



AGENDA
CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING
COMMITTEE MEETING
WEDNESDAY, APRIL 16, 2025
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 PM

Committee Members:

Yvonne M. Conwell, Chair – District 7
Martin J. Sweeney, Vice Chair – District 3
Mark Casselberry – District 4
Robert E. Schleper, Jr. – District 6
Michael J. Houser, Sr. – District 10

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES FROM THE APRIL 2, 2025 MEETING**
- 5. MATTERS REFERRED TO COMMITTEE**

- a) R2025-0147: A Resolution making an award on RQ15499 with Americab Transportation Inc. in the amount not-to-exceed \$8,000,000.00 for Non-Emergency Transportation Services (NET Transportation) for ambulatory Medicaid-eligible individuals in Cuyahoga County for the period 3/1/2025 – 2/28/2027; authorizing the County Executive to execute Contract No. 5281 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

- 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, APRIL 2, 2025

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR

1:00 PM

1. CALL TO ORDER

Vice Chair Sweeney called the meeting to order at 1:00 p.m.

2. ROLL CALL

Mr. Sweeney asked Assistant Deputy Clerk Georgakopoulos to call the roll. Committee members Sweeney, Casselberry, Schleper and Houser were in attendance and a quorum was determined. Chairwoman Conwell was absent. Council President Dale Miller was also in attendance.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE MARCH 19, 2025 MEETING

A motion was made by Mr. Schleper, seconded by Mr. Casselberry and approved by unanimous vote to approve the minutes from the March 19, 2025 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0129: A Resolution authorizing an amendment to Contract No. 3013 with Lutheran Metropolitan Ministry for operations and case management services for a 400-bed Men's Emergency Shelter, located at 2100 Lakeside Avenue, Cleveland, and for facilitation and coordination of overflow shelter services for single adults and families at various locations for the period 1/1/2023 – 12/31/2024, to extend the time period to 10/31/2025, update Exhibit 3 to include Exhibits 3-D budget, and for additional funds in the amount not-to-exceed \$4,591,000.00, effective upon contract signature of all parties; 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.

Mr. David Merriman, Director of the Department of Health and Human Services; Mr. Marcos Cortes, Administrator of the Division of Contracts and Performance and Acting Director for the Office of Homeless Services; Mr. Michael Sering, Chief Program Officer and Ms. Erin Kray, Director of Housing and Shelter for Lutheran Metropolitan Ministry; Ms. Allison Gill, Interim Executive Officer and Ms. Erin Rearden, Senior Administrator for the Office of Homeless Services, addressed the Committee regarding Resolution No. R2025-0129. Discussion ensued.

Committee members asked questions of Mr. Merriman, Mr. Cortes, Mr. Sering, Ms. Kray, Ms. Gill and Ms. Rearden pertaining to the item, which they answered accordingly.

On a motion by Mr. Casselberry with a second by Mr. Schleper, Resolution No. R2025-0129 was considered and approved by unanimous vote to be referred to the full Council agenda with a recommendation for passage under second reading suspension of the rules.

Mr. Sweeney and Mr. Casselberry requested to have their names added as co-sponsors to the legislation.

6. PRESENTATION

- a) West Side Community House 2023 Strategic Plan –
Rachelle Milner, Executive Director, West Side Community House

The presentation scheduled for West Side Community House was held and will be rescheduled for a future committee meeting, as Ms. Rachelle Milner was unable to attend the meeting.

7. MISCELLANEOUS BUSINESS

Council President Miller commended Vice Chairman Sweeney on a job well done while filling in for Chairwoman Conwell.

8. ADJOURNMENT

With no further business to discuss, Vice Chairman Sweeney adjourned the meeting at 1:18 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0147

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Job and Family Services	A Resolution making an award on RQ15499 with Americab Transportation Inc. in the amount not-to-exceed \$8,000,000.00 for Non-Emergency Transportation Services (NET Transportation) for ambulatory Medicaid-eligible individuals in Cuyahoga County for the period 3/1/2025 – 2/28/2027; authorizing the County Executive to execute Contract No, 5281 and all other documents consistent with said award 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 Job and Family Services recommends an award on RQ15499 with Americab Transportation Inc. in the amount not-to-exceed \$8,000,000.00 for Non-Emergency Transportation Services (NET Transportation) for ambulatory Medicaid-eligible individuals in Cuyahoga County for the period 3/1/2025 – 2/28/2027; and

WHEREAS, the primary goal of this project is to provide transportation services for Medicaid eligible, ambulatory clients to and from facilities within Cuyahoga County for various non-emergency medical treatments; and

WHEREAS, the project is funded 50% Federal Medicaid NET and 50% State Medicaid NET; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

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 RQ15499 with Americab Transportation Inc. in the amount not-to-exceed \$8,000,000.00 for Non-Emergency Transportation Services (NET Transportation) for ambulatory Medicaid-eligible individuals in Cuyahoga County for the period 3/1/2025 – 2/28/2027.

