



CUYAHOGA COUNTY COUNCIL

PUBLIC WORKS, PROCUREMENT & CONTRACTING COMMITTEE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
4th FLOOR

MEETING AGENDA

WEDNESDAY, APRIL 1, 2026 — 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 MARCH 18, 2026 MEETING

5. MATTERS REFERRED TO COMMITTEE

- a) R2026-0091: A Resolution authorizing an amendment to Contract No. 4149 (fka Contract Nos. 842 and CE13495) with Fairfax Renaissance Development Corporation for lease of office space, located at 8111 Quincy Avenue, Cleveland for the period 6/1/2002 – 5/31/2027, to extend the time period to 1/31/2028, to amend the terms, and for additional funds in the amount not-to-exceed \$1,847,046.34, effective 5/1/2026; 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.
- b) R2026-0092: A Resolution making an award on RQ16306 to Mark Haynes Construction, Inc. in the amount not-to-exceed \$13,272,331.60 for the Euclid Beach Connector Trail in the City of Cleveland, effective upon signatures of all parties through project completion; authorizing the County Executive to execute Contract No. 6000 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.
- c) R2026-0093: A Resolution authorizing a revenue generating Utility Agreement with City of Beachwood for maintenance and repair of storm sewers, sanitary sewers, pumping stations, force mains, and waterlines located in County Sewer District Nos. 3 & 5, effective upon signatures of all parties through project completion; authorizing the County Executive to execute Contract No. 6004 and all other documents consistent with said agreement 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.*



CUYAHOGA COUNTY COUNCIL
PUBLIC WORKS, PROCUREMENT & CONTRACTING
COMMITTEE
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
4th FLOOR

Committee Members

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

MEETING MINUTES

WEDNESDAY, MARCH 18, 2026 — 10:00 A.M.

1. CALL TO ORDER

Chairman Jones called the meeting to order at 10:06 a.m.

2. ROLL CALL

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

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE MARCH 4, 2026 MEETING

A motion was made by Mr. Casselberry, seconded by Mr. Sweeney and approved by unanimous vote to approve the minutes from the March 4, 2026 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2026-0073: A Resolution authorizing amendment to Contract No. 3570 (fka Contract Nos. 1649 and CE1700266) with TranSystems Corporation of Ohio for design engineering services in connection with the rehabilitation of Hilliard Road Bridge No. 08.57 over Rocky River and Valley Parkway in the Cities of Lakewood and Rocky River, to change the scope of services, and for additional funds in the amount not-to-exceed \$1,238,155.00, effective upon signatures 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. Eric Mack, Section Chief Engineer, addressed the Committee regarding Resolution No. R2026-0073. Discussion ensued.

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

On a motion by Mr. Casselberry with a second by Mr. Sweeney, Resolution No. R2026-0073 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

- b) R2026-0075: A Resolution making an award on RQ16311 to C.A. Agresta Construction Company in the amount not-to-exceed \$6,224,147.00 for the rehabilitation of Warrensville Center Road from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid, Ohio, effective upon signatures of all parties through project completion; authorizing the County Executive to execute Contract No. 5928 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

Mr. Mack addressed the Committee regarding Resolution No. R2026-0075. Discussion ensued.

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

On a motion by Mr. Jones with a second by Mr. Miller, Resolution No. R2026-0075 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.

6. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

7. ADJOURNMENT

With no further business to discuss, Chairman Jones adjourned the meeting at 10:22 a.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2026-0091

<p>Sponsored by: County Executive Ronayne/Departments of Public Works and Health and Human Services</p>	<p>A Resolution authorizing an amendment to Contract No. 4149 (fka Contract Nos. 842 and CE13495) with Fairfax Renaissance Development Corporation for lease of office space, located at 8111 Quincy Avenue, Cleveland for the period 6/1/2002 – 5/31/2027, to extend the time period to 1/31/2028, to amend the terms, and for additional funds in the amount not-to-exceed \$1,847,046.34, effective 5/1/2026; 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.</p>
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WHEREAS, the County Executive/Departments of Public Works and Health and Human Services recommends an amendment to Contract No. 4149 (fka Contract Nos. 842 and CE13495) with Fairfax Renaissance Development Corporation for lease of office space, located at 8111 Quincy Avenue, Cleveland for the period 6/1/2002 – 5/31/2027, to extend the time period to 1/31/2028, to amend the terms, and for additional funds in the amount not-to-exceed \$1,847,046.34, effective 5/1/2026; and

