



**AGENDA**  
**CUYAHOGA COUNTY PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING**  
**TUESDAY, JUNE 25, 2024**  
**CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS**  
**C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR**  
**1:00 PM**

**Committee Members:**

**Michael J. Gallagher, Chair – District 5**  
**Yvonne M. Conwell, Vice Chair – District 7**  
**Patrick Kelly – District 1**  
**Sunny M. Simon – District 11**  
**Michael P. Byrne – District 4**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES FROM THE JUNE 11, 2024 MEETING**
- 5. MATTERS REFERRED TO COMMITTEE**
  - a) R2024-0241: A Resolution making an award on Purchase Order No. 24001851 to The MetroHealth System in the amount not-to-exceed \$1,080,000.00 for reimbursements of offsite medical services for inmates for the period 5/9/2024 – 1/31/2025; and declaring the necessity that this Resolution become immediately effective.
  - b) R2024-0242: A Resolution making an award on RQ14199 to Galls, LLC in the amount not-to-exceed \$875,000.00 for furnishing uniforms for correction officers, corporals, sergeants and lieutenants for the period 1/1/2025 – 12/31/2027; authorizing the County Executive to execute Contract No. 4517 and all other documents consistent with said award and this Resolution, and declaring the necessity that this Resolution become immediately effective.

**6. DISCUSSION**

- a) Update from County Sheriff

**7. MISCELLANEOUS BUSINESS**

**8. 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 5<sup>th</sup> 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 PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING  
TUESDAY, JUNE 11, 2024  
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS  
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR  
1:00 PM

### 1. CALL TO ORDER

**Councilman Gallagher called the meeting to order at 1:02 p.m.**

### 2. ROLL CALL

**Mr. Gallagher asked Deputy Clerk Carter to call the roll. Committee members Gallagher, Conwell, Kelly and Byrne were in attendance and a quorum was determined. Committee member Simon was in attendance after the roll call was taken.**

### 3. PUBLIC COMMENT

**There were no public comments given.**

### 4. APPROVAL OF MINUTES FROM THE MAY 21, 2024 MEETING

**A motion was made by Ms. Conwell, seconded by Mr. Byrne and approved by unanimous vote to approve the minutes from the May 21, 2024 meeting.**

### 5. MATTERS REFERRED TO COMMITTEE

- a) R2024-0206: A Resolution authorizing an amendment to a Revenue Generating Agreement (via Contract No. 3389 fka Contract No. 2212) with Securus Technologies, LLC for inmate telecommunications system and maintenance services for the period 9/6/2016 – 9/6/2027, to change the terms by adding appropriation language for funding on an annual basis, potential increasing prices due to inflation adjustments, revision of Section 15, and for additional funds in the amount not-to-exceed \$1,365,000.00, 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. Dale Soltis, Chief Deputy Sheriff, addressed the Committee regarding Resolution No. R2024-0206. Discussion ensued.**

**Committee members asked questions of Chief Soltis pertaining to the item, which he answered accordingly.**

**On a motion by Ms. Conwell with a second by Mr. Byrne, Resolution No. R2024-0206 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.**

- b) R2024-0207: A Resolution adopting the Cuyahoga County 9-1-1 Plan; and declaring the necessity that this Resolution become immediately effective.

**Ms. Brandy Carney, Director of the Department of Public Safety and Justice Services, addressed the Committee regarding Resolution No. R2024-0207. Discussion ensued.**

**Committee members asked questions of Ms. Carney pertaining to the item, which she answered accordingly.**

**On a motion by Mr. Kelly with a second by Ms. Conwell, Resolution No. R2024-0207 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.**

- c) R2024-0222: A Resolution authorizing a revenue generating agreement with City of Cleveland in an amount not-to-exceed \$871,500.00 for the operation of the Family Justice Center, located at 75 Erievue Plaza, Cleveland, for the period 1/1/2024 – 12/31/2027; authorizing the County Executive to execute the agreement and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

**Ms. Carney and Ms. Jill Smialek, Deputy Director of the Department of Public Safety and Justice Services, addressed the Committee regarding Resolution No. R2024-0222. Discussion ensued.**

**Committee members asked questions of Ms. Carney and Ms. Smialek pertaining to the item, which they answered accordingly.**

