with perso	1/2025. ving in Cuyahog se services; gra
The Options County who par installation cransportation	program proneed: assista	wides in ince with king assal-relate	of \$9,550,000.00 for the change services to serth larger household chairstance; home delived appointments.	he time period 02 iors and adults w ores; medical em red meals; assista	th disabilities livergency respondence with personance	1/2025. ving in Cuyahog se services; gra

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 (checify):
Agenda Item 1	Owner, executive director, other (specify):
A-1 Healthcare LLC	Richard Keller, CEO
2060 S. Taylor Rd.	
Cleveland Heights, OH 44118	
Vendor Council District:	Project Council District:
	-
Council district 10	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 2	
ABC International Services, Inc.	Bella Rokhman, President/Owner
31525 Aurora Road, Suite #2	
Solon, OH 44139	
Vanda Carrell Bistrict	Desired Council District
Vendor Council District:	Project Council District:
Council district 6	County Wide
If applicable provide the full address or list the	×
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 3	
Addus Healthcare (South Carolina), Inc. (DBA Arcadia	Angela Dooley, Regional Director of Operations
Home Care & Staffing)	
2300 Warrenville Road, Suite 100	
Downers Grove, IL 60515	
10/25/2023 – Missing Cyber Coverage Vendor Council District:	Dunio et Council Dietwiet
vendor Councii District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 4	
Caring Hearts Health Services LLC	Marquetta Brown, President
333 Babbitt Road, Suite 242	
Euclid, OH 44123	
Vendor Council District:	Project Council District:
Council district 11	
Council district 11	County wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 5	
Casleo Corporation dba Global Meals	Nataliya Krylova, CEO
2761 E. 4 th Avenue	
Columbus, Ohio 43219	J

Vendor Council District:	Project Council District:
N/A	County wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 6	
Connect America	Richard Brooks, President
816 Park Way	
Broomall, PA 19008	
Vendor Council District:	Project Council District:
	-
N/A	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 7	,
Essence Health Services	Dannika Witten, Owner
855 222 nd Street	
Euclid, OH 44123	
Vendor Council District:	Project Council District:
	•
Council District 11	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 8	(4,000,7,
Fernandez Property Group	Sophia Fernandez, Owner
3781 West 152 nd Street	
Cleveland, OH 44111	
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 9	
First Choice Medical Staffing	Charles Slone, President/CEO
1457 West 11 th Street	
Cleveland, OH 44107	
10/25/2023 – Missing subrogation language on COI	
Vendor Council District:	Project Council District:
Council District 3	County Wide
If analysis and the first the second	
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	

Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 10	
Geocare Inc.dba Home Instead Senior Care	Geoffrey Moore, President
26777 Lorain Road, Suite 608	
North Olmsted, Oh 44070	
Vendor Council District:	Project Council District:
Council District 1	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 11	Owner, executive director, other (specify).
Home Care Relief, Inc	Darlene Myrick, CEO/President
753 East 200 th Street	Darielle Wyrick, CEO/Flesidelit
Euclid, Ohio 44119	Profession and Profession
Vendor Council District:	Project Council District:
Council District 10	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 12	
Family & Community Services dba Mobile Meals 1357	Heather Laliberte, Director of Finance
Home Avenue	
Akron, Ohio 44310	
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 13	(4,500,700,000,000,000,000,000,000,000,000
Purfoods LLC dba Mom's Meals	Nathan Jensen, Sr VP of Sales and Business Development
3210 SE Corporate Woods Drive	Tradition sense, or the or outer and business bevelopment
Ankeny, IA 50021	
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or the the	
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	Owner was the disease of the Co
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 14	
Renaissance Home Health Care	Patricia Eady, Owner
5311 Northfield Road Suite 212	
Bedford Heights, Ohio 44146	
	I .

Council District 9	Countywide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 15	o which checourte an ectory other (specify).
Rent a Daughter Senior Care	Mark Glatley, Chief Executive Officer
23715 Mercantile Road	
Building A Suite 206	
Beachwood OH 44122	4-
Vendor Council District:	Project Council District:
Council District 11	Countywide
If an Carlia was the fill allow the file	
If applicable provide the full address or list the	
municipality(ies) impacted by the project. Vendor Name and address:	0
Agenda Item 16	Owner, executive director, other (specify):
	Debugge Constall Foresting Bissets
Rose Centers for Aging Well 11890 Fairhill Road	Dabney Conwell, Executive Director
Cleveland OH 44120	
Vendor Council District:	Project Council District:
vendor council bistrict.	Project Council District.
Council District 9	Countywide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 17	
Senior Transportation Connection	Laura Kleinman, Executive Director
4735 W. 150 th Street, Suite A	
Cleveland, Ohio 44135	
Vendor Council District:	Project Council District:
Council district 2	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 18	, , , , , , , , , , , , , , , , , , , ,
Solutions Premier Training Services	Brenda Richardson, Owner/Program Administrator
14077 Cedar Rd., Suite 203	
South Euclid, Ohio 44118	
10/25/2023 - Waiting on receipt of Umbrella	
Coverage or Waiver	
Vendor Council District:	Project Council District:
Council district 11	

If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 19	
Tobi Transportation Services, LLC	Alice Jackson, Vice President
14100 Bardwell Avenue	
East Cleveland, Ohio 44112	
Vendor Council District:	Project Council District:
Council district 10	
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 20	
Transport Assistance, INC	Fred Cerny, President
5481 State Road	
Parma, Ohio 44134	
Vendor Council District:	Project Council District:
Council district 10	County Wide
Council district 10	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 21	Owner, executive director, other (specify):
U First Homecare	Vagra Thompking Director
6005 Fleet Avenue #1005	Veora Thompkins, Director
Cleveland, Ohio 44105	Project Company (1974)
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 22	
Valued Relationships	Mr. Ben Wallace, Executive Director
1400 Commerce Center Dr.	
Franklin, Ohio 45005	
Vandar Caus di Bid : :	0.1.0
Vendor Council District:	Project Council District:
N/A	
	County Wide
If applicable provide the full address or list the	7
municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 23	omer, executive uncetor, other (specify).
Wash House CLE, LLC	Ms. Sophia Fernandez, Owner
3781 W. 152 Street	ma. Johna remanaez, Owner

Cleveland, Ohio 44111	
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Agenda Item 24	owner, executive director, other (specify).
Xcel Healthcare Providers, Inc	Mr. John Stanich, Executive Director
1991 Lee Rd.	,
Cleveland, Ohio 44118	
Vendor Council District:	Project Council District:
Council District 11	
	County Wide
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB ⊠ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	*C b
The total value of the collisitation, 0.600,592,00	*See Justification for additional information.
The total value of the solicitation: 9,600,582.00	Exemption
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date
396/31	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): (0%) DBE (20%) SBE	☐ Sole Source ☐ Public Notice posted by Department
(0%) MBE (0%) WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: ☐ Yes ☒ No,	from posting ().
please explain.	
DCAP is collecting documents from the non	
compliant vendors to make them compliant	
Recommended Vendor was low bidder: 🛛 Yes	☐ Government Purchase
No, please explain: ■ No, pleas	
Master Agreement RFP - 25 of 31 vendors were	☐ Alternative Procurement Process
awarded.	
How did pricing compare among bids received?	Contract Assessed described as it is a second second of the second second of the secon
Thow and pricing compare among bias received?	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:
	= 2 state 1 state of the though pictage describe.
Is Purchase/Services technology related ☐ Yes ☒ No	o. If yes, complete section below:
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:

Is the item ERP related? \square No \square Yes, answer the	e belo	ow questions.
Are services covered under the original ERP Budg	get or	Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new ERP	syste	m? ☐ Yes ☐ No, please explain.
		man Services Levy Funds, Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, e	etc.).	Include % if more than one source.
Health & Human Services Levy- 100%		
Is funding for this included in the approved budg	et? 🏻	☑ Yes ☐ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ⊠ Monthly □	Quar	terly One-time Other (please explain):
Provide status of project.		
□ New Service or purchase ☒ Recurring service	e or	Is contract late $oxtimes$ No $oxtimes$ Yes, In the fields below provide
purchase		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:		
	in le	for such as the item being discoursed to the
correction:	. H1 IF	nfor, such as the item being disapproved and requiring
If late, have services begun? No Yes (if yes	s nle	ase evnlain)
Have payments be made? ☐ No ☐ Yes (if yes,		
HISTORY (see instructions):		
Original Contract - R2021-0151 - 06/22/2021		
Amendment 1 - R2023-0086 - 04/11/2023		

Department of Purchasing - Required Documents Checklist

Upload as "word" document in Infor

RQ#:	12904		
Description of Solicitation	RFP – Options for	Independent Living (DSA)	S)
		Department initials	Clerk of the Board

TAC or CTO Required or authorized IT Standard	Yes 🗆	No □	

FULL AND OPEN COMPETITION Formal RFP – Master Agreement Award Recommendation				
	Department initials	Purchasing		
Notice of Intent to Award (sent to all responding vendors)	AC	Not reviewed		
Bid Specification Packet	AC	Not reviewed		
Final DEI Goal Setting Worksheet	AC	Not reviewed		
Diversity Documents – if required (goal set)	AC	Not reviewed		
Award Letter (sent to awarded vendor)	AC	Not reviewed		
Vendor's Confidential Financial Statement – if RFP requested	AC	Not reviewed		
Tabulation Sheet	AC	Not reviewed		
Evaluation with Scoring Summary (Names of evaluators to be included, must have minimum of three evaluators).	AC	Not reviewed		
Vendor's Submission	AC	Not reviewed		
Cover - Master contracts only	AC	Not reviewed		
Contract Evaluation – if required	AC	Not reviewed		
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.	N/A	Not reviewed		
Agreement/Contract and Exhibits	AC	Not reviewed		
Performance Bond, if required per RFP	N/A	Not reviewed		
Checklist Verification	AC	Not reviewed		
Auditors Findings	AC	Not reviewed		
Debarment	AC	Not reviewed		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

 $1\mid P\;a\;g\;e$

Revised 10/20/2023

Department of Purchasing – Required Documents Checklist

Upload as "word" document in Infor

CONTRACT HISTORY (to be completed by department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# applicable)	and PO Code (if	RFP			
Lawson RQ# (if ap	plicable)				
CM Contract#		Various			
	Original Amount	Amendment Amount	Time Period	Approval Date	Approval #
Original Amount	\$6,800,435.60		7/1/2021 - 12/31/2022	6/22/2021	R2021-0151
	Prior Amendment	\$4,760,500.00	01/01/2023 — 12/31/2023	4/11/2023	R2023-0086
	Amounts (list	\$			
	separately)	\$			
	Pending Amendment	\$			
	Total Amendments	\$4,760,500.00			
Total Contact Amount	\$11,560,935.60				

Contractor	A-1 Healthcare Inc					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210768 212265					
RQ#	4919					
Time Period of Original Contract	7/1/2021 – 12/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.					
Service Description	A-1 Healthcare is currently providing homemaking and/or personal care for approximately 80 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom.					
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction Less than 10% customer concern measure 					
Actual Performance versus performance indicators (include statistics):	 71% of referrals were accepted or refused within 5 business days of referral 88% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Strongly agree on measure of customer satisfaction Zero % customer concerns. 					
Rating of Overall Performance of Contractor	Superior Above Average Average Below Average Poor					
Select One (X)		X				
Justification of Rating	good number	of Options clie	nts. They ha	satisfaction. The d staff turnover v ates, but these h	which	

Department Contact	Cynthia Mason 216-420-6834	
User Department	Division of Senior and Adult Services	
Date	9/18/2023	

Contractor	ABC International				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210782 212278				
RQ#	4919				
Time Period of Original Contract	7/1/2021 – 12/31/2023				
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.				
Service Description	Chore and the installation of grab bars are intended to restore, improve or maintain a healthy living environment (chore-heavy household cleaning, packing/unpacking, organizing, carpet cleaning; grab bar- installation of the grab bars, and the actual bars themselves).				
Performance Indicators	 1. 90% of referrals will be accepted or refused within 5 business day referral. 2. Chore - 90% of clients will have services completed within 30 day the referral acceptance, except in cases of documented client cancelations. 2. Grab bar- 90% of clients will have grab bars completely installed within 30 days of receiving the authorization from the landlord, except in cases of documented client cancellations 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure 				
Actual Performance versus performance indicators (include statistics):	 1.Chore-100% of referrals were accepted or refused within 5 business days of referral. 1. Grab bar-92% of referrals were accepted or refused within 5 business days of referral. 2. Chore - 10% of clients had services completed within 30 days of the referral acceptance, except in cases of documented client cancelations. 2. Grab bar- 8% of clients had grab bars completely installed within 30 days of receiving the authorization from the landlord, except in cases of documented client cancellations 3. Agree on measure of customer satisfaction 4. 5.8% customer concern measure 				
Rating of Overall	Superior Above Average Average Below Average Poor				

Performance of Contractor					
Select One (X)	X				
Justification of Rating	The provider has been hampered by lack of staffing since the Covid 19 pandemic. They have also been the only source of grab bars, and the major source of chore for the Options program, which means they may have been overwhelmed by the number of referrals. This provider said she has sub-contracted with another two providers (which brings the total to 3 now) for this next Options contract period. Satisfaction with the finished product is good.				
Department Contact	Cynthia Mason 216-420-6834				
User Department	Division of Senior and Adult Services				
Date	9/20/2023				

Contractor	Addus Healthcare						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210779 212276						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals,						
Service Description	Laundry, personal care and/or homemaker) to Cuyahoga County. Addus Healthcare is currently providing homemaking and/or personal care for approximately 9 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom.						
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction 						
Actual Performance versus performance indicators (include statistics):	 Less than 10% customer concern measure There were no referrals accepted during the time period measured. There were no referrals accepted during the time period measured. Agree on measure of customer satisfaction 5 % customer concerns. 						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)			X	1			
Justification of Rating	This provider does well with clients when they are able to staff. They have had concerns since the Covid 19 pandemic with staffing, as is the concern nationally. This agency historically maintains a rather low number of clients, but these clients are pleased with their service.						
Department Contact		on 21-420-683		The state of the s			

User Department	Division of Senior and Adult Services	
Date	9/19/2023	

Contractor	Caring Hearts Health Services						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210787 212272						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1:	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals,						
Service Description	Laundry, personal care and/or homemaker) to Cuyahoga County. Caring Hearts is not currently providing homemaking, personal care or Chore for Options clients. First quarter 2022 they provided care for approximately 12 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. Chore is intended to restore, improve or maintain a healthy living environment (heavy household						
Performance Indicators	cleaning, packing/unpacking, organizing, carpet cleaning). 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction						
Actual Performance versus performance indicators (include statistics):	 4. Less than 10% customer concern measure 1. There were no referrals accepted during the time period measured (2023). 2. There were no referrals accepted during the time period measured (2023). 3. Agree (with some neutral scores) on measure of customer satisfaction (1st half 2022 timeframe) 4. 40 % customer concerns (1st half 2022 timeframe) 						
Rating of Overall Performance of Contractor		Above Average		Below Average	Poor		
Select One (X)			X				
Justification of Rating	This provider's hands-on owner had a personal tragedy that affected this agency's work product for some time. The concern numbers had mostly to do with the fact that this agency either did not start services or stopped providing care around the incident. The owner also went into seclusion after the incident. This agency would like to start providing care again, and I feel we should give them another chance.						

