



## CUYAHOGA COUNTY COUNCIL

### PUBLIC WORKS, PROCUREMENT & CONTRACTING COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS  
4<sup>th</sup> FLOOR

#### MEETING AGENDA

WEDNESDAY, NOVEMBER 5, 2025 — 10:00 A.M.

#### Committee Members

Pernel Jones, Jr., Chair | Dist. 8  
Mark Casselberry, Vice Chair | Dist. 4  
Yvonne M. Conwell | Dist. 7  
Dale Miller | Dist. 2  
Martin J. Sweeney | Dist. 3

#### 1. CALL TO ORDER

#### 2. ROLL CALL

#### 3. PUBLIC COMMENT

#### 4. APPROVAL OF MINUTES FROM THE OCTOBER 22, 2025 MEETING

#### 5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0306: A Resolution making an award on RQ16254 to United Survey, Inc. in the amount not-to-exceed \$3,642,859.00 for the 2025 Sewer Rehabilitation Program for various County Sewer Districts, effective upon signatures of all parties for a period of (3) years; authorizing the County Executive to execute Contract No. 5679 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. Download the Metropolis smartphone app and create an account to have parking validated at meetings. Please scan the QR code posted in Council Chambers to input your license plate information for parking to be validated by Metropolis, a non-County entity. You will be responsible for the cost of parking if you are unable to utilize this online parking service.*

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



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### MEETING MINUTES

WEDNESDAY, OCTOBER 22, 2025 — 10:00 A.M.

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#### 1. CALL TO ORDER

**Chairman Jones called the meeting to order at 10:01 a.m.**

#### 2. ROLL CALL

**Mr. Jones asked Deputy Clerk Carter to call the roll. Committee members Jones, Casselberry, Conwell, Miler and Sweeney were in attendance and a quorum was determined.**

#### 3. PUBLIC COMMENT

**There were no public comments given.**

#### 4. APPROVAL OF MINUTES FROM THE OCTOBER 1, 2025 MEETING

**A motion was made by Mr. Sweeney, seconded by Mr. Casselberry and approved by unanimous vote to approve the minutes from the October 1, 2025 meeting.**

#### 5. MATTERS REFERRED TO COMMITTEE

- a) R2025-0296: A Resolution authorizing a revenue generating agreement with the City of Middleburg Heights in the amount not-to-exceed \$1,487,562.00 for maintenance and repair of sanitary and storm sewer and pumping stations, located in County Sewer District No. 8, effective upon signatures of all parties; authorizing the County Executive to execute Contract No. 5666 and all other documents consistent with said Resolution; and declaring the necessity that this Resolution become immediately effective.

**Ms. Mellany Seay, Operations and Finance Administrator, addressed the Committee regarding Resolution No. R2025-0296. Discussion ensued.**

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

**On a motion by Mr. Sweeney with a second by Mr. Casselberry, Resolution No. R2025-0296 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.**

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

**6. MISCELLANEOUS BUSINESS**

**There was no miscellaneous business.**

**7. ADJOURNMENT**

**With no further business to discuss, Chairman Jones adjourned the meeting at 10:11 a.m., without objection.**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2025-0306

Sponsored by: **County Executive Ronayne/Department of Public Works**

**A Resolution** making an award on RQ16254 with United Survey, Inc. in the amount not-to-exceed \$3,642,859.00 for 2025 Sewer Rehabilitation Program for various County Sewer Districts, effective upon signatures of all parties for a period 3 years; authorizing the County Executive to execute Contract No. 5679 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 Public Works recommends an award on RQ16254 with United Survey, Inc. in the amount not-to-exceed \$3,642,859.00 for 2025 Sewer Rehabilitation Program for various County Sewer Districts, effective upon signatures of all parties for a period 3 years; and

**WHEREAS**, the primary goal of this project is to perform various repair task orders to the sewer system including open cut of sanitary and/or storm sewer piping, manhole or catch basin replacement, lateral repair, pavement and site restoration work, maintaining the flow in the existing sewers and protecting the integrity of the existing sewers and any other work necessary to complete the work shown; and

**WHEREAS**, the project is funded 100% Sanitary Sewer 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 RQ16254 with United Survey, Inc. in the amount not-to-exceed \$3,642,859.00 for 2025 Sewer Rehabilitation Program for various County Sewer Districts, effective upon signatures of all parties for a period 3 years.

**SECTION 2.** That the County Executive is authorized to execute Contract No. 5679 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: October 28, 2025

Committee(s) Assigned: Public Works, Procurement & Contracting

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

## PURCHASE-RELATED TRANSACTIONS

<b>Title</b>	<b>2025 Sewer Rehab Program for Various County Sewer Districts for a Three-Year Period</b>
<b>Department or Agency Name</b>	<b>Public Works Sanitary Department</b>
<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.
Original	5679	United Survey, Inc.	Three year period upon signatures Date	\$3,642,859.00	Pending	

**Service/Item Description (include quantity if applicable).**

In general, the work to be done shall consist of performing the various repair task orders to the sewer system including open cutoff sanitary and/or storm sewer piping , manhole or catch basin replacement, lateral repair , pavement and site restoration work, protecting the integrity of the existing sewers and any other work necessary to complete the work shown.