WHEREAS, the primary goal of this amendment is for the use of the second floor of Quincy Place by HHS staff; and

WHEREAS, this project is funded 100% from Health and Human Services Levy Fund; and

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

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

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Contract No. 4149 (fka Contract Nos. 842 and CE13495) with Fairfax Renaissance Development Corporation for lease of office space, located at 8111 Quincy Avenue, Cleveland for the period 6/1/2002 – 5/31/2027, to extend

the time period to 1/31/2028, to amend the terms, and for additional funds in the amount not-to-exceed \$1,847,046.34, effective 5/1/2026.

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

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

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

On a motion 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: March 24, 2026
Committee(s) Assigned: Public Works, Procurement & Contracting

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

Title	Health and Human Services desire to amend and extend the current Quincy Place/Fairfax Renaissance Development Corporation lease at 8111 Quincy Avenue to add the second floor for use by their employees' providing services to the public. The current lease includes the 3 rd and 4 th floors and goes through 5/31/27. The amendment would extend the lease an additional eight months until 1/31/28 for a total additional rent payment not to exceed \$1,847,046.34.
Department or Agency Name	Health and Human Services/ Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE13495	Fairfax Renaissance Development Corporation	10/1/2001 - 12/31/2016	\$28,653,139.00	08/08/2000	Reso # 0030203
A-1	CE13495	Fairfax Renaissance Development Corporation	6/1/2002 – 5/31/2017	\$0.00	03/13/2001	Reso # 0109111
A-2	CE13495	Fairfax Renaissance Development Corporation	06/01/2002- 05/31/2017	\$302,191.00	04/09/2002	Reso #0214108
A-3	CE13495	Fairfax Renaissance Development Corporation	06/01/2002- 05/31/2017	\$225,000	04/01/2003	Reso # 31337
A-4	CE13495	Fairfax Renaissance Development Corporation	06/01/2017 - 05/31/2022	\$5,500,224.00	05/23/2017	R2017-0090
A-5	842	Fairfax Renaissance Development Corporation	06/01/2022- 05/31/2027	\$5,888,550.00	05/18/2022	R2022-0122
A-6	4149	Fairfax Renaissance Development Corporation	06/01/2027 – 01/31/2028	\$1,847,046.34	Pending	Pending

Service/Item Description (include quantity if applicable).
 Health and Human Services desire to amend and extend the current Quincy Place/Fairfax Renaissance Development Corporation lease at 8111 Quincy Avenue to add the second floor for use by their employees' providing services to the public. The current lease includes the 3rd and 4th floors and goes through 05/31/27. The

amendment would extend the lease an additional eight months until 01/31/28 for a total additional rent payment not to exceed \$1,847,046.34.

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):
 To provide additional workspace for HHS employees who provide service to the public.
 To include the 2nd floor of Quincy Place. HHS already occupies the 3rd and 4th floors.
 To extend the current lease for an additional 8 months through 01/31/28.

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):
Fairfax Renaissance Development Corporation 8111 Quincy Ave., Suite #100 Cleveland, OH 44101	Denise Van Lear, Executive Director
Vendor Council District: 7	Project Council District: 7
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. Location and Fair Market Value *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
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) Revenue Generating
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Location and Fair Market Value

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. HHS Levy Funds
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. HS260210 54400
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
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	
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): see chart at top

Department of Purchasing – Required Documents Checklist

**Fairfax Renaissance Development Corporation
RQ#18220 CM#4149 Supplier#2713 Vendor#25642**

Infor/Lawson RQ# (if applicable):	N/A
Buyspeed RQ# (if applicable):	RQ3277
Infor/Lawson PO # Code (if applicable):	N/A
CM Contract#	CM#4149 (fka CM #842 & CE13495)

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			PJS	EB
Justification Form			PJS	EB
IG#	22-0019 exp12/31/26		PJS	EB
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	02.18.2026	PJS	EB
Auditor's Findings	Date:	02.18.2026	PJS	EB
Independent Contractor (I.C.) Form	Date:	02.11.2026	PJS	EB
Cover - Master contracts only			N/A	N/A
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			PJS	EB
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)			N/A	N/A
Checklist Verification			PJS	EB