	Rather than not accept their services, we would be offering a smaller amount of dollars until we can reevaluate the service provision.
Department Contact	Cynthia Mason 216-420-6834
User Department	Department of Senior and Adult Services
Date	9?20/2023

Contractor	Casleo Corp	oration					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210783 212277						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.						
Service Description	Providing home delivered meal services to seniors in partnership with DSAS.						
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. 						
Actual Performance versus performance indicators (include statistics):	 1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. 						
Rating of Overall	Superior	Above Average	Average	Below Average	Poor		
Performance of Contractor Select One (X)	X						
Justification of Rating	Provider substantially exceeded performance measures.						
Department Contact	Cynthia Mas	son 216-420-683	4				
User Department	Division of Senior and Adult Services						
	197						

Contractor	Connect America						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#: 1406 PO#: 210769	CM#: 1406 PO#: 210769					
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 12	2/31/2023					
Background Statement	of Senior and organizations is Services (chor	Adult Services, so interested in prove, emergency res	olicited propositions on the proposition of the pro	and Human Service sals from agencies a for Independent Li r, home delivered r Cuyahoga County	and ving neals,		
Service Description	Emergency Response Services (ERS) are designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a home communication unit (HCU) and connection systems.						
Performance Indicators	 75% of client signals for assistance will be responded to within thirty (30) seconds of receiving the signal. 100% of client signals for assistance will be responded to within sixty (60) seconds of receiving the signal. 100% of all home installations/wireless mailings and service changes will be completed within 14 days of the accepted referral Agree or Strongly Agree on measure of customer satisfaction Less than 10% customer concern measure 						
Actual Performance versus performance indicators (include statistics):	1. 76% of client signals for assistance were responded to within thirty (30) seconds of receiving the signal. 2. 89% of client signals for assistance were responded to within sixty (60) seconds of receiving the signal. 3. 80% of all home installations/wireless mailings and service changes were completed within 14 days of the accepted referral 3. Strongly Agree on measure of customer satisfaction 4. 1.2% customer concern measure						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)		X					
Justification of Rating		erica serves 588 good record of		y have a good rec	ord of		

Department Contact	Cynthia Mason 216-420-6834
User Department	Department of Senior and Adult Services
Date	9/20/2023

Contractor	Family and Community Services dba Mobile Meals								
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM3776 PO# 200048								
RQ#	4919								
Time Period of Original Contract	7/1/2021 – 1	2/31/2023							
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.								
Service Description					,				
	Providing ho DSAS.	me delivered me	al services t	o seniors in partn	ership with				
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. 								
Actual Performance versus performance indicators (include statistics):	1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations.								
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor				
Select One (X)	X			× ×					
Justification of Rating	Provider substantially exceeded performance measures.								
Department Contact	Cynthia Mas	on 216-420-68	334						
User Department	Division of Senior and Adult Services								

Contractor	First Choice Medical Staffing							
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM#3328 (copy 1437) PO#212267							
RQ#	4919							
Time Period of Original Contract	7/1/2021 – 12	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.							
Service Description	First Choice is currently providing homemaking and/or personal care for approximately 31 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom.							
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction 							
Actual Performance versus performance indicators (include statistics):	4. Less than 10% customer concern measure 1. 25% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Strongly Agree on measure of customer satisfaction 4. 2.7% customer concern measure							
Rating of Overall Performance of Contractor Select One (Y)	Superior	Above Average	Average	Below Average	Poor			
Select One (X)		X						
Justification of Rating	This provider has good number of Options clients. While they have a lower percentage of referrals being accepted within 5 business days, it appears that they started serving the client prior to acceptance within our case management system, and service is the main goal behind the performance measure. They also have a good customer satisfaction rating.							

Department Contact	Cynthia Mason 216-420-6834
User Department	Ivision of Senior and Adult Services
Date	9/19/2023

Contractor	Geocare Inc.	, DBA Home In	stead Senior	Care			
Current Contract History:		CM3773					
CE/AG# (if applicable) Infor/Lawson PO#:	PO# 200045						
RQ#	4010						
NQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals,						
Service Description	Laundry, personal care and/or homemaker) to Cuyahoga County. Geocare is currently providing homemaking for approximately 25 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands).						
Performance Indicators	1. 90% of refe	errals will be accer	oted or refuse	d within 5 business	days of		
	referral				uu y b o i		
	2. 90% of clients will begin to receive services within 21 days of the						
		ptance of initial re					
		d client cancellation		111 04303			
				stomer satisfaction			
		0% customer cond		storiici satisiaction			
Actual Performance versus				a tima mania d	4		
performance indicators				e time period measu			
(include statistics):				e time period measu	irea.		
(Intitude statistics).		ree on measure of	customer sat	istaction			
	4. 6.6% custo	omer concerns.					
Rating of Overall	Superior	Above Average	Average	Below Average	Poor		
Performance of Contractor		***					
Select One (X)		X					
Justification of Rating	This provide:	r's staffing of ca	ses was affe	cted by the shortage	ge of		
	home health aides since the Covid 19 pandemic. They have						
	historically been a strong provider, and are the only totally West side						
	provider, which is needed. They used to serve twice as many clients.						
		strong measure			ny chems.		
Department Contact							
	Cunthia Mac	on 216-420-68:	2.4				
	CALIFICATION INTO S	() / / / / /	14				

User Department	
	Division of Senior and Adult Services
Date	9/20/2023

Contractor	Home Care Relief						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CM3775 PO# 200050						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.						
Service Description	Home Care Relief is currently providing homemaking and/or personal care for approximately 50 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands).						
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction 						
Actual Performance versus performance indicators (include statistics):	4. Less than 10% customer concern measure 1. There were no referrals accepted during the time period measured. 2. There were no referrals accepted during the time period measured. 3. Strongly agree on measure of customer satisfaction 4. Zero % customer concerns.						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)		X					
Justification of Rating	Provider has a high measure of customer satisfaction. They serve a good number of Options clients. New referral acceptance has been challenging since the Covid 19 pandemic, but this is a challenge nationally.						
Department Contact		son 216-420-68	34				

User Department	Division of Senior and Adult Services
Date	9/19/2023

Contractor	Purfoods LL	C dba Mom's M	eals					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210778	210778						
RQ#	4919				Α			
Time Period of Original Contract	7/1/2021 – 1	2/31/2023						
Background Statement	of Senior and organizations Services (cho	Adult Services, so interested in prover, emergency respectively.	olicited propo iding Options oonse, grab ba	and Human Services sals from agencies for Independent Lar, home delivered to Cuyahoga County	and iving meals,			
Service Description	Providing ho	Providing home delivered meal services to seniors in partnership with						
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. 							
Actual Performance versus performance indicators (include statistics):	1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations.							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)	X	= =						
Justification of Rating	Provider substantially exceeded performance measures.							
Department Contact	Cynthia Mas	son 216-420-683	34					
User Department	Division of S	Senior and Adult	Services					

Contractor	Renaissance Home Health Care							
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210776 212268							
RQ#	4919							
Time Period of Original Contract	7/1/2021 – 1	2/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.							
Service Description	Renaissance is currently providing homemaking and/or personal care for approximately 25 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom.							
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction 							
Actual Performance versus performance indicators (include statistics):	 4. Less than 10% customer concern measure 1. 0% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree on measure of customer satisfaction 4. Zero % customer concern measure 							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)		X						
Justification of Rating	Clients were seen prior to being accepted in the case management system. The purpose of the performance measure is to ensure timely service, which appears to have occurred. They have a strong measure of customer satisfaction.							

Department Contact	Cynthia Mason 216-420-6834
User Department	Department of Senior and Adult Services
Date	9?20/2023

Contractor	Rose Center	s For Aging Well					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210771						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	7/1/2021 – 12/31/2023					
Background Statement	of Senior and organizations Services (cho	Adult Services, so interested in proving re, emergency resp	licited propo ding Options oonse, grab ba	and Human Service sals from agencies for Independent L ar, home delivered o Cuyahoga County	and iving meals,		
Service Description	Providing ho	ome delivered me	eal services t	o seniors in partn	ership with		
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. 						
Actual Performance versus performance indicators (include statistics):	1. 91% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations.						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)		X					
Justification of Rating	Provider met or exceeded performance measures.						
Department Contact	Cynthia Mas	son 216-420-683	34				
User Department	Division of	Senior and Adult	Services				
Date	9/21/2023						

Contractor	Senior Transportation Connection						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO#: 210773						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.						
Service Description				providing transp			
Performance Indicators	 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile 						
Actual Performance versus performance indicators (include statistics):	radius of their appointment from their call requesting a return trip home. 1. 89.46% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. All return trips were scheduled and recorded as scheduled trips. 89.46% of clients were picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3.None.						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)		X					
Justification of Rating	The performance measure was essentially met. This provider is the only provider that provides service to the whole county. Clients speak very well of this agency on client satisfaction measures.						
Department Contact	Cynthia Mase	on 216-420-68	334				

User Department	Division of Senior and Adult Services
Date	9/22/2023

Contractor	Solutions Pre	Solutions Premier Training Services						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawsor	Infor/Lawson PO#: 212270						
RQ#	4919							
Time Period of Original Contract	7/1/2021 – 12	2/31/2023						
Background Statement	of Senior and organizations : Services (chor	Adult Services, so interested in prove, emergency res	olicited propos iding Options ponse, grab ba	and Human Services als from agencies for Independent L. r, home delivered and County	and iving meals,			
Service Description	Solutions Pre care for appro light houseke mop, dust, be	Laundry, personal care and/or homemaker) to Cuyahoga County. Solutions Premier is currently providing homemaking and/or personal care for approximately 30 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom.						
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction 							
Actual Performance versus performance indicators (include statistics):	 Less than 10% customer concern measure 1.100% of referrals were accepted or refused within 5 business days of referral 2.100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree (bordering strongly agree) on measure of customer satisfaction 4.3.5% customer concern measure 							
Rating of Overall Performance of Contractor Select One (X)	Superior X	Above Average	Average	Below Average	Poor			
Justification of Rating	Provider has a high measure of customer satisfaction. They have worked with Options to make sure that clients with emergent safety issues are staffed. They have had a difficult time staffing new cases since the Covid 19 pandemic, which is also a national concern. They have historically had a higher case count, which they hope to reach again. This agency also trains home health aides, which tends to ensure good service.							

Department Contact	Cynthia Mason 216-420-6834	
User Department	Division of Senior and Adult Services	
Date	9/19/2023	

Contractor	Tobi Transportation Services, LLC						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO#: 212271						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 1	2/31/2023					
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals,						
Service Description	Laundry, personal care and/or homemaker) to Cuyahoga County. Tobi Transportation Services, LLC will be providing transportation services.						
Performance Indicators	 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile 						
Actual Performance versus performance indicators (include statistics):	radius of their appointment from their call requesting a return trip home. 1. 100% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. none 3. 100% of clients were picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home.						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)	X						
Justification of Rating	Provider sub	stantially exceed	ed performa	ince measures.			

Department Contact	Cynthia Mason 216-420-6834	
User Department	Division of Senior and Adult Services	
Date	9/22/2023	

Contractor	Transport Assistance, INC						
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	Infor/Lawson PO#: 212274						
RQ#	4919						
Time Period of Original Contract	7/1/2021 – 12/31/2023						
Background Statement	The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County.						
Service Description	Transport Assistance, INC will be providing transportation services.						
Performance Indicators	 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home. 						
Actual Performance versus performance indicators (include statistics):	1. 97% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. 100% of clients were picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. None						
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor		
Select One (X)	X						
Justification of Rating	Provider substantially exceeded performance measure.						
Department Contact	Cynthia Mason 216-420-6834						

User Department	Division of Senior and Adult Services
Date	9/22/2023

CONTRACT EVALUATION FORM

Contractor	U-First Home	ecare Services, I	nc		
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210781				
RQ#	4919				
Time Period of Original Contract	7/1/2021 – 12	2/31/2023			
Background Statement	of Senior and a organizations in Services (chora	Adult Services, so interested in prove e, emergency resp	olicited proposiding Options bonse, grab ba	and Human Service als from agencies for Independent L. r, home delivered Cuyahoga County	and iving meals,
Service Description	U-First Home personal care consists of lig vacuum, mop	ecare is currently for approximate ght housekeeping o, dust, bed liner	y providing hely 32 Option g (kitchen cleas, laundry ca	comemaking and/ as clients. Home caning, bathroom re, doing errands to bathe and gro	or making cleaning,).
Performance Indicators	1. 90% of reference referral 2. 90% of client provider accept of documented 3. Agree or Str.	rrals will be accept that will begin to restance of initial re delication cancellation	eceive service ferral, except ons. neasure of cus	within 5 business s within 21 days o	days of
Actual Performance versus performance indicators (include statistics):	referral 2. 100% of clicacceptance of of documented 3. Strongly Ag	36	eive services we cept in cases ons. f customer sat	ithin 5 business da vithin 21 days of th	
Rating of Overall	Superior	Above Average	Average	Below Average	Poor
Performance of Contractor Select One (X)		X			
Justification of Rating	They have a listarted all the	low % of referra	ls accepted version of the contract of the con	with customer sa vithin 5 days, but they would work	they

Department Contact	Cynthia Mason 216-420-6834
User Department	Department of Senior and Adult
Date	9/19/2023

CONTRACT EVALUATION FORM

Contractor	Valued Relat	ionships, Inc			
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210780				
RQ#	4919				
Time Period of Original Contract	7/1/2021 – 12	2/31/2023			
Background Statement Service Description	of Senior and organizations in Services (chorn Laundry, personal Emergency Real and provide acception and provide acception in the service of	Adult Services, so interested in provice, emergency responds care and/or hesponse Services (excess to emergence)	plicited propositions Options oonse, grab ba omemaker) to (ERS) are design or crisis intervough the provi	and Human Services als from agencies a for Independent Liur, home delivered a Cuyahoga County igned to monitor clention for medical sion of a home con	and ving meals, ient safety or
Performance Indicators	(30) seconds of 2. 100% of clic (60) seconds of 3. 100% of all will be compl 3. Agree or Str	of receiving the stient signals for as of receiving the state of the s	signal. ssistance will signal. ons/wireless n ays of the acc neasure of cus	be responded to wind be responded to wind ailings and service the period of the period	vithin sixty
Actual Performance versus performance indicators (include statistics):	1. 83% of clie (30) seconds of 2. 98% of clie (60) seconds of 3. 100% of all were complete 3. Strongly Ag	ent signals for ass of receiving the s ent signals for ass of receiving the s	sistance were signal. sistance were signal. ons/wireless not not the accept customer safe customer safe.		in sixty
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)	X				
Justification of Rating		r falls within all measures and co		or success, both faction.	

Department Contact	Cynthia Mason 216-420-6834	
User Department	Department of Senior and Adult Services	
Date	9/20/2023	

CONTRACT EVALUATION FORM

Contractor	Xcel Healtho	care										
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	210777											
RQ#	4919											
Time Period of Original Contract	7/1/2021 – 1:	2/31/2023										
Background Statement	of Senior and organizations Services (chor	Adult Services, so interested in prove, emergency res	olicited propositions on se, grab ba	and Human Services als from agencies for Independent Lar, home delivered Cuyahoga County	and iving meals,							
Service Description	Xcel Healthc care for appr light houseke mop, dust, be	care is currently oximately 35 Opering (kitchen co	providing ho tions clients cleaning, bath y care, doing	memaking and/or . Homemaking conroom cleaning, voters or constant of the control	r personal onsists of acuum,							
Performance Indicators	 90% of referrals will be accepted or refused within 5 business days of referral 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Agree or Strongly Agree on measure of customer satisfaction Less than 10% customer concern measure 											
Actual Performance versus performance indicators (include statistics):	 0% of referrals were accepted or refused within 5 business days of referral 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. Strongly Agree on measure of customer satisfaction 											
Rating of Overall Performance of Contractor	4. Zero % customer concern measure Superior Above Average Average Below Average Poor											
Select One (X)	X											
Justification of Rating	Referrals were started with service prior to being accepted in the case management system. The performance measure's purpose is to get customers served quickly, and they did that. They have a strong measure of customer satisfaction.											