SECTION 2. That the County Executive is authorized to execute Contract No. 5281 and all other documents consistent with said award 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 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: April 8, 2025
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	Cuyahoga Job and Family Services (CJFS)/ Americab Transportation Inc./ Contract/ RQ15499/ 2-year contract for Non-Emergency Transportation Services (NET Transportation)
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5281	Americab Transportation Inc.	3/1/2025 – 2/28/2027	\$8,000,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

CJFS is requesting approval of a 2-year contract with **Americab Transportation, Inc.** for the time period of **3/1/2025 – 2/28/2027** for Non-Emergency Transportation Services (NET Transportation) in the amount of **\$8,000,000.00**.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. The primary goal of the project is to provide medical transportation to Medicaid recipients.
2. Americabs will maintain capacity to serve approximately 500 clients and provide up to 13,000 trips to and from scheduled treatment appointments monthly. Trips will be scheduled seven days a week, Monday through Sunday from 4:30am – 12:00 midnight.
3. Clients will be delivered to their respective appointments no less than 30 minutes prior to the scheduled appointment time.

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):
Americab Transportation, Inc. 3380 West 137th Street Cleveland, OH 44111	Rick Holford-General Manager
Vendor Council District:	Project Council District:
District 02	Countywide

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15499</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/13/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations: 4 received/ 1 approved	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Federal Medicaid Dollars
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260225 56100 UCH07481

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

Provide status of project. Recurring service or purchase

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

Reason: The RFP closed on 1/13/2025 with four proposal submissions. DCAP submitted a final award letter on 2/5/2025 and immediately began the document collection process. The timely submission of this contract was mainly impacted by COI discrepancies with the vendor. Delayed COI waiver approvals from the Law Department further delayed the process.

Timeline

Project/Procurement Start Date (date your team started working on this item): **12/11/24- RFP issued; 2/5/25- assigned to contract analyst**

Date documents were requested from vendor: **2/5/25; 2/13/25; 3/5/25**

Date of insurance approval from risk manager: **12/6/24**

Date Department of Law approved Contract: **3/7/25**

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A-3	3673	Americab Transportation Inc.	4/1/2024-2/28/2025	\$0.00 (rate change from \$18.83 to \$22.56 cost per trip)	4/22/2024	BC2024-306
A-2	3673	Americab Transportation Inc.	3/1/2024-2/28/2025	\$4,000,000.00	3/7/2024	R2024-0074
A-1	3673	Americab Transportation Inc.	3/1/2023-2/29/2024	\$4,000,000.00	4/11/2023	R2023-0085
O	1031	Americab Transportation Inc.	3/1/2021-2/28/2023	\$8,000,000.00	4/13/2021	R2021-0085

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	15499
Infor/Lawson PO# Code (if applicable):	RFP
Event #	6053
CM Contract#	5281

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	The RFP closed on 1/13/2025 with four proposal submissions. DCAP submitted a final award letter on 2/5/2025 and immediately began the document collection process. The timely submission of this contract was mainly impacted by COI discrepancies with the vendor. Delayed COI waiver approvals from the Law Department further delayed the process.	
What is being done to prevent this from reoccurring?	We are continually working with key staff to put processes in place to ensure funding availability, as well as seeking more efficient ways of securing covered services and service areas well before the proposed contract period.	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
---	------------------------------	--

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing

Net Transportation 2025 – Americab				Department Initials	Purchasing
Briefing Memo				AL	EB
Notice of Intent to Award (sent to all responding vendors)				AL	EB
Bid Specification Packet (RFP Packet)				AL	EB
Final DEI Goal Setting Worksheet				AL	EB
Diversity Documents – <i>if required (goal set)</i>				AL	EB
Award Letter (sent to awarded vendor)				AL	EB
Vendor’s Confidential Financial Statement – <i>if RFP requested</i>				AL	EB
Bid Tabulation Sheet				AL	EB
Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>).				AL	EB
IG# 24-0033-REG Exp. 12/31/2028				AL	EB
Debarment/Suspension Verified		Date:	2/27/2025	AL	EB
Auditor’s Findings		Date:	2/27/2025	AL	EB
Vendor’s Submission				AL	EB
Independent Contractor (I.C.) Form		Date:	2/18/2025	AL	EB
Cover - <i>Master contracts only</i>				N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>				N/A	N/A
TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>)				N/A	N/A
Checklist Verification				AL	EB

Department of Purchasing – Required Documents Checklist

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	
Net Transportation 2025 – Americab	Department Initials
Agreement/Contract and Exhibits	AL
Matrix Law Screen shot	AL
COI	AL – with waiver approval
Workers' Compensation Insurance	AL
Performance Bond, if required per RFP	N/A