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	PJS
Matrix Law Screen shot	PJS
COI	PJS
Workers' Compensation Insurance	PJS
Original Executed Contract (containing insurance terms) & all executed amendments	PJS

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
06/01/2027- 12/31/2027	HS260210	54400	UCH08260	54400	\$1,616,165.55
01/01/2028 – 01/31/2028	HS260210	54400	UCH08260	54400	\$230,880.79
			TOTAL		\$1,847,046.34

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

CE/AG# (if applicable)		CE13495			
Infor/Lawson PO# and PO Code (if applicable)		N/A			
Lawson RQ# (if applicable)					
CM Contract#		CM#842			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$28,653,139.00 (Agreement approval)		10/1/2001 -12/31/2016	8/8/2000	Reso # 0030203
	\$0.00 (1st amendment to lease agreement)		6/1/2002 – 5/31/2017	3/13/2001	Reso # 0109111
Prior Amendment Amounts (list separately) (A-#)	(Amend #2)	\$ 302,191.00	6/1/2002 – 5/31/2017	4/9/2002	Reso # 0214108
	(Amend #3)	\$ 225,000.00	6/1/2002 -5/31/2017	4/1/2003	Resol#031337
	(Amend #4)	\$ 5,500,224.00	6/1/2002 -5/31/2022	5/23/2017	R2017-0090
	(Amend #5)	\$ 5,888,550.00	6/1/2002 -5/31/2027	5/18/2022	R2022-0122
Pending Amendment	(Amend #6)	\$1,847,046.34	6/1/2002 -01/31/2028	Pending	Pending
Total Amendments		\$13,763,011.34			
Total Contract Amount		\$42,416,150.34			

PURCHASING USE ONLY

Prior Resolutions:	0030203; 0109111; 0214108; 031337; R2017-0090; R2022-0122
CM#:	4149 FKA 842 and CE13495
Vendor Name:	Fairfax Renaissance Development Corporation
Time Period:	6/1/2002 -5/31/2027 EXT 1/31/2028
Amount:	\$1,847,046.34
History/CE:	OK
EL:	OK
Purchasing Notes:	N/A

Department of Purchasing – Required Documents Checklist

Purchasing Agents Initials and date of approval	EB 3/5/2026
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CONTRACT EVALUATION FORM

Contractor	FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	CE13495, PWD2637, Vendor #25642, CM4149				
RQ#	18220				
Time Period of Original Contract	10/01/2001 to 5/31/27				
Background Statement	Renewal of Lease of 63,660 square feet of space for use by various HHS Agencies. Recapture of previously vacated 2 nd Fl.				
Service Description	Lease of space for HHS located at 8111 Quincy Ave., Cleveland, Ohio.				
Performance Indicators	Terms of the Lease Agreement.				
Actual Performance versus performance indicators (include statistics):	Daily delivery of climate controlled, cleaned space for use by HHS County agencies.				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor
Select One (X)			X		
Justification of Rating	Consistent adherence to terms of the Lease.				
Department Contact	Paul Sturman, Department of Public Works				
User Department	HHS				
Date	February 18, 2026				

County Council of Cuyahoga County, Ohio

Resolution No. R2026-0092

<p>Sponsored by: County Executive Ronayne/Department of Public Works</p>	<p>A Resolution making an award on RQ16306 with Mark Haynes Construction, Inc. in the amount not-to-exceed \$13,272,331.60 for the Euclid Beach Connector Trail in the City of Cleveland, effective upon signatures of all parties through project completion; authorizing the County Executive to execute Contract No. 6000 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.</p>
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WHEREAS, the County Executive/Department of Public Works recommends making an award on RQ16306 with Mark Haynes Construction, Inc. in the amount not-to-exceed \$13,272,331.60 for the Euclid Beach Connector Trail in the City of Cleveland, effective upon signatures of all parties through project completion; and

WHEREAS, the primary goal of this project is to protect the Shoreline from wave-based erosion and create a new lakefront trail along Lake Erie. This key trail segment creates public lakefront access for neighborhoods and regional trail users to Cleveland Metroparks Euclid Beach Park and Wildwood Park; and