Department Contact	Cynthia Mason 216-420-6834	
User Department	Department of Senior and Adult Services	
Date	9/20/2023	



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: RQ12904/Event #4575	TYPE: (RFB/RFP/RFQ): RFP	ESTIMATE: \$9,600,582.00
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: August 4, 2023	NUMBER OF RESPONSES (issued/submitted): 396/31
REQUESTING DEPARTMENT: Department of	COMMODITY DESCRIPTION: Options for	
Senior and Adult Services	Independent Living Services for Seniors and Adults	
	with Disabilities of Cuyalinga County	
DIVERSITY GOAL/SBE 20%	DIVERSITY GOAL/MBE 0%	DIVERSITY GOAL/WBE 0%
Does CCBB Apply: □Yes □No-N/A the	CCBB: Low Non-CCBB Bid\$:	Add 2%, Total is:
procurement method was RFP and RFQ, JW		
10/5/2023		
Does CCBEIP Apply: □Yes □No- N/A the	CCBEIP: Low Non-CCBEIP Bid 5:	Add 2%, Total is:
procurement method was RFP and RFQ, JW		
10/5/2023		
*PRICE PREFERENCE LOWEST BID REC'D \$	RANGE OF LOWEST BID REC'D \$	Minus \$, =
PRICE PREF % & \$ LIMIT:	MAX SBE/MBE/WBE PRICE PREF \$	DOES PRICE PREFERENCE APPLY? □Yes □No

Award		Ž Ž		□Yes	oN⊠																			
Dept. /		Kevie	≥																					
										□Yes □SBE □MBE □WBE	No		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/23				DIV -2 Form completed. No Div-3 form	submitted. L.Lyons 10/5/23	Prime is not Cuyahoga County Certified,	JVV 1U/6/2U23 LL 1U/6/23		
Diversity Program Review:	CDE / NADE / WADE	SDE / IVIDE / VVDE		Subcontractor	Name(s):					SBE/MBE/WBE	Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:		The Wall of	
CCBB /	CCBEIP	a la	5	CCBB	□Yes	% 	CCRFID	□Yes	No															
Price	Preterenc	ע		□Yes	oN □																			
Buyer	Administrativ	Poviow:	Buyer Initials	Compliant:	□Yes	o N N	<u>u</u>	Registration	Complete:	□Yes	oN⊠	IG Number:	NCA:	Ves ⊠ No	□N/A <mark>Needs signed</mark>	PH:	□Yes	No N/N		CCBB:	□Yes	% 	A/N	CCBEIP:
Actual	Bid	+ (enter	"N/A" if RFP or RFQ																					
Bid	Bond /	, Ped-	<u> </u>																					
Bidder's /	Vendors	Address	SCOTION CONTRACTOR CON	A Little	Something	exxtra LLC 8536	Crowe	Drive #215	Macedoni	а ОН	44056	70												
				1	υ, I	_	, –		Tim.	10	7													

Bid Administrativ Preferenc CCBEIP Amoun e t (enter Review: "N/A" if Buyer Initials RFP or RFQ ©N/A CCOP: □Ves ©No □N/A OPD Buyer Initials: AC Amoun e Registere d A A A A A A A A A A A A A	Bidder	/s/	Bidder's / Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award	100
Chec t (enter Review: d ABE / MBE / WBE k "M/A" if Ruyer Initials Buyer Initials d d RFQ NA NA NA NA NA COOP: COOP: NA NA NA NA NA OPD Buyer: Initials: AC	Vendors		Bond	Bid	Administrativ	Preferenc	CCBEIP		Fech.	+:8:	
Chec t (enter Review: d RFP or	Name and	~	_	Amoun	e	Ф	Registere		Revie	(X/N)	
~	Address		Chec	t (enter	Review:		p		~		_
RFQ RFQ SNo Sno			~	"N/A" if	Buyer Initials						
RFQ ⊠No □N/A COOP: □Yes ⊠No □N/A OPD Buyer Initials: AC				RFP or							
⊠No COOP: □Yes □N/A □N/A OPD Buyer Initials: —AC				RFQ							
COOP: □ Yes ⊠ No □ N/A OPD Buyer Initials: AC					NNo N/A						
COOP: □ Yes □ No □ N/A OPD Buyer Initials: AC					•						
□No □N/A OPD Buyer Initials: AC					C00P:						
⊠No □N/A OPD Buyer Initials: —AC					□Yes						
OPD Buyer Initials: AC					oN ⊠						
OPD Buyer Initials: AC					DN/A						
Initials: AC					OPD Buyer						
AC					Initials:						
					AC						

Award :	(X/N)			⊠Yes	% □																								
Dept. Tech.	Revie	\$																											·
Review:										☐Yes ☐SBE ☐MBE ☐WBE	⊠No			SBE: 0 % MBE: 0 % WBE: 0 %			□Yes	⊠No LL 10/6/23					DIV-3 form completed stating they do not	operations 1 your 10/5/23	Prime is not Cuyahoga county certified	JW 10/6/2023 Insufficient	details/information provided on Good	Faith Effort. Statement that they do no	use subcontractors for business
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):					SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE	Comply: (Y/N)				רמיאל רמיאל רמי	SBE/INIBE/WBE	Initials					
CCBB / CCBEIP	Registere d	3		CCBB	. ⊢Yes	2	CCBEIP	□Yes	°N □																				
Price Preferenc	a			□Yes	% □																								
Buyer Administrativ	e Review:	OPD Buyer	initials	Compliant:	⊼Yes] ⊠	o N	<u> </u>	Registration	Complete:	⊠Yes	ON [-	12-0019-RFG	NCA:	⊠Yes	№ □ [□N/A		PH:	⊠Yes	oN	N/A	900	ر ا ا			¥	CCBEIP:	□Yes
Actual Bid	Amoun t (enter	"N/A" if	RFQ RFQ																										
Bid Bond	Chec	<u>*</u>																											
Bidder's /	Vendors	and	Address	2 A-1	Health	2060 S	Taylor Rd	Clevelan	d Hts OH	44118																			

Award :	(\/\)																
Dept. Tech.	Revie	>															
n Review:						operations with details/reasonings is not	sufficient to evaluate good faith effort. LL	10/6/23									
Diversity Program Review:	SBE / MBE / WBE																
CCBB / CCBEIP	Registere	р															
Price Preferenc	e																
Buyer Administrativ	Ф	Review:		Initials		□No	N/A		COOP:	⊠Yes	°N 🗆	N/A	OPD Buyer	Initials:	AC		
Actual Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ												
Bidder's /	Vendors	Name	and	Address													

Award :		⊠ Yes □ No							
Dept. Tech.	M								
Review:		(FW)ABC International Services Inc SBE/WBE 20%		⊠Yes ⊠SBE □MBE ⊠WBE □No		SBE: 20 % MBE: 0 % WBE: 0 %	☑Yes LL 10/6/23 □ No		DIV 2 completed, and div-3 vendor stated they are certified and do not need a waiver. Business name is ABC International Employment Services Inc in our system L.Lyons 10/5/23 LL 10/6/23
Diversity Program Review:		Subcontractor Name(s):		SBE/MBE/WBE Prime: (Y/N)		Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:
CCBB / CCBEIP Registere	p	CCBB Ves No	CCBEIP						
Price Preferenc e	J.	□Yes							
Buyer Administrativ	Review: OPD Buyer Initials	Compliant: ⊠Yes □No	IG Registration Complete:	⊠Yes	IG Number: 12-3372-REG	NCA: ⊠Yes □ No	A/N	PH: ⊠Yes □No	CCBB:
Actual Bid Amoun	t (enter "N/A" if RFP or RFQ								
Bid Bond /	Chec k								
Bidder's / Vendors	Address	3 ABC Internationa I Services	31525 Aurora Rd #2	Solon OH 44139					

Bidder's /	/s/	Bid	Actual		Price	CCBB/	Diversity Program Review:		Dept.	Award
Vendors	S	Bond	Bid	Administrativ	Preferenc	CCBEIP		•	Tech.	
Name and	and	_	Amoun		e	Registere	SBE / MBE / WBE		Revie	(X/N)
Addres	S	Chec	t (enter			р			×	
		~	"N/A"							
			if RFP							
			or RFQ							
				CCBEIP: ·□Yes			Div-1 signed, no waiver requested, JW 10/5/2023	er requested, JW		
				oN □						
				COOP: ⊠Yes		a d				
				o _N						
				N/A □						
				OPD Buyer Initials;						
				AC						
				SIE						

Award : (Y/N)	□No				1
Dept. Tech. Revie w					
Review:		□Yes □SBE □MBE □WBE ⊠No	SBE: 0 % MBE: 0 % WBE: 0 %	□Yes ⊠No Lt 10/6/23	Div-2 form completed vendor selected that they are an SBE but are not certified. DIV 3 Completed as well vendor their own company on form. Both forms completed incorrectly. L.Lyons 10/5/2023 Div-1 signed, vendor not Cuyahoga county certified, div-3 waiver requested per bottom of Div-3 vendor states."
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:
CCBB / CCBEIP Registere d	CCBE	2			
Price Preferenc e	□Yes				
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: \times Yes \times No IG Registration Complete:	⊠Yes □No IG Number: 21-0147-REG	NCA:	PH: NA □ □ NA □ NA □ NA □ NA □ NA	CCBB: Yes No N/A CCBEIP: Yes
Actual Bid Amoun t (enter "N/A" if RFP or RFQ	F)				
Bid Bond / Chec					
Bidder's / Vendors Name and Address	4 Addus HealthCare Inc dba Arcadia Home Care & Staffing 2300	Warrensvill e Rd #100 Downers Grove IL 60515-1765			

Award :									
Aw	(X/N)								
Dept. Tech.	Revie	>							
Diversity Program Review:	SBE / MBE / WBE			Addus HealthCare (South Carolina), Inc. DBA Arcadia Home Care & Staffing respectfully declines to engage a	delivery of Homemaker and Personal Care Services. " JW 10/5/23 Insufficient	details/justification for waiver			
CCBB/ CCBEIP	Registere	0							
Price Preferenc	a								
Buyer Administrativ	ا له	Review: OPD Buyer	Initials	NO N/A	COOP: □ Yes	□N/A	OPD Buyer Initials:	AC	
Actual Bid	Amoun	t (enter "N/A"	if RFP or RFQ						
Bid Bond	_ ;	Chec							
Bidder's / Vendors	Name and	Address							

Award :	(X/X)			⊠Yes	°N □																								
Dept. Tech.	Revie	*																											
Review:										□Yes □SBF □MBF □WBF	No ⊠			SBF: 0% MBF: 0 % WBF: 0 %			□Yes	⊠No LL 10/6/23				DIV 2 completed and DIV 3 completed	div-3 vendor stated they are certified and	do not need a waiver. L.Lyons 10/5/2023	Vendor is not Cuyahoga County Certifed,	no waiver requested, JW 10/5/2023 LL	τυ/6/23		
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):					SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE	Comply: (Y/N)				SRE/MRE/MRE	Comments and	Initials:					
CCBB / CCBEIP	Registere	ъ		CCBB	□Yes	No		CCBEIL	_ Yes	<u> </u>																			
Price Preferenc	a			□Yes	□No																								
Buyer Administrativ	o)	Review: OPD Buyer	Initials	Compliant:	⊠Yes	% □	9	5	Complete:	XVPs	8 9 □		19 Number:	ZI-UI4Z-REG	⊠Yes.	ON	 □		PH:	⊠Yes	o N I	N/A	CCBB.	□Yes	No	□N/A.		CCBEIP:	□ res
Actual Bid	Amoun	t (enter "N/A" if	RFP or																										
Bid Bond	_	Chec k																											
Bidder's /	Vendor	s Name and	Address	5 Caring	Hearts	Health	Services	133 233	Babbitt	Rd #242	Euclid	44123																	

Award		(N/Y)														
Dept.	Tech.	Revie	*													
Diversity Program Review:		SBE / MBE / WBE														
CCBB/	CCBEIP	Registere	р													
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Buyer	Administrativ			OPD Buyer			oN □	N/A	C00P:	⊠Yes	% □	N/A	OPD Buyer Initials:	AC		
Actual	Bid	Amonn	t (enter	"N/A" if	RFP or	RFQ										
Bid	Bond	_	Chec	~												
Bidder's Bid	_	Vendor /	s Name	and	Address											

Award (Y/N)								
Dept. Tech. W								
Review:	TYAS TABE TWRE		SBE: 0 % MBE: 0 % WBE: 0 %	□Yes ⊠No LL 10/6/23		Div 2 not complete and DIV 3 form completed requesting partial wavier please see form for statement. Div 3 2 of	2 not filled out completely . L.Lyons 10/5/2023	See div-3 for explanation of request for waiver, JW 10/5/2023 Insufficient details on Good Faith Effort especially for the
Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s):	SBE/MBE/WBF	Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBEIP Registere d CCBB	□No CCBEIP □Yes □No							
Price Preferenc e □ Nes								
Buyer Administrativ e Review: OPD Buyer Initials Compliant:	□No IG Registration Complete:	☐ No ☐ No IG Number: 20-0211-REG	NCA: □ □ ¥es	PH:	⊠Yes □ No □ N/A	CCBB:	o V	CCBEIP:
Actual Bid Amoun t (enter "N/A" if RFP or RFQ								
Bid Bond / Chec k								
Bidder's / Vendors Name and Address 6 Casleo Corporatio	n dba Global Meals 2761 E 4 th Ave Columbus	OH 43219						

Award		î															
Aw		(X/N)															
Dept.	Tech.	Revie	3														
Review:							"few opportunities to utilize local food	sourcing". LL 10/6/23									
Diversity Program Review:		SBE / MBE / WBE															
CCBB/	CCBEIP	Registere	Р														
Price	Preferenc	ø															
Buyer	Administrativ	Ð	Review:	OPD Buyer	Initials		o l	□N/A	COOP:	⊠Yes	oN 🗆	N/A	OPD Buyer	Initials:	AC		
Actual	Bid	Amonn	t (enter	"N/A"	if RFP	or RFQ											
Bid	Bond	_	Chec	*													
Bidder's /	Vendors	Name and	Address														

Award :	(X/N)			⊠Yes	°N □	•																						
Dept. Tech.	Revie	>																										
Review:										□Yes □SBE □MBE □WBE	⊠No			SBE: 0 % MBE: 0 % WBE: 0 %			□Yes ⊠No LL 10/6/2023				Div 2 completed partially . Div 3 forms	completed stating they are trying to	contact SBE's to work with . L.Lyons	10/5/2023	No additional documentation on SBE's	contacted, dibv-1 signed, JW 10/5/2023	LL 10/6/2023	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):					SBE/MBE/WBE	Prime: (Y/N)			Total %			SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBB / CCBEIP	Registere	0		CCBB	□Yes	% 	CCREID	□Yes	°N □																			
Price Preferenc	a			□Yes	oN 🗆																							
Buyer Administrativ	đ	Review: OPD Buyer	Initials	Compliant:	⊠Yes	No	ي	Registration	Complete:	⊠Yes	°N 🗆	N Si	21-0145-REG	NCA:	⊠Yes	8 □	V/ N	Ė	 2	N/A	•	CCBB:	□Yes	ºN □	□N/A		CCBEIP:	Lives
Actual Bid	Amoun	t (enter "N/A" if	RFP or RFQ																									
Bid Bond		Chec k																										
Bidder's	Vendors	Name	Address	7 Connect	America	%Ito Park	Broomal	IPA	19008																			

		(Y/N)													
Dept.	Tech.	Revie	>												
Diversity Program Review:															
Program		SBE / MBE / WBE													
Diversity		SBE / ME													
CCBB/	CCBEIP	Registere	q												
Price	Preferenc	Ф													
Buyer	Administrativ	9	Review:	OPD Buyer	Initials		□No □N/A	C00P:	8 2 1	N/A	OPD Buyer	Initials:	AC		
Actual	Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ									
Bid	Bond	_	Chec	~											
Bidder's	/ Bond	Vendors	Name	and	Address										

Award :	(Y/N)			□Yes	oN⊠																						
Dept. Tech.	Revie	*																									
Review:				(MAA)Dynamics Global Financial Network	Inc SBE/MBE 20%						XYes ⊠SBE ⊠MBE □WBE	No		SBE: 20% MBE: 0 % WBE: 0 %		⊠Yes LL 10/6/2023 □No					Div 2 completed L.Lyons 10/5/2023	No waiver requested, JW 10/5/2023	LL 10/ 6/ 2023				
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):						SBE/MBE/WBE	Frime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SBE/MBE/WBE	Comments and	IIIIIIII)				
CCBB /	Registere	ъ		CCBB	□Yes	oN		CCBEIP	□Yes	°N□																	
Price Preferenc	Φ			□Yes	°N □																						
Buyer Administrativ	ų i	Review: OPD Buyer	Initials	Compliant:	□Yes	oN⊠		<u>9</u>	Registration	Complete:	∏Yes	oN X	IG Number:	NCA: ⊠Yes	oN 🗆	V/A	PH:	⊠Yes	oN □	N/A □		CCBB:	Yes	o Ni	N/A	CCBEIP:	Lyes
Actual Bid	Amoun	t (enter "N/A" if	RFP or RFQ																								
Bid Bond		chec k																									
Bidder's /	Vendors	Name and	Address	8 Dynamics	Global	Financial	Network	2	3100	East 45"	of Charles	dOH	44111														

Award		(N/X)														
Dept.	Tech.	Revie	*													
Diversity Program Review:		SBE / MBE / WBE														
CCBB/	CCBEIP	Registere	р													
Price	Preferenc	a														
Buyer	Administrativ	е	Review:	OPD Buyer	Initials		oN□ □	C00P:	□Yes	oN⊠	□N/A	OPD Buyer	Initials:	AC		
Actual	Bid	Amoun			RFP or	RFQ										
Bid	Bond		Chec	~												
Bidder's Bid	_	Vendors	Name	and	Address											