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
3/1/2025 – 12/31/2025	HS260225	56100	UCH07481	56100	\$3,000,000.00
1/1/2026 – 12/31/2026	HS260225	56100	UCH07481	56100	\$4,000,000.00
1/1/2027 – 2/28/2027	HS260225	56100	UCH07481	56100	\$1,000,000.00
			TOTAL		\$8,000,000.00

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)		N/A			
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		3753			
CM Contract#		3673 (FKA 1031)			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$8,000,000.00		3/1/2025 – 2/28/2027	Pending	Pending
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$			
Total Contract Amount		\$8,000,000.00			

PURCHASING USE ONLY

Prior Resolutions:	N/A
CM#:	5281
Vendor Name:	AMERICAB TRANSPORTATION INC.
Time Period:	3/1/2025 2/28/2027

2 | Page

Revised 7/10/2024

Department of Purchasing – Required Documents Checklist

Amount:	\$8,000,000.00
History/CE:	OK
EL:	OK
Purchasing Notes:	N/A
Purchasing Agents Initials and date of approval	EB 3/13/2025



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: RQ15499/EVENT #6053		TYPE: (RFB/RFP/RFQ): RFP	
CONTRACT PERIOD:		RFB/RFP/RFQ DUE DATE: JANUARY 13, 2025	
REQUESTING DEPARTMENT: JOB AND FAMILY SERVICES		COMMODITY DESCRIPTION: TRNSPORTATION SERVICES FOR MEDICAID ELIGIBLE INDIVIDUALS IN CUY CTY	
DIVERSITY GOAL/SBE 20 %		SOLICITATIONS ISSUED 23	
Does CCBB Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No-N/A Procurement method was RFP or RFQ, JW 1/16/2025		MANUAL RESPONSES 2	
Does CCBB Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No-N/A Procurement method was RFP or RFQ, JW 1/16/2025		ELECTRONIC RESPONSES 2	
*PRICE PREFERENCE LOWEST BID REC'D \$ n/a		DIVERSITY GOAL/WBE 0%	
PRICE PREF % & \$ LIMIT: n/a		Add 2%, Total is: n/a	
		Add 2%, Total is: n/a	
		Minus \$: = n/a	
		DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
1. Americab Transportation, Inc. 3380 W. 137 th St. Cleveland, OH 44111	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): (FW) Americab Transportation, Inc. SBE/WBE 20%		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
2. HBSS Connect Corp. 1057 Westford St., Suite 304 Lowell, MA 01851	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s): No subcontractor SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: On their DIV-2 form they mentioned a certified company providing services in the prime section, but did not fill out the DIV-2 bottom sub section with the certified sub information. No waiver requested. 1/13/25 CF Goals not met, no waiver requested, insufficient good faith effort provided by prime to fill diversity goals. JW 1/16/2025		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)						
3. ODS Transportation 675 Alpha Dr., Unit G Highland Hts., OH 44134	N/A		Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 2-0032-REG 12/31/2026 NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1"> <tr> <td>Subcontractor Name(s):</td><td>No Subcontractor was used</td></tr> <tr> <td>SBE/MBE/WBE Prime: (Y/N)</td><td> <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </td></tr> <tr> <td>Total %</td><td>SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u></td></tr> </table>	Subcontractor Name(s):	No Subcontractor was used	SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No	Total %	SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor Name(s):	No Subcontractor was used													
SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No													
Total %	SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u>													

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
4. Tobi Transportation 14100 Bardwell Avenue East Cleveland, OH 44112			Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0069-REG 12/31/2025 NCA: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractor were used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No subcontractors were used. Stated they are a Non-profit agency (attached). 1/13/25 CF Prime vendor is Not Cuyahoga County certified, provided non-profit documents which names Thinking Capp not Tobi Transportation. Verified via State of Ohio Business Search. Tobi Transportation is not listed as a Non-profit. Thinking Capp that is listed shows Tobi Transportation as		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review: OPD Buyer Initials <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OPD Buyer Initials: EB _____	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
						owner, no documentation provided by Prime showing Thinking Capp DBA Tobl Transportation JW 1/16/2025		

Transaction ID:

Department Name:	Cuyahoga County Job and Family Services
Contact Name:	Sharonda Mason
Contact Phone#:	216-987-1837
Contact Email:	sharonda.mason@jfs.ohio.gov
RQ#:	
RQ Description:	Transportation Services

Cuyahoga County Job and Family Services
Sharonda Mason
216-987-1837
sharonda.mason@jfs.ohio.gov

Work Category/Scope	NIGP Code (5 digits)	Work/Scope Amount (\$)	Disparity Study Work/Scope Availability # (All Vendors)	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 % (WBE)	Disparity Study Work/Scope Availability \$ (WBE)
Transportation Services for Elderly, Handicapped, INCAPA	95294	80000000.00	1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
Totals (\$):		80000000.00				0.00			0.00

Project Diversity Goals:		
MBE Goal		0%
WBE Goal		0%
SBE Goal (not calculated)		%