WHEREAS, the project is funded 39.2% General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services (\$5,197,435.60), 22.6% City of Cleveland (\$3,000,000.00), 13% Ohio Department of Natural Resources - Land and Water Conservation Fund, Outdoor Recreation Legacy Partnership Grant (\$1,719,341.00), 11.3% Northeast Ohio Regional Sewer District (\$1,500,000.00), 6.3% Ohio Department of Natural Resources - Emergency Erosion Assistance Grant (\$840,000.00), 5.4% Road and Bridge Fund (\$715,555.00), 1.1% Ohio Department of Natural Resources - NatureWorks Grant (\$150,000.00), and 1.1% Ohio Lake Erie Commission - Lake Erie Coastal Resilience Grant (\$150,000.00); and

WHEREAS, the project is located in the City of Cleveland, Cuyahoga County District 10; 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 RQ16306 with Mark Haynes Construction, Inc. in the amount not-to-exceed \$13,272,331.60 for the Euclid Beach Connector Trail in the City of Cleveland, effective upon signatures of all parties through project completion.

SECTION 2. That the County Executive is authorized to execute Contract No. 6000 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: March 24, 2026

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

Journal _____
_____, 20____

PURCHASE-RELATED TRANSACTIONS

Title	EUCLID BEACH CONNECTOR TRAIL IN THE CITY OF CLEVELAND
Department or Agency Name	Public Works
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.
Original	CM 6000	Mark Haynes Construction, Inc	Upon Signature – Project Completion	\$13,272,331.60	Pending	Pending

Service/Item Description (include quantity if applicable) The Project includes Improvements along approximately 2,550 Linear Feet of Lake Erie Shoreline between Shore Acres Drive and Euclid Beach Park in Cleveland, Ohio the purpose of the Euclid Beach Connector Projects is to protect the Shoreline from wave based erosion and create a new lakefront trail along Lake Erie. This key trail segment creates public lakefront access for neighborhoods and regional trail users to Cleveland Metroparks Euclid Beach Park and Wildwood Park.

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 N/A

Project Goals, Outcomes or Purpose (list 3): The purpose of the Euclid Beach Connector Projects is to protect the Shoreline from wave-based erosion and create a new lakefront trail along Lake Erie. This key trail segment creates public lakefront access for neighborhoods and regional trail users to Cleveland Metroparks Euclid Beach Park and Wildwood Park.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Mark Haynes Construction, Inc. 3130 State Route 18 Norwalk, Ohio 44857	President- Mark Haynes
Vendor Council District:	Project Council District:
N/A	District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16306</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 2/3/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$13,272,331.60	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 65 / 1	<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 (6%) SBE (19%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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 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? 1 Bid - Complex project.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related No Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval	Date:
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

\$5,197,435.60 - General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
 FS100500 71100 COLKF0000101

\$840,000.00 - Ohio Department of Natural Resources - Emergency Erosion Assistance Grant
 PW600105 71100 COLKF0000201

\$150,000.00 - Ohio Department of Natural Resources - NatureWorks Grant
PW600105 71100 COLKF0000501

\$150,000.00 - Ohio Lake Erie Commission - Lake Erie Coastal Resilience Grant
PW600105 71100 COLKF0000601

\$1,719,341.00 - Ohio Department of Natural Resources - Land and Water Conservation Fund, Outdoor
Recreation Legacy Partnership Grant
PW600105 71100 COLKF0000701

\$3,000,000.00 - City of Cleveland
PW600105 71100 COLKF0000801

\$1,500,000.00 - Northeast Ohio Regional Sewer District
PW600105 71100 COLKF0000802

\$715,555.00 - Road and Bridge Fund
PW605100 71100 COLKF0000803

Total \$13,272,331.60

Is funding for this included in the approved budget? Yes 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.
New

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):

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	16306
Infor/Lawson PO # Code (if applicable):	N/A
Event #	6753
CM Contract#	CM 6000

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>		N/A
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/SPEC BOOK	WB	RS
Other, <i>per Section 3 “Required Bid Documents”</i>	WB	RS
IG# 23-0327- REG 12/31/2027	WB	RS
Debarment/Suspension Verified Date: 2/17/26	WB	RS
Auditor’s Finding Date: 2/17/26	WB	RS
Vendor’s Submission <i>(Form of Proposal)</i>	WB	RS
Independent Contractor (I.C.) Form Date: 2/13/26	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
Checklist Verification	WB	RS