Award .	· N/λ			□Yes	No X																	
Dept. Tech	Revie	>																				
Review:								□Yes □SBE □MBE □WBE ⊠No		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/2023				Div2 form completed Div 3 form	completed stating vendor will be certified	and Will Tulfill the goal Vendor is pending certification 1 I yous 10/5/2023	SBE/MBE/WBE application pending, no	waiver requested, JW 10/5/2023 Vendor	is not currently certified. As a RFP/RFQ, there is a notential to negotiate the	
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):			SBE/MBE/WBE Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:				
CCBEIP	Registere	٥		CCBB	□ Yes □ No	CCBEIP	□Yes	<u> </u>														
Price Preferenc	2 2 2 3 3 4 9		-	□Yes	o 																	
Buyer Administrativ	9	Review: OPD Buyer	Initials	Compliant:	□ Yes	Ð	Registration Complete:	☐ Yes 図 No	IG Number:	NCA: □Yes	oN S	N/A	PH:	⊠Yes	ON V	<u>.</u>	CCBB:	□Yes		۲/NI]	CCBEIP:	□Yes
Actual Bid	Amoun	t (enter "N/A"	if RFP or RFQ																			
Bid		Chec k																				
Bidder's / Vendors	Name and	Address		9 EP	Homecare LLC 25631	Breckenridg	e Rd Euclid OH	44117														

Award :	(N/N)												
Dept. Tech.	_	>											
Diversity Program Review:	WBE			vendor to compliance (in this case,	potentially successfully becomes County certified diversity vendor during contract	negotiation/preparation process). LL 10/6/2023							
Diversity Pro	SBE / :MBE / WBE												
CCBB/ CCBEIP	Registere	ō											
Price Preferenc	a												
Buyer Administrativ	O (Review: OPD Buyer	Initials	ON	□N/A	COOP:	S	N/A	OPD Buyer	Initials:	AC		
	Amoun	t (enter "N/A"	if RFP	2 5									
	_ 7												
Bidder's / Vendors	Name and	Address											

Award		(X/N)				NO.	£ 1	ON																									
Dept.	Tech.	Revie	*																														
Review:														□Yes □SBE □MBE □WBE	No		CBE: 0 % MBE: 0 % WBE: 0 %			□Yes	⊠No LL 10/6/2023					Div 2 partially completed. Div 3	completed stating they will be certified by	the end of contract vendor is not	currently certified. L.Lyons 10/5/2023	div-1 signed, waiver requested, per	vendor " we are an 100% black temale	owned small business and expect to be	הבו נווובת לווסו נס נווב בסוונומבנו
Diversity Program Review:		SBE / MBE / WBE				Cubcontractor	Marcolitiactor	Ivanic(s).						SBE/MBE/WBE	Prime: (Y/N)		Total %			SBE/MBE/WBE	Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:					
CCBB/	CCBEIP	Registere	р			CCRR	ا الم	<u>s</u>	o N		CCBEIP	□Yes	S C																				
Price	Preferenc	Ф				\\	<u> </u>	ON																									
Buyer	Administrativ	Ð	Review:	OPD Buyer	Initials	Compliant:	Compilaint.		ON		9	Registration	Complete:) 	S ON	iG Number:	, VOIA	NCA. ⊠Yes	ON [N/A □		Ä	⊠Yes	°N □	N/A		CCBB:	□Yes	°N □	DN/A		CCBEIP:	□Yes
Actual	Bid	Amonn	t (enter	"N/A" if	RFP or	3																											
Bid	Bond	_	Chec	~																													
Bidder's	<u> </u>	Vendor	s Name	and	Address	1 Feconda			Services	Inc	855 E	222nd St	Euclid	HO	44123																		

Award :	(X/N)																	
Dept. Tech.	Revie	8																
ו Review:						implementation." Vendor not certified,	JW 10/5/2023 As a RFP/RFQ, there is a	potential to negotiate the vendor to	compliance (in this case, potentially	successfully becomes County certified	diversity vendor during contract	negotiation/preparation process). LL	10/6/2023					
Diversity Program Review:	SBE / MBE / WBE													THE REAL PROPERTY.				
CCBB/ CCBEIP	Registere	р																
Price Preferenc	a																	
Buyer Administrativ	đ	_		Initials		□No	□N/A		COOP:	⊠Yes	oN □	□N/A		OPD Buyer	Initials:	AC		
Actual Bid	Amoun	t (enter	"N/A" if	RFP or	RFQ													
Bid Bond			~															
Bidder's Bid / Bonc	Vendor	s Name	and	Address														

Award :	(N/N)				□Yes	oN ⊠																					
Dept. Tech.	Revie	×																									
Review:											□Yes □SBE □MBE □WBE	NO NO		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/2023				Div 2 partially completed and div3	completed requesting full wavier . LLyons	10/5/2023	Vendor provided div-3, stated " we are	requesting a full waiver of the WBE goals	as we able to meet 95% goal." JW	10/5/2023 Insumicient Good Faith Effort details/documentation LL 10/6/2023	
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	Name(s):					SBE/MBE/WBE	rime: (1/10)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:					
CCBEIP	Registere	р			CCBB	□ Yes		CCBEIP	□Yes	% □																	
Price Preferenc	٥				□Yes	0N																					
Buyer Administrativ	ø	Review:	OPD Buyer	IIIIII	Compliant:	□Yes <mark>⊠No</mark>		<u>9</u>	Registration	Complete:	⊠ Yes	9 	IG Number:	NCA:	∐Yes ⊠No	□N/A NOT SIGNED	PH:	⊠Yes	oN C	¥ N □	CCBB:	□Yes	oN 🗆	N/A		CCBEIP:	2012
Actual Bid	Amoun	t (enter	"N/A" if	RFQ																							
Bid Bond	_	Chec	¥																								
Bidder's /	Vendor	s Name	and	7441533	1 Evolving	Nurse 21877	Euclid	Ave	Euclid	НО	44117																

Award: (Y/N)	,
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Diversity Program Review: SBE / MBE / WBE	
CCBB / CCBEIP Registere d	
Price Preferenc e	
Buy Adn e Revi OPD Initi	□No □N/A COOP: □N/A □N/A INCOMPLETE OPD Buyer Initials:
Actual Bid Amoun t (enter "N/A" if RFP or RFP or	
Bid Bond / Chec k	
Bidder's Bid / Vendor / s Name Chec and k	

Award	(N/X)		No No																					
Dept.	Revie	· **																						
Review:								□Yes □SBE □MBE □WBE	No			SBE: 0 % MBE: 0 % WBE: 0 %		⊠Yes LL 10/6/2023 □No				Div 3 completed requesting full wavier	stating they are a non profit company IRS	letter attached. L.Lyons 10/5/2023	Vendor submitted non profit verification,	waiver requested due to being non-profit, JW 10/5/2023 LL 10/6/2023		
Diversity Program Review:	SBE / MBE / WBE		Subcontractor Name(s):					SBE/MBE/WBE	Prime: (Y/N)			Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:				
CCBB /	Registere	ס	CCBB □Yes	oN □		CCBEIP	, _ ∖es]																
Price	Preferenc e		□ Yes																					
Buyer	Administrativ	Review: OPD Buyer Initials	Compliant:	oN □		<u>o</u> .	Registration Complete:	⊠Yes	o N I	IG Number:	21-0041-REG	NCA:	×es	¥ }	Ë	⊠Yes	% □ [N/A	CCBB.	□Yes	oN □	V/A	CCBEIP:	□Yes
Actual	Amoun	t (enter "N/A" if RFP	3																					
Bid	Bond /	Chec k																						
Bidder's /	vendors Name and	Address	Family & Communit	y Services	lnc	705	St #221	Ravenna	OH 44266															
			H																					

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The second secon	SBE / MBE / WBE
	CCBEIP Registere
	Preferenc e
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Award: : (Y/N)	⊠ Yes					
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Review:	(FHA)Fernandez Property Group SBE/MBE 20%		SBE <u>20 %</u> MBE: 0 % WBE: 0 %	⊠Yes LL 10/6/2023 □ No	Div 3 completed stating they will fulfill the goal. L.Lyons 10/5/2023 Prime is county verified vendor, no waiver requested, Prime is also owner of The Wash House Cle, LLC JW 10/5/2023 LL 10/6/2023	
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:	
CCBEIP CCBEIP Registere d	CCBB Ves No CCBEIP Yes					
Price Preferenc e	□Yes					
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: No IG Registration Complete:	☐Yes ⊠No IG Number:	NCA: ⊠Yes □ No	N/A PH: □ Yes	CCBB: Tyes No NA CCBEIP:	□Yes
Actual Bid Amoun t (enter "N/A" if RFP or RFQ					P)	
Bid Bond / Chec k						
Bidder's / Vendors Name and Address	1 Fernande z Property Group 3781 West 152 nd St Cleveland	OH 44111				

Award		(N/X)																
-	Tech.	Revie	>													9		
Diversity Program Review:																		
y Program		SBE / MBE / WBE																
Diversity		SBE / M																
CCBB/	CCBEIP	Registere	Р															
Price	Preferenc	ø						at a										
-	Administrativ		Review:	OPD Buyer	Initials		oN 🗆	□N/A	C00P:	⊠Yes	oN 🗆	N/A	1	OPD Buyer	Initials:	AC		
Actual						RFQ												
	Bond	_	Chec															
Bidder's / Bid	Vendors	Name and	Address															

Award : (Y/N)	⊠ Yes						
Dept. Tech. Revie w							
Review:	(MW)FirstChoice Medical Staffing of Ohio SBE 20%	⊠Yes ⊠SBE □MBE □WBE □No	SBE: 20 % MBE: 0 % WBE: 0 %	⊠Yes LL 10/6/2023 □No		Div 2 form completed. Div 3 forms completed with N/A for wavier. L.Lyons 10/5/2023 div-1 signed, no waiver requested, JW 10/5/2023 LL 10/6/2023	
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:	
CCBEIP CCBEIP Registere d	CCBB Ves No CCBEIP Yes]					
Price Preferenc e	No □						
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: No IG Registration Complete:	⊠Yes □No IG Number: 21-0143-REG	NCA:	A/N	Yes □ □ No	CCBB: □Yes □ No	CCBEIP:
Actual Bid Amoun t (enter "N/A" if RFP or RFQ							
Bid Bond / Chec k							
Bidder's / Vendors Name and Address	EirstChoic e Medical Staffing of Ohio 1457 West 117th St Cleveland	ОН 44107					

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	Preferenc (CCBEIP		Tech.	
	-	Registere	SBE / MBE / WBE	Revie	(X/N)
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Award : (Y/N)	No □		
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Review:	□Yes □SBE □MBE □WBE	SBE: 0 % MBE: 0 % WBE: 0 % O MBE: 0 % MBE:	No div 2 of 3 forms completed. L.Lyons 10/5/2023 No waiver requested, JW 10/5/2023 Insufficient Good Faith Effort details/documentation LL 10/6/2023
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N)	Total % SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:
CCBEIP CCBEIP Registere d	CCBEIP CCBEIP CCBEIP CCBEIP COBEIP CO		
Price Preferenc e	□Yes		
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: □ Yes □ No IG Registration Complete: ⊠ Yes	IG Number: 21-0418-REG NCA:	PH: Yes N/A N/A N/A N/A N/A CCBEIP: Yes N/A O'Yes
Actual Bid Amoun t (enter "N/A" if RFP or			
Bid Bond / Chec k			,
Bidder's / Vendors Name and Address	1 Geocare Inc dba Home Instead Senior Care 26777 Lorain Rd #608	North Olmste d OH 44070	

Award		(N/X)															
Dept.	Tech.	Revie	>														
Diversity Program Review:		SBE / MBE / WBE															
ccBB/	CCBEIP	Registere	р														
Price		O															
Buyer	Administrativ	Ð	Review:	OPD Buyer	Initials		ON [N/A □	C00P:	⊠Yes	No	□N/A	OPD Buyer	Initials:	AC		
Actual	Bid	Amonn	t (enter	"N/A" if	RFP or	RFQ											
<u>.</u>	ond		hec	_													
Bidder's Bid	_	Vendors /	Name	and	Address												

Award :	(N/N)			□Yes	% ⊠																	
Dept. Tech.	Revie	>																				
Review:										□Yes □Sbe □Mibe △Wbe		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/2023			no div 2 or 3 forms completed L.Lyons	10/5/2023	no div-1, JW 1V/5/2V23 LL 1V/6/2V23	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I		
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):				TO/40 TO 40 TO	Sbc/Ivibe/ wbe Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)			SBE/MBE/WBE	Comments and	initials:			
CCBB / CCBEIP	Registere	Ф		CCBB	□Yes	021	CCBEIP	□Yes	oN													
Price Preferenc	a			□Yes	° □	-																
Buyer Administrativ	a	Review: OPD Buyer	Initials	Compliant:	⊠Yes	<u>8</u>	<u>5</u>	Registration	Complete:	⊠Yes	IG Number:	NCA:	°N □	N/N	PH:	S ON D		CCBB:	□Yes	¥ }	CCBEIP:]
Actual Bid	Amoun	t (enter "N/A"	if RFP or RFQ																			
Bid Bond	_	Chec k																				
Bidder's / Vendors	Name and	Address		1 Healthy	Home Care	n LLC	17514 St Clair	Ave	Cleveland OH	44110												

. Award	_	(N/K)															
Dept	Tech.	Revie	≯														
Diversity Program Review:		SBE / MBE / WBE															
CCBB/	CCBEIP	Registere	Р														
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Buyer	Administrativ	e	Review:	OPD Buyer	Initials		oN □	N/A	COOP:	⊠Yes	°N □	N/A □	OPD Buyer	Initials:	AC		
Actual	Bid /	Amoun	t (enter	"N/A"	if RFP	or RFQ											
Bid	Bond	_	Chec	~													
Bidder's /	Vendors	Name and	Address														

Chec t (enter Review: Review: RFP or Initials RFQ e RFP or RFQ Compliant: Complete: C	Registere d				
t (enter Review: "N/A" if OPD Buyer RFP or Initials RFQ Compliant: NYes NO Complete: NYes NCA: NA NA NA NA NA	σ	SBE / MBE / WBE		Revie	(X/X)
Compliant: No				>	
Compliant: Yes IG Registration Complete: Xyes NCA: NCA: NCA: NCA: NCA: NYA					
	CCBB	Subcontractor	(FW)Home Care Relief Inc SBE/WBE		⊠Yes
IG Registration Complete: \times Yes \times VCA: \times Yes \times VCA: \times Ves \times VCA: \times Ves \times VCA: \times VCB: \times	□Yes	Name(s):	20%		% □
IG Registration Complete:	ON _				
IG Registration Complete:					
Registration Complete: \text{	CCBEIP				
IG Number: 21-0044-REG NCA: NCA: NVA CCBB: NVA					
IG Number: 21-0044-REG NCA: NCA: NCA: NA NA NA CCBB: NA NA		SBE/MBE/WBE	XYES XSBF MRF XWRF		
IG Number: 21-0044-REG NCA:		Prime: (Y/N)	0N		
IG Number: 21-0044-REG NCA: NCA: NVA NVA NVA CCBB: NVA NVA			٥		
21-0044-REG					
NCA:					
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PH: N/A CCBB: No No			3		
PH: □No □CCBB: □N/A □N/A □N/A					
PH: Nyes CCBB: NyA		SBE/MBE/WBE	⊠Yes LL 10/6/2023		
PH: Nyes CCBB: N/A		Comply: (Y/N)	ON [
NVes □No □N/A CCBB: □Yes □N/A					
□ No CCBB: □ Yes □ No					
CCBB:					
CCBB: □Yes □N/A					
CCBB: Yes No N/A		SBE/MBE/WBE	Div 2 form completed. L.Lyons 10/6/2023		
		Comments and	No waiver requested, JW 10/6/2023 LL		
oN □		initials:	10/6/2023		
			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I		
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/ Bond		מאלבו	Price	CCBB/	Diversity Program Review:	Dept.	Award
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Award : (Y/N)		□Yes									
Dept. Tech. Revie	:										
Review:				□Yes □SBE □MBE □WBE ⊠No		SBE: 0 % MBE: 0 % WBE: 0 %	□Yes ⊠No LL 10/6/2023		Div 2 completed incomplete , div 3 requesting full wavier unable to locate an sbe to work with. L.Lyons 10/5/2023	Waiver requested per vendor unable to locate a SBE vendor, no additional	Insufficient Good Faith Effort documentation/details provided (i.e.,
Diversity Program Review: SBE / MBE / WBE		Subcontractor Name(s):		SBE/MBE/WBE Prime: (Y/N)		Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBB / CCBEIP Registere	;	CCBB □Yes □No	CCBEIP □Yes □No								
Price Preferenc e		□Yes □ No									
Buyer Administrativ e Review:	OPD Buyer Initials	Compliant: ⊠Yes □No	IG Registration Complete:	□Yes ⊠No	IG Number:	NCA:	A/N	PH: No NA	CCBB:	oN□ □N/A	CCBEIP:
Actual Bid Amoun t (enter	"N/A" if RFP or RFQ						=				
Bid Bond / Chec	~										
Bidder's / Vendors Name and Address	Ī	1 MedScop e America 222 WA. Lancaster	Ave Paoli PA 19301								