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

The sewer department has been maintaining the sewer for various districts for years.

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

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

**Project Goals, Outcomes or Purpose (list 3):** Protecting the integrity of the existing sewers and any other work necessary to complete the work shown/ or needed from task orders submitted.

**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 Survey, Inc. 25145 Broadway Avenue Oakwood Village, Ohio 44146	<b>President: Joseph Tartabini, Jr.</b>
Vendor Council District:	Project Council District:
<b>District 6</b>	<b>Various County Sewer Districts</b>
If applicable provide the full address or list the municipality(ies) impacted by the project.	

**COMPETITIVE PROCUREMENT**

**NON-COMPETITIVE PROCUREMENT**

<b>RQ 16254</b> (Insert RQ# for formal/informal items, as applicable) <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: <b>\$3,642,858,00</b> Number of Solicitations (sent/received) <b>62 / 2</b>	<input type="checkbox"/> Exemption <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 ( <b>10%</b> ) SBE ( <b>13%</b> ) MBE ( <b>7%</b> ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. <b>Due to the complexity of the work the vendor did not meet MBE goal , requested waiver as process required but for got ton to have the waiver notarized. Error was looked over by Law department and was able to send in notarized waiver. (Previously bid had waiver notarized) This is a Rebid.</b>  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 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>Low bidder was \$2,510,741.00 lower than next 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 type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase. N/A	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" 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 % Sanitary Fund</b>
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project. <b>New</b>	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline: <b>Three Year Period</b>	
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: <b>None</b>	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	16254
Infor/Lawson PO # Code (if applicable):	N/A
Event #	6571
CM Contract#	5679

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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FULL AND OPEN COMPETITION Construction Projects – Road & Bridge Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			WB	RS
Notice of Intent to Award <i>(sent to all responding vendors)</i>			WB	RS
Bid Specification Packet <i>(includes Legal Notice to Bidders)</i>			WB	RS
Final DEI Goal Setting Worksheet			WB	RS
Diversity Documents – <i>if required (goal set)</i>			WB	RS
Award Letter (sent to awarded vendor)			WB	RS
Vendor’s Confidential Financial Statement – <i>if RFB requested</i>			N/A	N/A
Non-Collusion Affidavit			WB	RS
Public Works Bid Results			WB	RS
Bid Tabulation Sheet			WB	RS
Prevailing Wage Public Improvement Agreement			WB	RS
Sales and Use Tax Construction Contract Exemption Form, <i>if applicable</i>			WB	RS
Worktype Worksheets, <i>if applicable</i>			WB	RS
SBE Worktype Worksheets, <i>if applicable</i>			WB	RS
Drug Free Workplace, <i>if applicable</i>			WB	RS
Project of Similar Complexity, <i>if applicable</i>			WB	RS
EEOC (Equal Employment Opportunity Commission), <i>if applicable</i>			N/A	N/A
Prevailing Wage Determination Cover Letter (with Prevailing Wage Rate sheets) In Proposal			WB	RS
Other, <i>per Section 3 “Required Bid Documents”</i>			WB	RS
IG#	24-0454-REG	12/31/2028	WB	United Survey, Inc. 24-0454-REG 12/31/2028
Debarment/Suspension Verified	Date:	10.6.2025	WB	RS
Auditor’s Finding	Date:	10.6.2025	WB	RS
Vendor’s Submission <i>(Form of Proposal)</i>			WB	RS
Independent Contractor (I.C.) Form	Date:	9.24.2025	WB	RS
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

## Department of Purchasing – Required Documents Checklist

Checklist Verification	WB	RS
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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	WB
Bid Guarantee & Contract Bond	WB
Matrix Law Screen shot	WB
COI	WB
Workers' Compensation Insurance	WB
Railroad Insurance – <i>if required</i>	N/A

### CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
<b>Effective Date to 12/31/25</b>	<b>PW715100</b>	<b>70000</b>			<b>\$200,000.00</b>
<b>1/1/26 to 12/31/26</b>	<b>PW715100</b>	<b>70000</b>			<b>\$1,147,619.67</b>
<b>1/1/27 to 12/31/27</b>	<b>PW715100</b>	<b>70000</b>			<b>\$1,147,619.67</b>
<b>1/1/28 to 3 years from effective date</b>	<b>PW715100</b>	<b>70000</b>			<b>\$1,147,619.66</b>
			<b>TOTAL</b>		<b>\$3,642,859.00</b>