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	
	Department Initials
Agreement/Contract and Exhibits	WB
Bid Guarantee & Contract Bond	WB
Matrix Law Screen shot Matrix-PWD-5108	WB
COI	WB
Workers' Compensation Insurance	WB
Railroad Insurance – <i>if required</i>	N/A

CONTRACT SPENDING PLAN

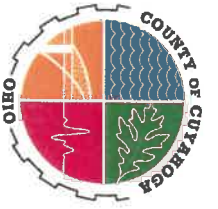
Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
Upon Signature – Project Completion	PW600105	71100	COLKF0000501	71100	\$150,000.00
	FS100500	71100	COLKF0000101	71100	\$5,197,435.60
	PW600105	71100	COLKF0000201	71100	\$840,000.00
	PW600105	71100	COLKF0000601	71100	\$150,000.00
	PW600105	71100	COLKF0000701	71100	\$1,719,341.00
	PW600105	71100	COLKF0000801	71100	\$3,000,000.00
	PW600105	71100	COLKF0000802	71100	\$1,500,000.00
	PW605100	71100	COLKF0000803	71100	\$715,555.00
			TOTAL		\$13,272,331.60

PURCHASING USE ONLY

Prior Resolutions:	N/A
CM#:	6000
Vendor Name:	Mark Haynes Construction, Inc.
Time Period:	Upon Signature – Project Completion
Amount:	\$13,272,331.60
History/CE:	Ok
EL:	Ok
Purchasing Notes:	The Project includes Improvements along approximately 2,550 Linear Feet of Lake Erie Shoreline between Shore Acres Drive and Euclid Beach Park in Cleveland, Ohio the purpose of the Euclid Beach Connector Projects is to protect the Shoreline from wave based erosion and create a new lakefront trail along Lake Erie. This key trail segment creates public lakefront access for neighborhoods and regional trail users to Cleveland Metroparks Euclid Beach Park and Wildwood Park.

Department of Purchasing – Required Documents Checklist

	<p>\$5,197,435.60 - General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services FS100500 71100 COLKF0000101</p> <p>\$840,000.00 - Ohio Department of Natural Resources - Emergency Erosion Assistance Grant PW600105 71100 COLKF0000201</p> <p>\$150,000.00 - Ohio Department of Natural Resources - NatureWorks Grant PW600105 71100 COLKF0000501</p> <p>\$150,000.00 - Ohio Lake Erie Commission - Lake Erie Coastal Resilience Grant PW600105 71100 COLKF0000601</p> <p>\$1,719,341.00 - Ohio Department of Natural Resources - Land and Water Conservation Fund, Outdoor Recreation Legacy Partnership Grant PW600105 71100 COLKF0000701</p> <p>\$3,000,000.00 - City of Cleveland PW600105 71100 COLKF0000801</p> <p>\$1,500,000.00 - Northeast Ohio Regional Sewer District PW600105 71100 COLKF0000802</p> <p>\$715,555.00 - Road and Bridge Fund PW605100 71100 COLKF0000803</p> <p>Total \$13,272,331.60</p>
Purchasing Agents Initials and date of approval	RS 2.24.26



Department of Purchasing Tabulation Sheet

REQUISITION NUMBER: 16306 Event #6753	TYPE: (RFB/RFP/RFQ): RFB		ESTIMATE: \$12,868,000.00		
CONTRACT PERIOD:	RFB/RFP/RFQ DUE DATE: February 3, 2026	SOLICITATIONS ISSUED	MANUAL RESPONSES	ELECTRONIC RESPONSES	TOTAL RESPONSES
REQUESTING DEPARTMENT: Public Works	COMMODITY DESCRIPTION: Euclid Beach Connector Trail in the City of Cleveland	65	1	0	1
DIVERSITY GOAL/SBE 6% 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 Cuyahoga County Based Business (CCBB), JW 2/12/2026 LL 2/13/2026	DIVERSITY GOAL/MBE 19% CCBB: Low Non-CCBB Bid:\$13,272,331.60	DIVERSITY GOAL/WBE 5%		Add 2%, Total is: \$13,537,778.23	
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 2/12/2026 LL 2/13/2026	CCBEIP: Low Non-CCBEIP Bid \$: 13,272,331.60		Add 2%, Total is: \$13,537,778.23		
*PRICE PREFERENCE LOWEST BID REC'D \$13,272,331.60	RANGE OF LOWEST BID REC'D >\$5,000,000.00		Minus \$, =		
PRICE PREF % & \$ LIMIT: (</=5%) \$250,000.00 maximum	MAX SBE/MBE/WBE PRICE PREF \$13,522,331.60		DOES PRICE PREFERENCE APPLY? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No low bidder is compliant LL 2/13/2026		