Award	· N/Σ																	
Dept.	Revie	>																
Diversity Program Review:	SBE / MBE / WBE					what are the qualifications needed for	subcontractors to the prime and how did	the prime determine qualifications of	SBE/MBE/WBEs). LL 10/6/2023		The state of the s					s		
CCBB/	Registere	р										2						
Price	ricicial.																	
Buyer		Review:				oN□	N/A □		C00P:	⊠Yes	oN □		OPD Buyer	Initials:	AC			
Actual		t (enter	"N/A" if	RFP or	RFQ													
Bid	. /	Chec	~															
Bidder's / Bid	Name and	Address																

Award :	(Y/N)		⊠Yes	% □															
Dept. Tech.	Revie	*																	
Review:							□Yes □SBE □MBE □WBE ⊠No		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/2023			Div 2 completed but vendor is not	certified with the county. Blank div 3 submitted. L.Lyons 10/6/2023	No waiver requested, JW 10/6/2023	Insumcient Good Faith Effort documentation/details. LL 10/6/2023		
Diversity Program Review:	SBE / MBE / WBE		Subcontractor	Name(s):			SBE/MBE/WBE Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)			SBE/MBE/WBE	Comments and Initials:				
CCBB /	Registere	σ	CCBB	Yes □ No	CCBEIP	□Yes													
Price Preferenc	a		□Yes	0 N															
Buyer Administrativ	au -	Review: OPD Buyer Initials	Compliant:	⊠Yes □ No	<u> </u>	Registration Complete:	X Yes □ No	IG Number:	NCA: ⊠Yes	oN ☐	♥ N	PH: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	o No		CCBB: □Yes	ON	N/A □	CCBEIP:	CICI
Actual Bid	Amoun	t (enter "N/A" if RFP or RFO	S																
Bid Bond		Chec k																	
Bidder's / Vendors	Name	and Address	1 Mom's	Meals 3210 SE	Corporat e Woods	Dr Ankeny	IA 50021												

1/8/	Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
	Vendors Bond	Bid	Administrativ	Preferenc	CCBEIP		Tech.	
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	~		OPD Buyer					
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Award :	(N/A)	□ Yes □ No			=				
Dept. Tech.	w w								
Review:			□Yes □SBE □MBE □WBE ⊠No	SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u>	⊠Yes LL 10/6/2023 □No		Div 2 partially completed div-3 forms completed asking for a full wavier. Vendor is not certified but did submit an	application with the bid packet. L.Lyons 10/5/2023	Full waiver requested, prime contacted two vendors, vendors were contacted by contract compliance officer. Legend
Diversity Program Review:	SBE / IVIBE / VVBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBEIP CCBEIP	d	CCBB							
Price Preferenc	บ	□Yes							
Buyer Administrativ	e Review: OPD Buyer Initials	Compliant:	⊠Yes □No IG Number: 23-0165-REG	NCA:	A H	N/A	CCBB:	oN 🗆	CCBEIP:
Actual Bid	t (enter "N/A" if RFP or RFQ								
Bid Bond	Chec k			¥					
Bidder's /	Vendors Name and Address	2 Precision Mobile Laundry Service LLC 4090 E 176 th St	Clevelan d OH 44128						

Award		(X/X)																		
Dept.	Tech.	Revie	*																	
n Review:							delivery a msg was left, midfits, inc stated	they were contacted but they only do	moving and storage so declined work, JW	10/6/2023 Provided details on diversity	vendors contacted and responses	received. Furthermore, as a RFP/RFQ,	there is a potential to negotiate the	vendor to strengthen compliance (in this	case, potentially successfully becomes	County certified diversity vendor during	contract negotiation/preparation	process), LL 10/6/2023	The second secon	
Diversity Program Review:		SBE / MBE / WBE																	THE WALLE CO.	
CCBB/	CCBEIP	Registere	р																	
Price	Preferenc	, ,																		
Buyer				OPD Buyer			ON 🗆	□N/A		COOP:	⊠Yes	oN 🗆	D/N/A		OPD Buver	Initials:	AC			
Actual	Bid	Amonn	t (enter	"N/A" if	RFP or	RFQ														
_	Bond	_	Chec	~																
Bidder's	\	Vendors	Name	and	Address				1											

Award :	(Y/N)	No □					
Dept. /							
		(FAA)Renaissance Home Health Care SBE/MBE/WBE 20%	⊠Yes ⊠SBE ⊠MBE ⊠WBE □No	SBE: 20 % MBE: 0 % WBE: 0 %	⊠Yes LL 10/6/2023 □No	Div 2 form completed L.Lyons 10/5/2023 No waiver requested, JW 10/5/2023 LL 10/6/2023	
Diversity Program Review:	SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:	
CCBB/ CCBEIP	Registere d	CCBB CCBEIP CCBEIP Yes					
Price Preferenc	•	□ Yes					
Buyer Administrativ	e Review: OPD Buyer Initials	Compliant:	⊠Yes □No IG Number: 21-0397-REG	NCA:	PH:	CCBB: Ves No	CCBEIP:
Actual Bid	Amoun t (enter "N/A" if RFP or RFQ						
Bid Bond	/ Chec k						
Bidder's / Vendors	Name and Address	2 Renaissanc e Home Health Care 5311 Northfield Rd #212 Bedford	Hts OH 44146				

	Bidder's /	Bid		Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
	Vendors	Bond	Bid	Administrativ	Preferenc	CCBEIP		Tech.	••
	Name and	/		a	a	Registere	SBE / MBE / WBE	Revie	(N/X)
	Address	Chec		Review:		ס		3	
		¥		OPD Buyer					
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Award :	(A/N)	⊠ Yes							
Dept. Tech.	Revie w								
Review:			□Yes □SBE □MBE □WBE ⊠No	SBE: 0 % MBE: 0 % WBE: 0 %	□Yes ⊠No LL 10/6/2023		Div 3 completed stating vendor is in the process of being certified. No certification as of yet. L.Lyons 10/5/2023	NO UIV-2 of uIV-5 page 2 provided, JW 10/5/2023 As a RFP/RFQ, there is a potential to negotiate the vendor to	compliance (in this case, potentially successfully becomes County certifled
Diversity Program Review:	SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBB / CCBEIP	Registere d	CCBB Ves No CCBEIP Ves							
Price Preferenc	Φ	□Yes							
Buyer Administrativ	e Review: OPD Buyer Initials	Compliant:	☐Yes ⊠No IG Number:	NCA:	A/N H	No □ No N/A	CCBB:	oN/N	CCBEIP:
Actual Bid	Amoun t (enter "N/A" if RFP or RFQ								
Bid Bond	/ Chec k								
Bidder's / Vendors	Name and Address	2 Rent a Daughter Senior Care 23715 Mercantile Rd Bldg A	#206 Beachwoo d OH 44122						

ard ()	
Award :: (Y/N)	
Dept. Tech. Revie w	
Diversity Program Review: SBE / MBE / WBE	diversity vendor during contract negotiation/preparation process). LL 10/6/2023
CCBB / CCBEIP Registere d	
Price Preferenc e	
Buyer Administrativ e Review: OPD Buyer Initials	□No □N/A COOP: ⊠Yes □No □N/A □N/A OPD Buyer Initials: AC
Actual Bid Amoun t (enter "N/A" if RFP or RFQ	
Bid Bond / Chec k	
Bidder's / Vendors Name and Address	

Dept. Award Tech. :	Revie (Y/N)	W			⊠Yes	ON																				er.			ices	į.	
Review:												│ □Yes □SBE □MBE □WBE	No				SBE: 0 % MBE: 0 % WBE: 0 9			⊠Yes LL 10/6/2023	No I					Div 3 completed requesting full wavier.	L.Lyons 10/6/2023	No div-2 provided, div-3 page 1 per	vendor" we only subcontract 1 services	and the relationship with the vendor is	I betablished " Vendor is regarded to
Diversity Program Review:	SBE / MBE / WBE				Subcontractor	ivalile(s).						SBE/MBE/WBE	Prime: (Y/N)				Total %			SBE/MBE/WBE	Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:			
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Bidder's	Vendors	Name	and	Address	2 Rose	Centrel 3	tor Aging	Mell	11890	Fairhill	Rd	Clevelan	d OH	44170																	

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Diversity Program Review: SBE / MBE / WBE	
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Bidder's / Vendors Name and Address	

Award : (Y/N)	,	⊠Yes	% □																						
Dept. Tech. Revie	*																								
Review:									□Yes □SBE □MBE □WBE	No			SBE: 0 % MBE: 0 % WBE: 0 %		⊠Yes LL 10/6/2023	ONO			Div 3 completed stating vendor is a non	profit. L.Lyons 10/6/2023	Vendor requesting full waiver, Prime is	non profit, verified, JW 10/6/2023 LL	10/6/2023		
Diversity Program Review: SBE / MBE / WBE		Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:				
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Premier			0 □		No				
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Cedar Rd			<u>5</u>		CCBEIP				
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						SBE/MBE/WBE	No div 2 form completed no div3 form		
			CCBB:			Comments and	completed. Vendor is certified. L.Lyons		
			□Yes			Initials:	10/5/2023		
			°N □				No waiver requested, JW 10/5/2023		
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Dept. Tech.	Revie	>																					- 14
Review:								□Yes □SBE □MBE □WBE	No		SBE: 0 % MBE: 0 % WBE: 0 %		□Yes ⊠No LL 10/6/2023				Blank div 2 submitted div 3 submitted	requesting full wavier. L.Lyons 10/5/2023	Vendor submitted written request for	waiver on div-3, page 2 JW 10/5/2023	Insufficient Good Faith Effort details/documentation Stating "that	providing services on current contract" is	unacceptable reasoning/justification for
Diversity Program Review:	SBE / MBE / WBE		Subcontractor	Name(s):				SBE/MBE/WBE	Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)				SBE/MBE/WBE	Comments and	Initials:				
CCBB/ CCBEIP	Registere	ס	CCBB	□Yes □No		CCBEIP	□Yes]					•										
Price Preferenc	a		□Yes	No I																			
Buyer Administrativ	a	Review: OPD Buyer Initials	Compliant:	⊠Yes □ No		<u>o</u> :	Kegistration Complete:	⊠Yes	°N □	IG Number:	NCA:	o N I	∀ / ∨ □	PH:	⊠Yes	o N		CCBB:	□Yes	oN		CCBEIP:	□Yes
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Award		(N/X)												,						
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n Review:							not addressing and/or exercising Good	Faith Effort on current procurement. LL	10/6/2023					に大きないというないである						
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Award : (Y/N)		⊠Yes □No															
Dept. Tech. Revie w																	
Review:					□Yes □SBE □MBE □WBE ⊠No		SBE: 0 % MBE: 0 % WBE: 0 %		⊠Yes LL 10/6/2023 □No			Div 2 and div 3 completed but did not	request full or partial wavier. L.Lyons 10/5/2023	Waiver requested, prime is non-profit,	vernied, 3VV ±V/O/ 2023 LL ±V/O/ 2023		
Diversity Program Review: SBE / MBE / WBE		Subcontractor Name(s):			SBE/MBE/WBE Prime: (Y/N)		Total %		SBE/MBE/WBE Comply: (Y/N)			SBE/MBE/WBE	Comments and Initials:				
CCBB / CCBEIP Registere d		CCBB □Yes	CCREIP	□ Yes	2												
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Buyer Administrativ e Review:	Or D buyer Initials	Compliant: Nes	<u> </u>	Registration	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	IG Number:	NCA:	o i	V □	PH:	oN □		CCBB: □Yes	N 	DN/A	CCBEIP:	□Yes
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Bidder's / Vendors Name and	אממועמ	2 Transport Assistanc	5481 State Rd	Parma OH 44134													

Bidder's / Bid	Bid		Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
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Award: (Y/N)	⊠ Yes				
Dept. Tech. Revie w					
Review:	(FAA)U-First Homecare Services Inc SBE/MBE/WBE 20%		SBE: <u>20 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u>	⊠Yes LL 10/6/2023 □No	Div 2 completed div3 form completed requesting full wavier they can fulfill the full goal because they are certified. L.Lyons 10/5/2023 Prime is Cuyahoga county certified vendor, submitted waiver with written request in div-3 page 2, JW 10/5/2023 LL 10/6/2023
Diversity Program Review: SBE / MBE / WBE	Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)	SBE/MBE/WBE Comments and Initials:
CCBEIP CCBEIP Registere d	CCBB CCBEIP CCBEIP No]			
Price Preferenc e	□ Yes				
Buyer Administrativ e Review: OPD Buyer Initials	Compliant: Nyes No IG Registration Complete:	⊠yes □No IG Number: 23-0091-REG	NCA: ⊠ Yes	PH: No No NA	CCBB: The control of
Actual Bid Amoun t (enter "N/A" if RFP or RFQ					
Bid Bond / Chec k					
Bidder's / Vendors Name and Address	2 U-First Homecar e Services Inc 6005 Fleet Ave #103	Cleveland OH 44105			

	=	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
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No □							
	□Yes □SBE □MBE □WBE ⊠No	SBE: 0 % MBE: 0 % WBE: 0 %	□Yes ⊠No LL 10/6/2023		Blank div 2 submitted. Div 3 completed requesting full wavier due to difficulty finding vendors. L.Lyons 10/5/2023 Vendor provided div-2 page 2 with	written request for waiver, JW 10/5/2023 Insufficient Good Faith Effort	documentation/details provided. LL 10/6/2023
Subcontractor Name(s):	SBE/MBE/WBE Prime: (Y/N)	Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBE CCBEIP CCBEIP No							
□ Yes							
Compliant:	⊠Yes □No IG Number: 21-0376-REG	NCA: □ No	PH:	Ves □ No □ N/A	CCBB:	N/A	CCBEIP:
				×			
2 Valued Relationship s Inc 1400 Commerce Ctr Dr Franklin OH	45005						
	Valued Compliant: □ Yes CCBB Subcontractor Relationship □ Yes □ Ne □ Yes Name(s): s Inc □ No □ No □ No 1400 IG CCBEIP Commerce □ Ne □ Ne Ctr Dr Complete: □ No	Valued Relationship Compliant: □ Ves CCBB Subcontractor Relationship □ No □ Ves Name(s): 1400 □ IG CCBEIP Commerce Registration □ Ves Ctr Dr □ No □ No Franklin OH Complete: □ No A5005 □ No □ No IG Number: □ IG Number: □ No 21-0376-REG □ No	Valued Relationship Compliant: □ Ves CBB Subcontractor Relationship S Inc □ No □ Ves □ No 1400 □ IG CCBEIP CCBEIP Commerce Ctr Dr Cranklin OH Franklin OH A500S □ No SBE/MBE/WBE □ Ves □ SBE □ MBE □ WBE 4500S □ No Prime: (Y/N) ⊠No 1G Number: NCA: □ Total % SBE: _ 0 % MBE: _ 0 % WBE:	Valued Compliant: Compliant: CCBB Subcontractor Reationship Since □No □Ves Name(s): 100 IG CCBEIP □No Ctr Dr Complete: □No SBE/MBE/WBE □Ves □ NBE: □ № WBE: □ № Franklin OH □No SBE/MBE/WBE □Ves □ NBE: □ № WBE: □ № Franklin OH □No SBE/MBE/WBE □Ves □ NBE: □ № WBE: □ № IG Number: 21-0376-REG □No Total % SBE: □ № WBE: □ № □NA □NA SBE/MBE/WBE □Ves □NA SBE/MBE/WBE □Ves □NA SBE/MBE/WBE □Ves □NA SBE/MBE/WBE □Nes □NA SBE/MBE/WBE	Valued Compliant: □ Ves CBB Subcontractor Relationship □ No □ Ves Name(s): 1400 □ No □ No Commerce Registration □ Ves Franklin OH □ No □ No Franklin OH □ No □ No A5005 □ No □ No A5005 □ No □ No A5005 □ No □ No B H: □ No □ No B H: □ No □ No □ No □ No	Valued Complaint: CRBB Subcontractor Subcontractor 1400 □No □Ves Name(s): 1400 □No □No □No 1400 □No □No □No Franklin OH	Valued Relationship Compliant: CCBB Subcontractor Relationship Sinc No CBB 1400 IG CCBIP CCBIP Crommore IG CCBIP CCBIP Ctr Dr Complete: Interestion CCBIP CCBIP CCBIP Franklin OH Registration Interestion CCBIP CCCBIP CCBIP CCBIP