**On a motion by Ms. Simon with a second by Mr. Byrne, Resolution No. R2024-0222 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.**

6. MISCELLANEOUS BUSINESS

**There was no miscellaneous business.**

7. ADJOURNMENT

**With no further business to discuss, Chairman Gallagher adjourned the meeting at 1:33 p.m., without objection.**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2024-0241

Sponsored by: <b>County Executive Ronayne/Sheriff Department</b>	<b>A Resolution</b> making an award on Purchase Order No. 24001851 with The MetroHealth System in the amount not-to-exceed \$1,080,000.00 for reimbursements of offsite medical services for inmates for the period 5/9/2024 – 1/31/2025; and declaring the necessity that this Resolution become immediately effective.
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**WHEREAS**, the County Executive/Sheriff Department recommends an award on Purchase Order No. 24001851 with The MetroHealth System in the amount not-to-exceed \$1,080,000.00 for reimbursements of offsite medical services for inmates for the period 5/9/2024 – 1/31/2025; and

**WHEREAS**, the primary goal of this project is to issue payment for medical services provided outside of the county jail at MetroHealth locations; and

**WHEREAS**, the project is funded 100% General Fund; 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 Purchase Order No. 24001851 with The MetroHealth System in the amount not-to-exceed \$1,080,000.00 for reimbursements of offsite medical services for inmates for the period 5/9/2024 – 1/31/2025.

**SECTION 2.** That the County Executive is authorized to execute any and all other documents consistent with 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: June 18, 2024

Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_

\_\_\_\_\_, 20\_\_

**PURCHASE-RELATED TRANSACTIONS**

<b>Title</b>		2025-2027 CORRECTIONS UNIFORMS				
<b>Department or Agency Name</b>		SHERIFF'S DEPT				
<b>Requested Action</b>		<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):				
<b>Original (O)/ Amendment (A-# )</b>	<b>Contract No. (If PO, list PO#)</b>	<b>Vendor Name</b>	<b>Time Period</b>	<b>Amount</b>	<b>Date BOC Approved/ Council's Journal Date</b>	<b>Approval No.</b>
O		GALLS, LLC	1/1/25- 12/31/27	875,000.00		

**Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.**  
 During the term of this contract Galls will fit, alter and supply uniforms for the Cuyahoga County Sheriff's Department Corrections staff. The anticipated start-completion dates are 1/1/25 – 12/31/27.

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

**Project Goals, Outcomes or Purpose (list 3):**  
 Provide and alter uniforms as needed for the Corrections Staff.

**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)**

<b>Vendor Name and address:</b>	<b>Owner, executive director, other (specify):</b>
Galls, LLC 1340 Russell Cave Rd Lexington, KY 40505	<b>Bob Kushner, Regional Account Executive</b>
<b>Vendor Council District:</b>	<b>Project Council District:</b>
<b>If applicable provide the full address or list the municipality(ies) impacted by the project.</b>	

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



The total value of the solicitation: 875,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 15 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date
	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  <b>\$573.61 cheaper than next lowest bid.</b>	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE: 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.</b>
<b>100% General Funds</b>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

<b>Provide status of project.</b>	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
<b>Reason:</b>	
<b>Timeline:</b> Project/Procurement Start Date (date your team started working on this item):	<b>12/20/23</b>
Date documents were requested from vendor:	<b>5/2/24</b>
Date of insurance approval from risk manager:	<b>4/9/24</b>

Date Department of Law approved Contract:	<b>4/10/24</b>
Date item was entered and released in Infor:	<b>5/20/24</b>
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

<b>HISTORY (see instructions):</b>						
<b>Original (O)/ Amendment (A-# )</b>	<b>Contract No. (If PO, list PO#)</b>	<b>Vendor Name</b>	<b>Time Period</b>	<b>Amount</b>	<b>Date BOC Approved/ Council's Journal Date</b>	<b>Approval No.</b>
O		SCHWARZ	1/1/22- 12/31/24	875,000.00	10/19/21	R2021-0236

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	14199
Infor/Lawson PO# Code (if applicable):	RFB
Event #	5320
CM Contract#	4517

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	TG	<input type="checkbox"/>