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 Mark Haynes Construction, Inc. 3130 State Route 8 E Norwalk, OH 44857	Bid Bond 100%	\$13,272,331.60	Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0327-REG NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes CCBB (Form Attached) <input checked="" type="checkbox"/> No (Agree to Match) <input checked="" 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): SBE/MBE/WBE Prime: (Y/N) Total % SBE/MBE/WBE Comply: (Y/N) SBE/MBE/WBE Comments and Initials:	(MW) Schirmer Construction, LLC SBE (FHA) Zscape, LLC SBE/MBE/WBE 3% (FAA) Cook Paving & Construction Co., SBE/MBE/WBE 16.01% (FW) Wow Trucking, LLC WBE 5.01% (MW) T&T Landscaping Contractors, LLC dba Srokowski Construction SBE 5.01% <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No SBE: 6.03% MBE: 19.01% WBE: 5.01% <input checked="" type="checkbox"/> Yes LL 2/13/2026 <input type="checkbox"/> No DIV-1 Completed DIV-2 Completed -SS 02/11/2026 Diversity goals met, JW 2/12/2026 LL 2/13/2026	DPW IS RECOMMENDING AWARD TO THIS VENDOR AS THE LOWEST AND BEST BID. MATHEMATICALLY AND MATERIALLY BALANCED WB	<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. Tech. Review	Award: (Y/N)
			CCBEIP: (Form Attached) <input checked="" type="checkbox"/> No (Agree to Match) <input checked="" type="checkbox"/> N/A COOP: (Form Attached) <input checked="" type="checkbox"/> N/A (Agree to Participate?) <input checked="" type="checkbox"/> N/A OPD Buyer Initials: _____ RS _____					

	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 Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No		Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB / CCBEIP Registered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials:
2.								

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
			CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			

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
3.			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: ___ % MBE: ___ % WBE: ___ %

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				
			<input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?)			<table border="1"> <tr> <td data-bbox="1102 1352 1346 1591">SBE/MBE/WBE Comply: (Y/N)</td> <td data-bbox="1102 1591 1346 2055"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="899 1352 1102 1591">SBE/MBE/WBE Comments and Initials:</td> <td data-bbox="899 1591 1102 2055"></td> </tr> </table>	SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SBE/MBE/WBE Comments and Initials:	
SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
SBE/MBE/WBE Comments and Initials:										

	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"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE

4.	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 Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s):

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
			IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match)			SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: ___ % MBE: ___ % WBE: ___ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>

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
			<input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			

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										
5.			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td data-bbox="1088 1354 1339 1596">Subcontractor Name(s):</td> <td data-bbox="1088 1596 1339 2058"></td> </tr> <tr> <td data-bbox="917 1354 1088 1596">SBE/MBE/WBE Prime: (Y/N)</td> <td data-bbox="917 1596 1088 2058"> <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="779 1354 917 1596">Total %</td> <td data-bbox="779 1596 917 2058"> SBE: ___ % MBE: ___ % WBE: ___ % </td> </tr> <tr> <td data-bbox="690 1354 779 1596">SBE/MBE/WBE Comply: (Y/N)</td> <td data-bbox="690 1596 779 2058"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="341 1354 690 1596">SBE/MBE/WBE Comments and Initials:</td> <td data-bbox="341 1596 690 2058"></td> </tr> </table>	Subcontractor Name(s):		SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No	Total %	SBE: ___ % MBE: ___ % WBE: ___ %	SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SBE/MBE/WBE Comments and Initials:	
Subcontractor Name(s):																
SBE/MBE/WBE Prime: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No															
Total %	SBE: ___ % MBE: ___ % WBE: ___ %															
SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
SBE/MBE/WBE Comments and Initials:																