Bidder's /	Bid	Actual	Buyer	Price	CCBB/	Diversity Program Review:	Dept.	Award
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Award : (Y/N)		⊠Yes □ No									
Dept. Tech. Revie	*										
Review:		(FHA)Wash House CLE LLC SBE/MBE/WBE 20%		☑Yes ☑SBE ☑MBE ☑WBE ☐ No		SBE: 20 % MBE: 0 % WBE: 0 %	⊠Yes LL 10/6/2023 □No		Div 3 completed requesting wavier because they can fulfill the goal. L.Lyons10/5/2023	Prime is Cuyahoga county certified vendor, prime is owner of Fernandez Property as well, JW 10/5/2023	LL 10/6/2023
Diversity Program Review: SBE / MBE / WBE		Subcontractor Name(s):		SBE/MBE/WBE Prime: (Y/N)		Total %	SBE/MBE/WBE Comply: (Y/N)		SBE/MBE/WBE Comments and Initials:		
CCBB / CCBEIP Registere	q	CCBB Yes No	CCBEIP Yes No								
Price Preferenc e		□Yes □No		0:							
Buyer Administrativ e	Review: OPD Buyer Initials	Compliant: ⊠Yes □No	IG Registration Complete:	□Yes	IG Number:	NCA:	N/A	PH: No	CCBB:	□ No □ N/A	CCBEIP:
Actual Bid Amoun	t (enter "N/A" if RFP or RFQ										
Bid Bond /	Chec k										
Bidder's / Vendors Name and	Address	3 Wash House CLE LLC 2400	Broadvie w Rd Cleveland	OH 44109							

Award		(N/K)															
Dept.	Tech.	Revie	*														
Review:																	
Diversity Program Review:		SBE / MBE / WBE															
Diversi		SBE / N															
CCBB /	CCBEIP	Registere	р														
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Buyer	Administrativ	a	Review:	OPD Buyer	Initials		□No	N/A	C00P:	⊠Yes	ON	N/A	OPD Buyer	Initials:	AC		
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Award :	(X/N)			⊠Yes	N ₀																								
Dept. Tech.	Revie	*																											
Review:				(FAA)Xcel Healthcare Providers Inc	SBE/MBE/WBE 20%						XYes SBE SMBE SWBE	oN□			SBE: 20 % MBE: 0 % WBE: 0 %		⊠yes LL 10/6/2023 □No					Div 2 completed div 3 submitted blank.	L.Lyons 10/5/2023.	Prime is Cuyahoga county certified	vendor, JW 10/5/2023	LL 10/6/2023			
Diversity Program Review:	SBE / MBE / WBE			Subcontractor	Name(s):						SBE/MBE/WBE	Prime: (Y/N)			Total %		SBE/MBE/WBE Comply: (Y/N)					SBE/MBE/WBE	Comments and	Initials:					
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Buyer Administrativ	a	Review: OPD Buver	, Initials	Compliant:	⊠Yes	ON 🗆		<u>9</u>	Registration	Complete:	⊠Yes	_ No	IG Number:	20-0199-REG	NCA: ⊠Ves	№	N/Ä	i	PH: ⊠Ves	S 8	□N/A		CCBB:	□Yes	oN	\ <u>\</u>]	CCBEIP:	
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		Chec													
Bidder's / Bid Vendors Bond	Name and	Address													

				GOAL SETTING WORKSHEET	WORKSHEET				
Department Name:	Department of Se	Department of Senior and Adult Services	ices						
Contact Name:	Cynthia Mason						NOTE: User Department completes the YELLOW AREAS ONLY.	ent completes the YE.	LLOW AREAS ONLY.
Contact Phone#:	216-420-6834								
Contact Email:	cynthia.mason@ifs.ohio.gov	S.ohio.gov							
RQ#:	12904								
RQ Description:	2024 DSAS Option	2024 DSAS Options for Independent Living	living						
Work Category/Scope	NIGP Code (5 digits)	Work/Scope Amount (\$)	Disparity Study Work/Scope Availability # (All	Disparity Study Work/Scope Availability # (MBE)	Disparity Study Work/Scope Availability % (MBE)	Disparity Study Work/Scope Availability \$ (MBE)	Disparity Study Work/Scope Availability # (WBE)	Disparity Study Work/Scope Availability %	Disparity Study Work/Scope Availability \$ (WBE)
Human Services	95200	9600582.00	1		00:00	00:0		00.00	0.00
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Project Diversity Goals:	9.		Comments:	LL 6/14/23					
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(Housekeeping services): 15t/0m/0w no duplicates

NIGP 95200: 0t/0m/0w no duplicates

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County Council of Cuyahoga County, Ohio

Resolution No. R2023-0345

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services

A Resolution authorizing an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 -12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the not-to-exceed \$852,257.00: amount authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution. declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services recommends an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the term, effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00; and

WHEREAS, the primary goals for this project are to provide assessment and diversion to persons facing a housing crisis, refer emergency shelter placement and coordinate permanent housing resources to persons experiencing homelessness; and

WHEREAS, this project is funded 41% by Health and Human Services Levy Fund and 59% U.S. Department of Housing and Urban Development Coordinated Entry Grant Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00.

SECTION 2. That the County Executive is authorized to execute the amendment and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by	, seconded by	, the foregoing Resolution
was duly adopted.		
Yeas:		
Nays:		

	County Council President	Date
	County Executive	Date
	Clerk of Council	Date
First Reading/Referred to	Committee: November 14, 2023	
	Health, Human Services & Aging	
Journal		
, 20		

PURCHASE-RELATED TRANSACTIONS

	r Agency Nar	ne Of	fice of Homeless Se	rvices		
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ R Generating ☐ Purchase Order ☐ Other (please specify):					□ Revenue	
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	2995	Mental Health Services	1/1/23 - 12/31/23	\$500,000.00	2/27/23	BOC2023-122
A - 1	2995	Mental Health Services	1/1/24 – 1/31/25	\$852,257.00	Pending	Pending
	-		ntity if applicable).			
			front door to acc	•	_	
experiencing Care establish nomeless are FrontLine Ser dentify viable people with t	a housing cr h a Coordina prioritized to vice operate e alternative the most app	risis in Cuya nted Entry S for the limi es Coordina es to enteri propriate h	shoga County. The system to ensure ted resources ava sted Intake and As ng shelter, assess ousing/shelter res	2009 HEARTH Ac that those who ar ilable for homeles sessment locally, needs for other e ource.	t requires that (e most vulnerates intervention s providing 24/7 mergency servi	Continuums of ole and literally services. response to
experiencing Care establish nomeless are FrontLine Ser dentify viable people with t	a housing cr h a Coordina prioritized f vice operate e alternative the most app of furniture,	risis in Cuya nted Entry S for the limi es Coordina es to enteri propriate h	shoga County. The system to ensure ted resources ava sted Intake and As ng shelter, assess ousing/shelter res	2009 HEARTH Ac that those who ar ilable for homeles sessment locally, needs for other e ource.	t requires that (e most vulneral) is intervention sproviding 24/7 mergency servicement	Continuums of ole and literally services. response to
experiencing Care establish homeless are FrontLine Ser dentify viable people with the For purchases Age of items be Project Goals,	a housing cr h a Coordina prioritized to vice operate e alternative the most app of furniture, peing replace Outcomes or	risis in Cuya nted Entry S for the limi es Coordina es to enteri propriate h computers d: r Purpose (I	shoga County. The system to ensure ted resources ava ated Intake and As ng shelter, assess ousing/shelter res vehicles: Addi How will repla ist 3):	2009 HEARTH Acthat those who are ilable for homelessessment locally, needs for other electric.	t requires that of the most vulnerables intervention supposed by the most vulnerables intervention supposed by the mergency service ment sed of?	Continuums of ole and literally services. response to
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experiencing Care establishomeless are FrontLine Ser Identify viabliceople with the For purchases Age of items be Project Goals, Proviceople Refer	a housing cr h a Coordina prioritized for vice operate e alternative the most app of furniture, peing replace Outcomes of de assessment households	risis in Cuya ted Entry S for the limi es Coordina es to enteri propriate h computers d: r Purpose (li nt and dive for emerge	shoga County. The system to ensure ted resources ava ated Intake and As ng shelter, assess ousing/shelter res vehicles: Addi How will repla ist 3):	2009 HEARTH Acthat those who are ilable for homelessessment locally, needs for other eource. Ional Replace ced items be disponated in the course ced items be disponated in the course ced items be disponated in the course ced items be disponated in the ced items becaused in the ced items beca	t requires that of the most vulnerables intervention is providing 24/7 mergency servicement sed of?	Continuums of ole and literally services. response to ces, and link
experiencing Care establishomeless are FrontLine Ser Identify viabliceople with the For purchases Age of items be Project Goals, Proviceople Refer Coord	a housing cr h a Coordina prioritized for ice operate e alternative the most app of furniture, peing replace Outcomes or de assessment households linate perma	risis in Cuya ted Entry S for the limi es Coordina es to enteri propriate h computers d: r Purpose (li nt and dive for emerge anent hous	shoga County. The system to ensure ted resources ava ated Intake and As ing shelter, assess ousing/shelter res vehicles: How will repla set 3): ersion to persons te	2009 HEARTH Acthat those who are ilable for homelessessment locally, needs for other electric decident and replaced items be disposed acing a housing coment if needed eted to persons electric decident and replaced items be disposed in the interval of the	t requires that of the most vulnerables intervention supposed by the ment sed of?	Continuums of ole and literally services. response to ces, and link
experiencing Care establishomeless are FrontLine Ser Identify viablice people with the For purchases Age of items be Project Goals, Provice Refer Coord If a County Co	a housing cr h a Coordina prioritized for vice operate e alternative the most app of furniture, peing replace Outcomes or de assessment households linate permanucilitem, ar	risis in Cuya nted Entry S for the limit es Coordina es to enterior propriate h computers d: r Purpose (li nt and dive for emergo anent hous re you reque re you reque	shoga County. The System to ensure ted resources ava sted Intake and As ng shelter, assess ousing/shelter res vehicles: How will repla st 3): ersion to persons i ency shelter place ing resources targ esting passage of the	2009 HEARTH Achat those who are ilable for homelessessment locally, needs for other eource. Ional Replace ced items be dispositional and the receipt acing a housing coment if needed eted to persons eitem without 3 retreet Address, City	t requires that of the most vulnerables intervention is providing 24/7 mergency service ment sed of? risis xperiencing hor eadings. Yes	Continuums of ole and literally services. response to ces, and link
experiencing Care establisl homeless are FrontLine Ser identify viabl people with t For purchases Age of items b Project Goals, Provid Refer Coord If a County Co	a housing cr h a Coordina prioritized for vice operate e alternative the most app of furniture, peing replace Outcomes or de assessment households linate permanuncil item, ar velow, list Veractor, etc. pro-	risis in Cuya nted Entry S for the limit es Coordina es to enterior propriate h computers d: r Purpose (li nt and dive for emergo anent hous re you require re you require poide owne	shoga County. The system to ensure ted resources ava sted Intake and As ng shelter, assess ousing/shelter res vehicles: How will repla st 3): ersion to persons te ency shelter place ing resources targ esting passage of the actor, etc. Name, 5 r, executive directo	2009 HEARTH Achat those who are ilable for homelessessment locally, needs for other eource. Ional Replace ced items be dispositional and the receipt acing a housing coment if needed eted to persons eitem without 3 retreet Address, City	t requires that of the most vulnerables intervention is providing 24/7 mergency service ment sed of? The providing 24/7 mergency service ment sed of?	Continuums of ole and literally services. response to ces, and link

Cleveland, Ohio 4414	
Vendor Council District: 7	Project Council District: county-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	This amendment is exercising the option year in the original contract.
	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: ☐ Yes ☐	from posting ().
No, please explain.	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
☐ No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment (list original procurement)
	RFP10456, closed 9/12/22
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☐ No	If you complete section helps:
	If item is not on IT Standard List state date of TAC
☐ Check if item on IT Standard List of approved purchase.	approval:
	1
Is the item ERP related? No Yes, answer the belo	
Are services covered under the original ERP Budget or	Project? LI Yes □ No, please explain.
Are the purchases compatible with the new ERP system	m? □ 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.

Rev. 7/24/23

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green, (or we can refer them to instructions) and provide more detail in the instruction.

59% - US Department of Housing and Urban Develo	pment Coordinated Entry grant
41% - HHS Levy	
Is funding for this included in the approved budget?	☑ Yes □ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ⊠ Monthly □ Qua	arterly 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 correction:	Infor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if yes, p	lease explain)
Have payments be made? ☐ No ☐ Yes (if yes, ple	
HISTORY (see instructions):	
See table 1	

Upload as "word" document in Infor

Infor/Lawson RQ#:	10456
Buyspeed RQ# (if applicable):	RFP
Infor/Lawson PO# Code (if applicable):	
CM Contract#	2995

	Department	Clerk of the Board
Briefing Memo	ER	
Late Submittal Required:	Yes 🗆	No X
Why is the amendment being submitted late?		
What is being done to prevent this from reoccurring?		
FAC or CTO Required or authorized IT Standard	Yes □	No X

Language de la company			mendmer y Purchas		
FrontLine Service Coordinated In	take			Department initials	Purchasing
Justification Form				ER	BRM
IG# 12-1897-REG 31DEC	2023			ER	BRM
Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval)	Date:			N/A	N/A
Debarment/Suspension Verified	Date:	10/12/	23	ER	BRM
Auditor's Finding	Date:	10/23/ 10/12/		ER	BRM
Independent Contractor (I.C.) Requi	rement	Date:	9/25/23	ER	BRM
Cover - Master amendments only				N/A	N/A
Contract Evaluation			ER	BRM	
TAC/CTO Approval or IT Standard relevant page #s), if required.	s (attach a	nd identif	ý	N/A	N/A
Checklist Verification				ER	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	ER
Matrix Law screenshot	ER
COI	ER
Workers' Compensation Insurance	ER
Original Executed Contract (containing insurance terms) & all executed amendments	ER

1 | P a g e

Revised 1/7/2022

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Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
Upon signature – 12/31/23	HS220130	55130	UCH00000	\$500,000.00
1/1/23 – 1/31/24	HS220130	55130	UCH00000	\$ 0.00
1/1/24 - 12/31/24	HS260350	55130	UCH00000	\$293,257.00
1/1/2025 – 12/31/2025 *Future 2025 invoices	HS260350	55130	UCH00000	\$ 59,000.00
			TOTAL	\$852,257.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	RFP
Lawson RQ# (if applicable)	10456
CM Contract#	2995

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$400,000.00		1/1/23 - 12/31/23	2/27/23	BC2023-122
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment		\$852,257.00	1/31/25	Pending	Pending
Total Amendments		\$852,257.00			
Total Contact Amount		\$1,252,257.00			

Purchasing Use Only:

Prior Resolutions:	BC2023-122
Amend:	2995
Vendor Name:	Mental Health Services for Homeless Persons, Inc. dba Frontline Service
ftp:	1/1/2023-12/31/2025
Amount:	\$852,257.00
History/CE:	OK
EL:	OK
Procurement Notes:	

 $2\mid P\;a\;g\;e$

Revised 1/7/2022

Upload as "word" document in Infor

Purchasing Buyer's initials	BRM 10/26/2023
and date of approval	

3 | Page Revised 1/7/2022

CONTRACT EVALUATION FORM

Contractor	Mental Health Services for Homeless Persons, Inc. dba FrontLine Service				ine Service
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2995				
RQ#	10456				
Time Period of Original Contract	1/1/23 – 12/31	1/1/23 – 12/31/23			
Background Statement	The Coordinated Entry System is the front door to accessing shelter and housing services for persons experiencing a housing crisis in Cuyahoga County. The 2009 HEARTH Act requires that Continuums of Care establish a Coordinated Entry System to ensure that those who are most vulnerable and literally homeless are prioritized for the limited resources available for homeless intervention services.				
Service Description	and permanent	Coordinated Entry is the "front door" to access emergency shelter and permanent housing resources for individuals and families experiencing a housing crisis.			
	Number of households assisted annually; percentage of households diverted from entering shelter.				
Performance Indicators			annually; perce	entage of househ	olds
Performance Indicators Actual Performance versus performance indicators (include statistics):	diverted from Coordinated E	entering shelter. Intry served 3,352 23. Almost 40%	2 households (ir	ndividuals and fa	milies) in the
Actual Performance versus performance indicators	Coordinated E first half of 20	entering shelter. Intry served 3,352 23. Almost 40%	2 households (ir	ndividuals and fa e successfully di Below	milies) in the
Actual Performance versus performance indicators (include statistics): Rating of Overall	Coordinated E first half of 20 entering shelte	entering shelter. Intry served 3,35: 23. Almost 40% ar. Above	2 households (in of families were	ndividuals and fa e successfully di	milies) in the verted from
Actual Performance versus performance indicators (include statistics): Rating of Overall Performance of Contractor	Coordinated E first half of 20 entering shelte Superior FrontLine Servuse of limited	entering shelter. Intry served 3,352 23. Almost 40% Tr. Above Average	2 households (in of families were seen and the seen and t	Below Average ing the efficient r homeless person	milies) in the verted from Poor and effective
Actual Performance versus performance indicators (include statistics): Rating of Overall Performance of Contractor Select One (X)	Coordinated E first half of 20 entering shelte Superior FrontLine Servuse of limited	entering shelter. Intry served 3,352 23. Almost 40% er. Above Average X vice plays a critic shelter and housi	2 households (in of families were seen and the seen and t	Below Average ing the efficient r homeless person	milies) in the verted from Poor and effective
Actual Performance versus performance indicators (include statistics): Rating of Overall Performance of Contractor Select One (X) Justification of Rating	Coordinated E first half of 20 entering shelte Superior FrontLine Servuse of limited families, as we	entering shelter. Intry served 3,352 23. Almost 40% Above Average X vice plays a critic shelter and housiell as prioritizing	2 households (in of families were seen and the seen and t	Below Average ing the efficient r homeless person	milies) in the verted from Poor and effective

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0346

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services

A Resolution authorizing an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution, declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services has recommended an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; and

WHEREAS, the primary goal for this project is to provide safe, high quality, temporary housing services for single adults and youth in Cuyahoga County; and

WHEREAS, this project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00.