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>FULL AND OPEN COMPETITION Formal Competitive Bidding (Contract) Reviewed by Purchasing</b>				
			<b>Department initials</b>	<b>Purchasing</b>
Notice of Intent to Award (sent to all responding vendors)			TG	Sent 5/2/2024
Bid Specification Packet			TG	uploaded
Final DEI Goal Setting Worksheet			TG	yes
Diversity Documents – <i>if required (goal set)</i>			N/A	
Award Letter (sent to awarded vendor)			TG	Sent 5/2/2024
Tabulation Sheet			TG	Finalized and uploaded
IG#	22-0104-REG EXP. 12/31/26		TG	Galls LLC 22-0104-REG 12/31/2026
Debarment/Suspension Verified	Date:	5/14/24	TG	Ok-within 60 days
Auditor’s Finding	Date:	5/9/24	TG	Ok-within 60 days
Vendor’s Submission			TG- BID	Bid submitted
Independent Contractor (I.C.) Requirement	Date:	2/13/24	TG	Ok-1 yr
Cover - <i>Master contracts only</i>			N/A	
Contract Evaluation – <i>if required</i>			N/A	
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	
Checklist Verification			TG	ok

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>	
	<b>Department initials</b>
Agreement/Contract and Exhibits	TG
Matrix Law Screen shot	TG
COI	TG
Workers’ Compensation Insurance	TG

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Performance Bond, <i>if required per RFB</i>	N/A
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### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/1/25-12/31/25	SH100140	53400		<b>\$290,000.00</b>
1/1/26-12/31/26	SH100140	53400		<b>\$290,000.00</b>
1/1/27-12/31/27	SH100140	53400		<b>\$295,000.00</b>
			<b>TOTAL</b>	<b>\$875,000.00</b>

<b>Contract History CE/AG# (if applicable)</b>	N/A
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	N/A
<b>Lawson RQ# (if applicable)</b>	N/A
<b>CM Contract#</b>	N/A

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	<b>\$875,000.00</b>		<b>1/1/25-12/31/27</b>		
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		<b>\$875,000.00</b>			

### Purchasing Use Only:

Prior Resolutions:	n/a
CM#:	4517
Vendor Name:	Galls LLC 22-0104-REG 12/31/2026
ftp:	1/1/2025-12/31/2027

## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

Amount:	\$875,000.00
History/CE:	ok
EL:	ok
Procurement Notes:	Buyer review completed
Purchasing Buyer’s initials and date of approval	Lz 5.21.2024



## Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: 14199 Event 5320	TYPE: (RFB/RFP/RFQ): RFB	ESTIMATE: \$875,000.00		
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: March 28, 2024	SOLICITATIONS ISSUED	MANUAL RESPONSES	ELECTRONIC RESPONSES
REQUESTING DEPARTMENT: Sheriff's Department	COMMODITY DESCRIPTION: 3-year Contract for Uniforms	15	2	0
DIVERSITY GOAL/SBE 0 %	DIVERSITY GOAL/MBE 0 %	DIVERSITY GOAL/WBE 0 %		
Does CCBB Apply: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No-But No Impact, the low bidder is not located in Cuyahoga County and there is not a bidder within 2% of the low bidder that is a Cuyahoga County Based Business, JW 3/28/2024 LL 4/3/2024	CCBB: Low Non-CCBB Bid\$: 1,371.39	Add 2%, Total is: \$1,398.82		
Does CCBEIP Apply: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No-But No Impact-The low bidder is not certified as an "Inclusive Business" and there is not a bidder within 2% of the low bidder that is certified as an "Inclusive Business" In the CCBEIP, JW 3/28/2024 LL 4/3/2024	CCBEIP: Low Non-CCBEIP Bid \$: 1,371.39	Add 2%, Total is: \$1,398.82		
*PRICE PREFERENCE LOWEST BID REC'D \$1,371.39	RANGE OF LOWEST BID REC'D \$0-500,000.00	Minus \$, =		
PRICE PREF % & \$ LIMIT: (10%) 137.14	MAX SBE/MBE/WBE PRICE PREF \$1,508.53	DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A LL 4/3/2024		

  
 Transaction ID:

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. Review	Award (Y/N)
1 Galls, LLC 1340 Russel Cave Road Lexington, KY 40505	NO	\$1,371.39	Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  IG Number: 22-0104-REG 31DEC2026  NCA: <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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): N/A  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>  SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No  SBE/MBE/WBE Comments and Initials: No goals. -SS 03/28/2024 JW 3/28/2024 LL 4/3/2024		<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: Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE	Dept. Technical Review	Award : (Y/N)
			(Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No  CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  OPD Buyer Initials: _____					

Transaction ID:



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)

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 Schwarz Uniform Corp 4711 State Road Cleveland, OH 44109	Cashier's Check #201734998 7 Huntington Bank \$500.00	\$1,945.00	Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  IG Number: 20-0204-REG 31DEC2024  NCA: <input checked="" 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): N/A  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 checked="" type="checkbox"/> No

Transaction ID:

Bidder's / Vendor's 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)
			<input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No COOP:			SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No goals. -SS 03/28/2024 JW 3/28/2024 LL 4/3/2024		

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)
			(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: _____/z_____					

**GOAL SETTING WORKSHEET**

Department Name: SHERIFFS CORRECTIONS DEPT  
 Contact Name: TANISHA K. GATES  
 Contact Phone#: 216-443-5955  
 Contact Email: TGATES@CUYAHOGA.COUNTY.OH  
 RQB#: 34199  
 RQ Description: CORRECTIONS RFB UNIFORM CONTRACT

**NOTE: User Department completes the YELLOW AREAS ONLY**

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)
CORRECTIONS DIVISION UNIFORMS	200-72	875000.00	1		0.00	0.00		0.00	0.00
CORRECTIONS DIVISION UNIFORMS	201-37		1		0.00	0.00		0.00	0.00
<b>Totals (\$):</b>		<b>875000.00</b>	<b>1</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

**Project Diversity Goals:**

**Comments:** LL 2/22/2024  
 20000 & 20100: NIGP 20085 NIGP 20085  
 Override due to 0t/0m/0w no (Uniforms, Blended (Uniforms, Blended  
 number of Fabric)/20086 Fabric)/20086  
 certified (Uniforms, Cotton): (Uniforms, Cotton):  
 diversity vendors 26t/0m/3w with 24t/0m/1w with  
 (only 1 currently certified duplicates duplicates  
 certified  
 SBE/MBE/WBE  
 for this scope of work)

MBE Goal 0%  
 WBE Goal 0%  
 SBE Goal (not calculated) 0%

38386: 4t/0m/0w no duplicates

# County Council of Cuyahoga County, Ohio

## Resolution No. R2024-0242

Sponsored by: <b>County Executive Ronayne/Sheriff Department</b>	<b>A Resolution</b> making an award on RQ14199 with Galls, LLC in the amount not-to-exceed \$875,000.00 for furnishing uniforms for correction officers, corporals, sergeants and lieutenants for the period 1/1/2025 – 12/31/2027; authorizing the County Executive to execute Contract No. 4517 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.
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**WHEREAS**, the County Executive/Sheriff Department recommends an award on RQ14199 with Galls, LLC in the amount not-to-exceed \$875,000.00 for furnishing uniforms for correction officers, corporals, sergeants and lieutenants for the period 1/1/2025 – 12/31/2027; and

**WHEREAS**, the primary goal of this project is to fit, alter and supply uniforms for the Cuyahoga County Sheriff’s Department Corrections staff; and

**WHEREAS**, the project is funded 100% General Fund; 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 RQ14199 with Galls, LLC in the amount not-to-exceed \$875,000.00 for furnishing uniforms for correction officers, corporals, sergeants and lieutenants for the period 1/1/2025 – 12/31/2027.

**SECTION 2.** That the County Executive is authorized to execute Contract No. 4517 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: June 18, 2024

Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_

**PURCHASE-RELATED TRANSACTIONS**

<b>Title</b>	Grant Agreement with College Now for the Say Yes! Cleveland Program
<b>Department or Agency Name</b>	HHS: Office of the Director
<b>Requested Action</b>	<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		College Now	6.14.2024- 6.13.2025	\$1,600,000.00	Pending	Pending

**Service/Item Description (include quantity if applicable).**  
 To properly implement a strategy to ensure the healthy development and long-term success of students in the Cleveland Municipal School District.