### PURCHASING USE ONLY

Prior Resolutions:	N/A	
CM#:	5679	
Vendor Name:	United Survey, Inc	
Time Period:	Upon Signature – 3 years from effective date	
Amount:	\$3,642,859.00	
History/CE:	Ok	
EL:	Ok	
Purchasing Notes:	In general, the work to be done shall consist of performing the various repair task orders to the sewer system including open cutoff sanitary and/or storm sewer piping , manhole or catch basin replacement, lateral repair , pavement and site restoration work, protecting the integrity of the existing sewers and any other work necessary to complete the work shown. 100 % Sanitary Fund	
Purchasing Agents Initials and date of approval	RS 10.8.2025	



## Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: 16254 Event #6571	TYPE: (RFB/RFP/RFQ): RFB		ESTIMATE: \$4,000,000.00		
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: September 8, 2025		SOLICITATIONS ISSUED	MANUAL RESPONSES	TOTAL RESPONSES
REQUESTING DEPARTMENT: Public Works	COMMODITY DESCRIPTION: 2025 Sewer Program for Various County Sewer Districts for a Three-Year Period		62	2	2
DIVERSITY GOAL/SBE 10%	DIVERSITY GOAL/MBE 13%			0	
Does CCBB Apply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - The low bidder is in Cuyahoga County, JW 9/10/2025 LL 9/11/2025	CCBB: Low Non-CCBB Bid\$: 6,153,600.00		DIVERSITY GOAL/WBE 7%		
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 9/10/2025 LL 9/11/2025	CCBEIP: Low Non-CCBEIP Bid \$: 6,153,600.00		Add 2%, Total is: \$6,276,672.00		
*PRICE PREFERENCE LOWEST BID REC'D \$3,642,859.00	RANGE OF LOWEST BID REC'D \$ 3,000,001 - \$ 5,000,000		Minus \$, =		
PRICE PREF % & \$ LIMIT: 250,000.00 (7%)	MAX SBE/MBE/WBE PRICE PREF \$3,892,859.00		DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>No - no compliant bidder within the range LL 9/11/2025</b>		

LL 9/18/2025 Revised

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. United Survey, Inc. 25145 Broadway Ave. Oakwood Village, OH 44146	Bid Bond 100%  Evergreen National Indemnity Company	<b>\$3,642,859.00</b>	Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  IG Registration Complete: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Name(s):  (MW) United Survey, Inc. (SBE) 10% (FW) All Contractors Supply, LLC (WBE) 7%		<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: Buyer Initials <input type="checkbox"/> No  IG Number: 24-0454 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  CCBEIP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match)	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE  SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No  Total % SBE: <u>10</u> % MBE: <u>0</u> % WBE: <u>7</u> %  SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes <span style="color: red;">LL 9/18/2025</span> <input checked="" type="checkbox"/> No LL 9/11/2025  SBE/MBE/WBE Comments and Initials: DIV-1: Signed DIV-2: Signed DIV-3 1 of 2: Signed, vendor requesting full waiver of MBE goal due to not finding MBE subcontractor(s). DIV-3 2 of 2: Signed but not notarized. Vendor attached solicitation log detailing other vendors contacted to show good faith effort. VH 9/9/2025 MBE goal not met, prime vendor requesting waiver for MBE goal, provided additional documentation for MBE vendors contacted before bid close date. Potential subs contacted by contract compliance officer VH.	Dept. Tech. Review	Award: (Y/N)
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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  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____RS_____	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review:  SBE / MBE / WBE	Dept. Tech. Review	Award: (Y/N)
						JW 9/10/2025 MBE diversity goal not met. DIV-3 Form (Good Faith Effort Certification) is not notarized as required. LL 9/11/2025 Per 9/17/25 email, legal opinion allows submission of updated DIV-3 Form. Updated DIV-3 Form that is notarized was submitted by vendor. LL 9/18/2025		

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. Robinson Pipe Cleaning Co.	Bid Bond 100% Travelers Casualty and Surety Company of America	\$6,153,600.00	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 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 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): No subcontractors 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 checked="" type="checkbox"/> No LL 9/11/2025 SBE/MBE/WBE Comments and Initials: DIV-1: Not submitted DIV-2: Not submitted DIV-3 1 of 2: Not submitted DIV-3 2 of 2: Not submitted VH 9/9/2025 Vendor considered non-responsive, did not provide any diversity forms. JW 9/10/2025 Diversity Goals not met. Insufficient details and documentation of		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID:



## GOAL SETTING WORKSHEET

Department Name:

Contact Name:

Contact Phone#:

Contact Email:

Public Works Sanitary

William Boyd

216-443-3761

wboyd@cuyahogacounty.us

16254 (REBID RQ16202)

2025 Sewer Rehabilitation Program

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)
Sewer Rehabilitation Program	91063	4000000.00	15	2	0.13	533333.33	1	0.07	266666.67
Totals (\$):		4000000.00	1		0.00	0.00		0.00	0.00
Project Diversity Goals:						533333.33			266666.67

Comments:

LL 7/23/2025

91063:20t/ 5m/ 3w 91063: 15t/2m/1w  
with duplicates without duplicates

MBE Goal

WBE Goal

MBE Goal (not calculated)

13%

7%

10%