SECTION 2. That the County Executive is authorized to execute the amendment and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by	, seconded by	, the foregoing Resolution
was duly adopted.		
Yeas:		
Nays:		

County	Council President	Date
County	Executive	Date
Clerk of	f Council	Date
First Reading/Referred to Commit Committee(s) Assigned: <u>Health, I</u>		
Journal, 20		

PURCHASE-RELATED TRANSACTIONS

Title OHS; Mental Health Services for Homeless Persons dba FrontLine Service; 2024 Amend 1; RQ10456; North Point							
Department o	Department or Agency Name Office of Homeless Services						
Requested Action			Genera	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):			
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vende Name		Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	3015	Ment Healtl Service	h	1/1/23 – 12/31/23	\$1,422,933.00	3/10/23	R2023-0040
A - 1	2995	Mental Health Services		1/1/24 – 12/31/24	\$1,422,933.00	Pending	Pending
			-				1
Service/Item Description (include quantity if applicable). Indicate whether □ New or ☑ Existing service or purchase. FrontLine Service operates North Point which serves single adults and youth aged 18-24 years. Residential services are provided 24 hours a day, 7 days a week. The program provides for basic needs such as hygiene products, clothing, laundry services, and three meals a day. Services focus on individuals with high barriers to housing stability and provide wraparound support. North Point case managers provide linkage to services that will assist clients in securing permanent housing and achieving self-sufficiency through a Housing First model. For purchases of furniture, computers, vehicles: □ Additional □ Replacement						ed 18-24 years. s for basic needs us on individuals t case managers	
Age of items being replaced: How will replaced items be disposed of? Project Goals, Outcomes or Purpose (list 3):							
 Provide safe, trauma-informed, low-barrier, emergency shelter Develop and implement a permanent housing plan with each person Link clients with community services to secure sustainable income and physical and behavioral health services. 							
If a County Co	If a County Council item, are you requesting passage of the item without 3 readings. 🗵 Yes 🗆 No						□ 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:

Mental Health Services for Homeless Persons

Owner, executive director, other (specify):
Susan Neth, executive director

1744 Payne Ave	
Cleveland, Ohio 4414	
Vendor Council District: 7	Project Council District: county-wide
If applicable provide the full address or list the	N/A
municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	F
☐ Formal Closing Date:	This amendment is exercising the option year in the
a romar closing bate.	original contract.
	*See Justification for additional information.
The total value of the solicitation:	Exemption
Number of Solicitations (sent/received) /	
Number of Solicitations (sent/received)	State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: ☐ Yes ☐	from posting ().
No, please explain.	
Recommended Vendor was low bidder: ☐ Yes	☐ Government Purchase
□ No, please explain:	dovernment archase
ы No, рівизв вхрішні.	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	DED404EC alased 0/43/33
	RFP10456, closed 9/12/22
	☐ Other Procurement Method, please describe:
	,
Is Purchase/Services technology related ☐ Yes ☐ No	
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? No Yes, answer the belo	
Are services covered under the original ERP Budget or	rroject? ∟ Yes ∟ No, please explain.
Are the purchases compatible with the new ERP syste	m? □ Yes □ No please explain
a the paramoes companies with the new title syste	

FUNDING SOURCE: i.e. General Fund, Health and H Block Grant (No acronyms i.e. HHS Levy, CDBG, etc., 100% Health and Human Services Levy Funds	luman Services Levy Funds, Community Development 1. Include % if more than one source.
Is funding for this included in the approved budget?	⊠ Yes □ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ⊠ Monthly □ Qu	arterly One-time Other (please explain):
Provide status of project.	
☐ New Service or purchase ☒ Recurring service or purchase	r Is contract late ⊠ No □ Yes, In the fields below provide reason for late and timeline of late submission
Reason:	reason or late and annealing of late submission
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 correction:	Infor, such as the item being disapproved and requiring
If late, have services begun? ☐ No ☐ Yes (if yes, p	lease explain)
Have payments be made? ☐ No ☐ Yes (if yes, ple	ease explain)
LICTORY (see instructional)	
HISTORY (see instructions): See table 1	

Commented [CK1]: Suggestion by MBV - I can't recall exactly how, she said it. See text in green, (or we can refer them to instructions) and provide more detail in the instruction

Upload as "word" document in Infor

Infor/Lawson RQ#:	10456
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	RFP
CM Contract#	3015

	Department	Clerk of the Board
Briefing Memo	ER	
Late Submittal Required:	Yes □	No X
Why is the amendment being submitted late?		*
What is being done to prevent this from reoccurring?		
ΓAC or CTO Required or authorized IT Standard	Yes 🗆	No X

			ontract Amendm viewed by Purch		
FrontLine	Service North Point			Department initials	Purchasing
Justification	n Form			ER	EB 10/26/23
IG#	12-1897-REG 31DEC	2023		ER	EB 10/26/23
Annual Non-Competitive Bid Date: Contract Statement - (only needed if			N/A	N/A	
approval)	BOC or Council for				
Debarment/	Suspension Verified	Date:	10/12/23	ER	EB 10/26/23
Auditor's Finding Date:		Date:	10/23/23	ER	EB 10/26/23
Independent Contractor (I.C.) Requirement Date: 9/25/23			ER	EB 10/26/23	
Cover - Master amendments only				N/A	N/A
Contract Evaluation				ER	EB 10/26/23
	Approval or IT Standards ge #s), if required.	s (attach a	nd identify	N/A	N/A
Checklist Verification			ER	EB 10/26/23	

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	ER
Matrix Law screenshot	ER
COI	ER
Workers' Compensation Insurance	ER
Original Executed Contract (containing insurance terms) & all	ER
executed amendments	

1 | P a g e

Revised 1/7/2022

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/24 - 12/31/24	HS260350	55130	UCH00000	\$1,190,000.00
1/1/2025 – 12/31/2025 *Future 2025 invoices	HS260350	55130	UCH00000	\$ 232,933.00
			TOTAL	\$1,422,933.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# Code (if applicable)	RFP
Lawson RQ# (if applicable)	10456
CM Contract#	3015

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$1,422,933.00		1/1/23 - 12/31/23	3/10/23	R2023-0040
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment		\$1,422,933.00	12/31/24	Pending	Pending
Total Amendments		\$1,422,933.00			
Total Contact Amount		\$2,845,866.00			

Purchasing Use Only:

R2023-0040
1
Mental Health Services for Homeless Persons, Inc. DBA Front Line Services
1/1/2023 – 12/31/2023 Ext 12/31/2024
\$1,422,933.00
OK
OK
2024 invoices \$1,190,000.00 and future yr 2025 invoices \$232,933.00
EB 10/26/2023

 $2\mid P\;a\;g\;e$

Revised 1/7/2022

CONTRACT EVALUATION FORM

Contractor	Mental Health	Mental Health Services for Homeless Persons, Inc. DBA FrontLine Service					
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	3015	3015					
RQ#	10456	10456					
Time Period of Original Contract	1/1/2023 – 12/	1/1/2023 – 12/31/2023					
Background Statement	high barriers to Supportive Ho single adults a	North Point was developed to address the needs of homeless individuals with high barriers to housing stability who did not qualify for Permanent Supportive Housing services. The program provides emergency shelter for single adults and youth as well as basic needs and individualized, trauma-informed activities designed to assist them with the transition to permanent housing.					
Service Description	North Point's individualized approach to transitional housing services includes housing plan development, assistance with economic self-sufficiency, and assistance with self-care. North Point also provides an array of residential services including daily meals, personal care and hygiene items, as well as bus tickets as needed.						
Performance Indicators	Number of perstay.	Number of persons served; exits to permanent housing; average length of stay.					
Actual Performance versus performance indicators (include statistics):	# of unduplicated individuals provided shelter: 255 # exiting: 174 # exiting to perm housing: 102 Average length of stay: 137 days (148 days for leavers; 114 days for stayers)						
Rating of Overall Performance of Contractor	Superior Above Average Average Below Average Poor						
Select One (X)			x				
Justification of Rating	Based on performance data, North Point has met the contractual expectations set by the Office of Homeless Services.						
Department Contact	Melissa Sirak						
User Department	Office of Hon	Office of Homeless Services					
Date	10/17/23	10/17/23					

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0347

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services

A Resolution authorizing a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024; authorizing the County Executive to execute Contract No. 3868 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Community Initiatives/Office of Homeless Services recommends a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024; and

WHEREAS, this contract provides supportive services for the PASS Program, a Transitional Housing Program for homeless men; and

WHEREAS, the primary goals of this project are to: (1) to provide basic, temporary housing and safety net services for 75 homeless men, (2) to quickly link clients with Rapid Re-Housing Assistance; and (3) to support clients in accessing earned income and benefits; and

WHEREAS, this project is funded 31% by Health and Human Services Levy Fund and 69% U.S. Department of Housing and Urban Development Rapid Rehousing for Singles Grant Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive

services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 - 9/30/2024.

SECTION 2. That the County Executive is authorized to execute Contract No 3868 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by, 1	the foregoing Resolution
Yeas:		
Nays:		
	County Council President	Date
	County Executive	Date
	Clerk of Council	Date

First Reading/Referred to	Committee:	November	14, 2023
Committee(s) Assigned:	Health, Hum	an Services	& Aging
_			
Journal			
,20			

PURCHASE-RELATED TRANSACTIONS

Title Ons; s	alvation Arm	y; 2023-2024 Contract t	or Emer	gency Shelter and	Rapid Renousing	for Single Adults
Department o	Department or Agency Name Office of Homeless Services					
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue ☐ Generating ☐ Purchase Order ☐ Other (please specify):					□ Revenue	
Original (0)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Time	Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	3868	Salvation 10/1/ Army 9/30/		\$794,821.00	pending	pending
permanent hor homeless men goal of the PAS Individualized Rapid Rehousi	using. It provi , serving 75 n SS Program is Housing First ng funds to tr	tering Service (PASS) Pr des Temporary Housing nen at any given time ar for the men to obtain p Case Management Plan ansition homeless men	, Rapid F nd an ave ermanei . The pla into peri	Rehousing and Recerage of 150 to 200 on the housing through in focuses on lever manent placement	overy Support Se O men annually. To the utilization of aging local resounce. .	rvices to he overarching f an
Age of items b		computers, vehicles: I: How wi		onal ⊔ Replacer ed items be dispos		I/A
Project Goals, Outcomes or Purpose (list 3): Provide basic, temporary housing and safety net services for 75 homeless men at a time Link clients with permanent housing Support clients in accessing earned income, recovery supports, and stable incomes.						
If a County Co	uncil item, ar	e you requesting passag	ge of the	item without 3 re	adings. 🛛 Yes	□ No
		ndor/Contractor, etc. N vide owner, executive			, State and Zip C	ode. Beside each
Vendor Name and address: Salvation Army 440 West Nyack Rd West Nyack, NY 10994 Owner, executive director, other (specify): Michael Southwick, secretary					fy):	
					:	
Vendor Council District: n/a – out of state corporate location If applicable provide the full address or list the municipality(ies) impacted by the project. Project Council District: County-wide 1710 Prospect Avenue Cleveland, OH 44115						

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	,
☐ Formal Closing Date:	RFP exemption based on a subgrant award from the US
- Formal Closing Date.	Department of Housing and Urban Development for
	Rapid Rehousing for Singles.
	*See Justification for additional information.
The total value of the solicitation:	□ Exemption □
Number of Solicitations (sent/received)	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE	☐ Sole Source ☐ Public Notice posted by Department
(0) MBE (0) WBE. Were goals met by	of Purchasing. Enter # of additional responses received
awarded vendor per DEI tab sheet review?: Yes	from posting ().
□ No, please explain.	,
, p	
Recommended Vendor was low bidder: ☐ Yes	☐ Government Purchase
□ No, please explain:	
ar No, preuse exprain.	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
The state of the s	Contract Amendment (not original procurement)
	☐ Other Procurement Method, please describe:
	and the state we state of prease describe.
Is Purchase/Services technology related ☐ Yes ☐ No	o. If yes, complete section below: N/A
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? ☐ No ☐ Yes, answer the belo	ow questions.
Are services covered under the original ERP Budget or	Project? Yes No, please explain.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Are the purchases compatible with the new ERP syste	m2 🗆 Voc 🗆 No. please explain
Are the purchases compatible with the new ENF syste	The Dires of No, please explain.
FUNDING SOURCE: i.e. General Fund, Health and Hu	man Services Levy Funds. Community Development
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.).	
the analysis in any in any in any	
 69% US Department of Housing and Urban D 	evelopment Rapid Rehousing for Singles grant
 31% Health & Human Services levy 	
Is funding for this included in the approved budget?	Yes □ No (if "no" please explain):
Payment Schedule: ⊠ Invoiced ☐ Monthly ☒ Quar	torly One time O Other (planes system)
rayment schedule: Minvoiced Li Monthly M Quar	terry in One-time in Other (please explain):

Provide status of project.

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green (or we can refer them to instructions) and provide more detail in the instruction.

urring service or	Is contract late ⊠ No ☐ Yes, In the fields below provide				
	reason for late and timeline of late submission				
Reason: HUD was late in issuing grant agreements. Grant did not get on fiscal agenda until 9/26.					
9/6	/23				
his item):					
m vendor: 9/6/	23				
manager: 9/18	/23				
ontract: 10/5	/23				
in Infor:					
processing in I	for, such as the item being disapproved and requiring				
☐ Yes (if yes, p	ease explain) Provider has begun providing services per				
	ot receive payment until the contract is active				
, , , , , , , , , , , , , , , , , , , ,	Th X				
BC2021-1	64 4/06/2021				
R2022-00	51 3/22/2022				
R2023-00	• •				
	nt agreements. Green specific processing in Irr				

Upload as "word" document in Infor

Infor/Lawson RQ#:	N/A			
Infor/Lawson PO # Code (if applicable):	EXMT			
CM Contract#	3868			
			21-2	
		Department initials	Clerk of the Board	
Briefing Memo		ER		
Late Submittal Required:		Yes X	No 🗆	
Why is the contract being submitted late?		OHS received the HI	JD award late	
What is being done to prevent this from reoccurring?		N/A- OHS doesn't ha	N/A- OHS doesn't have control over when	

TAC or CTO Required or authorized IT Standard	Yes □	No X

HUD issues awards.