We are providing funding to College Now for the Say Yes! Cleveland program. The most recent funding ended in July of 2023 so this is new funding to a project previously funded.

**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):**
- Increased post-secondary completion rates by addressing barriers to student success while in public or charter schools.
  - Higher post-secondary rates
  - To build local endowments that provide tuition scholarship so public and charter school graduates can afford and complete a postsecondary education.
  - To build student support resources that help students during each stage of their education in the local district, including through after-school programs, summer programs, tutoring, legal assistance, health services and other services.
  - To ensure students are on the path to academic successes.

**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):
College Now Greater Cleveland 1500 W. 3 <sup>rd</sup> Street Suite #125 Cleveland, OH 44113	Lee Friedman, Chief Executive Officer



Vendor Council District:	Project Council District:
District #7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  <b>100% Health and Human Services Levy</b>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

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

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

**Provide status of project.**

Project is currently functioning as intended. These funds are needed to continue the operations for the next year.

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

**Reason:**

**Timeline**

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

**HISTORY (see instructions):**

Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2908	College Now	11.9.2022-7.23.2023	\$1,000,000.00	12.16.2022	R2022-0434

## 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#	4575

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	MRC	<input type="checkbox"/>

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Purchasing</b>				
			Department initials	Purchasing
Justification Form			MRC	BRM
IG#	22-0094-REG 12.31.2026		MRC	BRM
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	5.29.2024	MRC	BRM
Auditor’s Finding	Date:	5.29.2024	MRC	BRM
Vendor’s Submission			N/A	N/A
Independent Contractor (I.C.) Requirement	Date:	5.8.2024	MRC	BRM
Cover - <i>Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required</i>			MRC	BRM
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			MRC	BRM

Other documentation may be required depending upon your specific item

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

<b>OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Law</b>	
	Department initials
Agreement/Contract and Exhibits	MRC
Matrix Law Screen shot	MRC
COI	N/A
Workers’ Compensation Insurance	N/A

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
7.16.2024-12.31.2024	HS215100	56030	UCH09999	\$1,600,000.00
1.1.2025 -7.15.2025	HS215100	56030	UCH09999	\$0.00
			<b>TOTAL</b>	<b>\$1,600,000.00</b>

<b>Contract History CE/AG# (if applicable)</b>	N/A
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	EXMT
<b>Lawson RQ# (if applicable)</b>	N/A
<b>CM Contract#</b>	2908

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,600,000.00		7.16.2024-7.15.2025	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$1,600,000.00			

### Purchasing Use Only:

<b>Prior Resolutions:</b>	N/A
<b>CM#:</b>	4575
<b>Vendor Name:</b>	Say Yes Cleveland and College Now Greater Cleveland, Inc.
<b>ftp:</b>	7/16/2024-7/15/2025
<b>Amount:</b>	\$1,600,000.00
<b>History/CE:</b>	OK
<b>EL:</b>	OK
<b>Procurement Notes:</b>	

Purchasing Buyer approval: BRM 5/30/2024

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Revised 9/17/2021

## CONTRACT EVALUATION FORM

<b>Contractor</b>	College Now Greater Cleveland				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>	R2022-0434				
<b>RQ#</b>	N/A				
<b>Time Period of Original Contract</b>	11.9.2022 -7.23.2023				
<b>Background Statement</b>	Say Yes Cleveland are to increase education levels of Cleveland residents; boost and retain population in the city of Cleveland; improve college access for middle- and low-income families in Cleveland; and spur economic growth and expansion in the region				
<b>Service Description</b>	Provide for Scholarships for CMSD graduates to all public colleges, universities, Provide Family Support Specialists to organize services to families, Post Secondary planning with students and Integrated Health to expand access to health care to students.				
<b>Performance Indicators</b>	Primary goals of the project are to document the commitment to postsecondary access and success for students in Cleveland; and to properly implement a strategy to ensure the healthy development and long-term success of students in the Cleveland Metropolitan school District				
<b>Actual Performance versus performance indicators (include statistics):</b>	We are working with the vendor to provide updated performance measures.				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	College Now in partnership with Say Yes to Cleveland has performed the tasks per the original grant agreement				
<b>Department Contact</b>	Marcos R. Cortes				
<b>User Department</b>	Health and Human Services				
<b>Date</b>	5.29.2024				