	OTHER	RFP I	Exemptio	O OPEN ons (Cont Purchasi		
Salvation A	Army PASS				Department initials	Purchasing
Justification	ı Form				ER	GHM
IG#	23-0271-REG 31DE	C2027			ER	GHM
Annual Nor	1-Competitive Bid	Date:			N/A	N/A
Contract Sta	atement - (only needed					
	to BOC or Council for					
approval)						
Debarment/	Suspension Verified	Date:	10/12/	23	ER	GHM
Auditor's F	inding	Date:	10/12/	23	ER	GHM
Vendor's Su	ubmission				ER	
Independent Contractor (I.C.) Requirement Date: 9/6/23				9/6/23	ER	GHM
Cover - Mas	ster contracts only				N/A	N/A
Contract Evaluation – if required					ER GHM	
TAC/CTO Approval or IT Standards (attach and identify					N/A	N/A
relevant pag	ge #s), if required.			-		
Checklist V	erification				ER	GHM

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

RFP Exen	AND OPEN COMPETITION nptions (Contract) ewed by Law	
	Department initials	
Agreement/Contract and Exhibits ER document attached GHM		
Matrix Law Screenshot ER document attached GHM		
COI ER document attached GHM		
Workers' Compensation Insurance	ER document attached GHM	

1 | P a g e

Revised 9/17/2021

Upload as "word" document in Infor

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
10/1/23 - 12/31/23	HS220125	55130	UCH00000	\$544,821.00
1/1/24 - 9/30/24	HS220125	55130	UCH00000	\$ 0.00
10/1/23 - 12/31/23	HS260350	55130	UCH00000	\$ 40,000.00
1/1/24 - 9/30/24	HS220125	55130	UCH00000	\$210,000.00
			TOTAL	\$794,821.00

Contract History CE/AG# (if applicable)	585
Infor/Lawson PO# and PO Code (if applicable)	EXMT
Lawson RQ# (if applicable)	3224
CM Contract#	3868

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$794,821.00		10/1/23 - 9/30/24	Pending	Pending
Prior Amendment Amounts (list separately)		\$			
		\$			
		\$			
Pending Amendment		\$\$794,821.00	10/1/23 - 9/30/24		
Total Amendments		\$			
Total Contact Amount		\$794,821.00			

Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3868
Vendor Name:	The Salvation Army
ftp:	10/01/2023 - 09/30/2024
Amount:	\$794,821.00
History/CE:	N/A
EL:	ok
Procurement Notes:	The Office of Homeless Services requesting to contract with The Salvation Army for the period of 10/1/23 – 9/30/24 for the PASS Program to provide Temporary Housing and Rapid Rehousing for single men, in the amount of \$794,821.00. Funding: 69% (\$544,821) U.S. Department of Housing and Urban Development Rapid Rehousing for Singles grant and 31% (\$250,000) HHS Levy

2 | P a g e

Revised 9/17/2021

Upload as "word" document in Infor

Purchasing Buyer approval: GHM 10/26/2023

3 | Page Revised 9/17/2021

CONTRACT EVALUATION FORM

Contractor	Salvation Arm	у				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	585					
RQ#	3224					
Time Period of Original Contract	1/1/2021 – 12/31/21					
Background Statement		ogram, which p		0 to operate the lat a point in time		
Service Description	The PASS Program provides Temporary Housing, referrals for Rapid Re- Housing, employment linkages, recovery support, and housing search assistance to homeless, adult men.					
Performance Indicators	Number of peo	pple assisted ann	ually; exits to pe	ermanent housing	3.	
Actual Performance versus performance indicators (include statistics):	The Salvation Army served 250 unique individuals in 2022. Of those who left the program, 80% exited to permanent housing.					
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor	
Select One (X)		X		G.		
Justification of Rating	The Salvation Army PASS Rapid Re-Housing Program has consistently met expectations for % of individuals exiting to PH, despite significant barriers faced by this population.					
Department Contact	Melissa Sirak					
User Department	Office of Homeless Services					
Date	10/12/23					

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0348

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services

A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3879 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Community Initiatives/Office of Homeless Services recommends a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 - 12/31/2025; and

WHEREAS, Emerald Development and Economic Network, Inc. owns and manages the property located at 2227 Payne Ave Cleveland 44114. This site houses the Norma Herr Community Women's Shelter, which serves Cuyahoga County as a low-barrier shelter for single adult women.

WHEREAS, the primary goals of this project are to: (1) ensure a safe and clean environment for shelter guests, visitors and service provider staff, (2) maintain building systems for safe economical, efficient operation and (3) comply with local OHS Advisory Board standards; and

WHEREAS, this project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 - 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Contract No 3879 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion bywas duly adopted.	, seconded by	, the foregoing Resolution
Yeas:		
Nays:		

County Council	President D	rate
County Executiv	ve D	ate
Clerk of Counci	D D	ate
First Reading/Referred to Committee: No Committee(s) Assigned: Health, Human S		
Journal		

PURCHASE-RELATED TRANSACTIONS

Department of	or Agency Nan	ne (Office of Homeless Services					
6			 ☑ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify): 					
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Pe	riod Amou	nt	Date BOC Approved/ Council's Journal Date	Approval No.	
0	3879	EDEN, II	nc. 1/1/24- 12/31/2		190.00	Pending	Pending	
2227 Payne . which serves	Ave Clevelan Cuyahoga C	d 44114. ounty as	mic Network (El This site house a low-barrier sl roperty manage	s the Norma I helter for sing	Herr Com gle adult v	munity Womer omen. As the	n's Shelter, owner of the	
2227 Payne which serves building, EDI compliance Services will response for and houseke	Ave Cleveland Cuyahoga C EN, Inc. will p with local red include ongo emergency i eping, insura	d 44114. county as rovide pi juirement sing main repairs ne	This site house a low-barrier sl roperty manage its as well as Officenance of the ormal maintenaerage, utility cosess, vehicles:	s the Normal helter for sing ement service as Advisory Bo facility due it ance and repasts, asset man	Herr Comi gle adult v is to ensur pard-appr its age ar iirs; staffir nagement	munity Womer vomen. As the re the building oved shelter st ad intensive use ag and services and groundsk	n's Shelter, owner of the remains in andards. e, 24/7 on-call for custodial	
2227 Payne . which serves building, EDI compliance v Services will response for and houseke For purchase: Age of items Project Goals	Ave Clevelands Cuyahoga C EN, Inc. will p with local red include ongo emergency of eping, insura s of furniture, being replaced Outcomes of	d 44114. ounty as rovide pi juiremen sing main repairs ne ince cove compute d: Purpose	This site house a low-barrier sl roperty manage its as well as Officenance of the ormal maintena erage, utility costs; vehicles:	s the Normal helter for sing ement service is Advisory Bo facility due it ance and repasts, asset mar Additional	Herr Comingle adult was to ensure appropriate age arrites; staffin agement. Replacent be dispose	munity Womer vomen. As the re the building oved shelter st ad intensive use ag and services and groundsk ment ed of?	n's Shelter, owner of the remains in andards. e, 24/7 on-call for custodial eeping.	
2227 Payne . which serves building, EDI compliance s Services will response for and houseke For purchase: Age of items Project Goals	Ave Clevelands Cuyahoga C EN, Inc. will p with local red include ongo emergency of eping, insura s of furniture, being replaced Outcomes of re a safe and tain building emergency s	d 44114. county as rovide pi uiremen cong main epairs n compute d: Purpose clean en systems upport	This site house a low-barrier sl roperty manage its as well as Office and the ormal maintena erage, utility costs; — A How will i	s the Normal helter for sing ement service is Advisory Bo facility due it ance and repasts, asset mar Additional preplaced items shelter guests electric) for sa	Herr Comingle adult von the store ensure the store ensure ensurement ensureme	munity Womer comen. As the re the building oved shelter st ad intensive use ag and services and groundsk ment ed of? and service pro mical, efficient	n's Shelter, cowner of the remains in andards. e, 24/7 on-call for custodial eeping. ovider staff toperation, wit	
2227 Payne which serves building, EDI compliance Services will response for and houseke For purchase: Age of items Project Goals	Ave Clevelands Cuyahoga C EN, Inc. will p with local red include ongo emergency of eping, insura of furniture, being replaced Outcomes of re a safe and tain building emergency s oly with local	d 44114. county as rovide pi uiremen ping main repairs n nce cove compute d: Purpose clean en systems upport requirer	This site house a low-barrier slands well as Obstenance of the ormal maintenaterage, utility costs; which will in the costs of the cost	s the Normal helter for sing ement service is Advisory Bo facility due it ance and repasts, asset mar Additional replaced items helter guests electric) for sa	Herr Comi gle adult van es to ensur pard-appr eits age ar hirs, staffir nagement Replacen be dispos visitors, fe, econo	munity Womer comen. As the re the building oved shelter st ad intensive use g and services and groundsk ment ed of? and service pro mical, efficient	n's Shelter, cowner of the remains in andards. e, 24/7 on-call for custodial eeping. ovider staff toperation, wit	
2227 Payne which serves building, EDI compliance of Services will response for and houseked For purchase: Age of items Project Goals Ensu Main 24/7 Complification County Cou	Ave Clevelands Cuyahoga C EN, Inc. will p with local rec include ongo emergency of eping, insurance of furniture, being replaced Outcomes on re a safe and tain building emergency s oly with local buncil item, ar below, list Ve	d 44114. county as rovide pi uiremen sing main repairs n nce cove compute d: Purpose clean en systems upport requirer e you req ndor/Cor	This site house a low-barrier site of the corner of the co	s the Normal helter for sing ement service is Advisory Bo facility due it ance and repasts, asset mar Additional preplaced items helter guests electric) for sa of the item wime, Street Advisor me, Street Advisor	Herr Comingle adult visito ensuito ens	munity Womer comen. As the re the building oved shelter st ad intensive use g and services and groundsk ment ed of? and service pro mical, efficient pproved shelte adings. Yes	n's Shelter, cowner of the remains in andards. e, 24/7 on-call for custodial eeping. ovider staff t operation, wit er standards	

Vendor Council District: 7	Project Council District: county-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
□ Informal	
☐ Formal Closing Date:	EDEN is the owner of the building and is a housing
	development agency that already does facilities
	management county-wide. They have the existing
	infrastructure to provide these services cost-effectively
	*See Justification for additional information.
The total value of the solicitation:	⊠ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review?: ☐ Yes ☐	from posting ().
No, please explain.	,
Recommended Vendor was low bidder: ☐ Yes	☐ Government Purchase
□ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☐ No	o. If yes, complete section below:
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? ☐ No ☐ Yes, answer the belo	ow questions.
Are services covered under the original ERP Budget or	Project? ☐ Yes ☐ No, please explain.
Are the purchases compatible with the new FRP syste	25.5

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

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

Health and Human Services Levy funds

Rev. 7/24/23

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

		11 1 12	F7
Is funding for this includ	ded in the appro	oved budget?	☐ Yes ☐ No (if "no" please explain):
Payment Schedule: 🛛	Invoiced 🖾 Mc	onthly 🗌 Qua	arterly One-time Other (please explain):
Provide status of project	ct.		
☐ New Service or pure	chase 🛭 Recur	ring service or	r Is contract late ⊠ No □ Yes, In the fields below provide
purchase			reason for late and timeline of late submission
Reason:			
Timeline:		8/2	25/23
Project/Procurement St	tart Date	-,-	,
(date your team started	working on thi	s item):	
Date documents were r	equested from	vendor: 9/1	1/23, 9/11/23
Date of insurance appro	oval from risk m	anager: 10/	/17/23
Date Department of Lav	w approved Con	ntract:	
Date item was entered	and released in	Infor:	
Detail any issues that correction: N/A	arose during p	processing in	Infor, such as the item being disapproved and requiring
If late, have services be	gun?□ No 🗵	Yes (if yes, p	lease explain)
Have payments be mad	le? ⊠ No □ `	Yes (if yes, ple	ase explain)
HISTORY (see instruction	ons):		
Original Contract	2/16/2021	BC2021-73	
Amend 1	2/7/2022	BC2022-80	
Amend 2	2/21/2023	BC2023-10	3

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Infor/Lawson RQ#:	N/A				
Infor/Lawson PO # Code (if applicable):	EXMT				
CM Contract#	3879				
		Depart	ment initials	Cle	rk of the Board
Briefing Memo		ER	The state of the s		
Late Submittal Required:		Yes		No	X
Why is the contract being submitted late	?				
What is being done to prevent this from	reoccurring?				
		M			
TAC or CTO Required or authorized IT	Standard	Yes		No	X

	RFP 1	ULL AND OPEN Exemptions (Conticemed by Purchas	ract)	
EDEN Facilities Manager	nent		Department initials	Purchasing
Justification Form		ER	GHM	
IG# 20-0161-REG	31DEC2024		ER	Emerald Development & Economic Network, Inc. (EDEN) 20- 0161-REG 31DEC2024 GHM
Annual Non-Competitive E Contract Statement - (only if not going to BOC or Cou approval)	needed		N/A	N/A
Debarment/Suspension Ver	ified Date:	10/17/23	ER	GHM
Auditor's Finding	Date:	10/17/23	ER	GHM
Vendor's Submission			ER	
Independent Contractor (I.C.) Requirement Date: 9/5/23			ER	GHM
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required			ER	GHM
TAC/CTO Approval or IT relevant page #s), if require		nd identify	N/A	N/A
Checklist Verification		ER GHM		

Other documentation may be required depending upon your specific item

Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

OTHER THAN FULL AND OPEN COMPETITION
RFP Exemptions (Contract)
Reviewed by Law

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	Department initials
Agreement/Contract and Exhibits	ER document attached GHM
Matrix Law Screenshot	ER document attached GHM
COI	ER document attached GHM
Workers' Compensation Insurance	ER document attached GHM

Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/24 - 12/31/24	HS260350	55130	UCH00000	\$415,000.00
1/1/25 – 12/31/25	HS260350	55130	UCH00000	\$496,595.00
1/1/26 – 12/31/26 (for future 2026 invoices)	HS260350	55130	UCH00000	\$ 81,595.00
			TOTAL	\$993,190.00

Contract History CE/AG# (if applicable)	
Infor/Lawson PO# and PO Code (if applicable)	EXMT
Lawson RQ# (if applicable)	N/A
CM Contract#	3841

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
Original Amount	\$993,190.00		1/1/24 - 12/31/25	Pending	Pending
Prior Amendment Amounts (list separately)		\$			
		\$			
	THE THERE	\$			
Pending Amendment		\$993,190.00	01/01/2024 — 12/31/2025		
Total Amendments		\$			
Total Contact Amount		\$993,190.00			

Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3879
Vendor Name:	Emerald Development & Economic Network, Inc

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ftp:	01/01/2024 - 12/31/2025
Amount:	\$993,190.00
History/CE:	3841
EL:	ok
Procurement Notes:	The Department of Health and Human Services, Office of Homeless Services requests to contract with Emerald Development and Economic Network, Inc (EDEN) for facilities management of the Norma Herr Women's Center in the amount of \$993,190.00 for a term of 01/01/24 – 12/31/25. Funding: 100% Health & Human Services Levy

Purchasing Buyer approval: GHM 10/26/2023

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CONTRACT EVALUATION FORM

Contractor	Emerald Development and Economic Network, Inc.							
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	615/2532 (copy)							
RQ#	3947	3947						
Time Period of Original Contract	1/01/21 - 12/31/21							
Background Statement	Emerald Development and Economic Network, Inc. owns and manages the property that is used as the site for the publicly funded Emergency Shelter for Women.							
Service Description	The contract supports the operating costs of the facility: utilities, cleaning, maintenance, client storage access, laundry appliances and shower maintenance. In addition, EDEN provides bio-hazard cleanup and removal as needed and pest control.							
Performance Indicators	Facility meets health, safety, and building codes for the City of Cleveland. Clients and staff feel that the building is safe and clean.							
Actual Performance versus performance indicators (include statistics):	There are significant challenges to the ongoing maintenance of the facility due it its age and intensive use. EDEN has maintained increased cleaning contract requirements and has 24/7 on-call response for emergency repairs. EDEN has been very responsive to YWCA program management and resident concerns.							
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor			
Select One (X)	X							
Justification of Rating	Over 180 women and 30 staff use the building on a 24/7 basis. The facility is subject to significant wear and tear and the cleaning and service needs are extensive. EDEN is responsive and client-focused in its service approach.							
Department Contact	Melissa Sirak							
User Department	Office of Homeless Services							
Date	10/4/23							