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
			CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			

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
6.			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: ___ % MBE: ___ % WBE: ___ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials:

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
			<input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			<div style="background-color: gray; width: 100%; height: 15px;"></div>

	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

7.	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB / CCBEIP Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Diversity Program Review: SBE / MBE / WBE
				Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No		CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s):
				IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No		CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	
				IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 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: OPD Buyer Initials	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE						
			PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes			<table border="1"> <tr> <td data-bbox="1209 1354 1339 1596">Total %</td> <td data-bbox="1209 1596 1339 2058">SBE: ____ % MBE: ____ % WBE: ____ %</td> </tr> <tr> <td data-bbox="1063 1354 1209 1596">SBE/MBE/WBE Comply: (Y/N)</td> <td data-bbox="1063 1596 1209 2058"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="771 1354 1063 1596">SBE/MBE/WBE Comments and Initials:</td> <td data-bbox="771 1596 1063 2058"></td> </tr> </table>	Total %	SBE: ____ % MBE: ____ % WBE: ____ %	SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SBE/MBE/WBE Comments and Initials:	
Total %	SBE: ____ % MBE: ____ % WBE: ____ %											
SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No											
SBE/MBE/WBE Comments and Initials:												

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 <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____	Price Preference	CCBB / CCBEIP Registered	Diversity Program Review: SBE / MBE / WBE

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8.			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: <div style="background-color: gray; height: 20px; width: 100%;"></div>

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
			CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			

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
9.			Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials:

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			<input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			<div style="background-color: #cccccc; height: 20px; width: 100%;"></div>

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10.	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	CCBB / CCBEIP Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Diversity Program Review: SBE / MBE / WBE
				Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No		CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Name(s):
				IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No		CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No	
				IG Number: NCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 type="checkbox"/> No

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			PH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP: (Form Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Match) <input type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input type="checkbox"/> Yes			<table border="1"> <tr> <td data-bbox="1208 1356 1344 1598">Total %</td> <td data-bbox="1208 1598 1344 2058">SBE: ___ % MBE: ___ % WBE: ___ %</td> </tr> <tr> <td data-bbox="1055 1356 1208 1598">SBE/MBE/WBE Comply: (Y/N)</td> <td data-bbox="1055 1598 1208 2058"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="769 1356 1055 1598">SBE/MBE/WBE Comments and Initials:</td> <td data-bbox="769 1598 1055 2058"></td> </tr> <tr> <td data-bbox="175 1356 769 1598"></td> <td data-bbox="175 1598 769 2058"></td> </tr> </table>	Total %	SBE: ___ % MBE: ___ % WBE: ___ %	SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SBE/MBE/WBE Comments and Initials:			
Total %	SBE: ___ % MBE: ___ % WBE: ___ %													
SBE/MBE/WBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No													
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			<input type="checkbox"/> No <input type="checkbox"/> N/A (Agree to Participate?) <input type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: _____			

DIVERSITY PROGRAM SUBCONTRACTOR'S WORK TYPES WORKSHEET

PROJECT NAME: Euclid Beach Connector Trail in the City of Cleveland

REQUISITION NUMBER: 16306

BIDDER NAME: Mark Haynes Construction, Inc.

SUBCONTRACTOR'S NAME: Schirmer Construction, LLC

WORK TYPE	ASSOCIATED REFERENCE NUMBERS	TOTAL BID AMOUNT FOR WORK TYPE
<u>20</u>	<u>169-171, 173</u>	<u>\$187,982.00</u>
<u>27</u>	<u>172</u>	<u>\$4,800.00</u>
<u>NR</u>	<u>187, 189</u>	<u>\$15,000.00</u>

ATTACH ADDITIONAL SHEETS AS NEEDED

WORK TYPE TOTAL DOLLAR AMOUNT: \$207,782.00

TOTAL AMOUNT BID: \$13,272,331.60

Instructions: On the "Itemized Unit Price Bid Sheets", each line item is assigned a reference number and a required ODOT work type, or it is stated that no work type is required (NR). The Bidder shall complete this worksheet by entering each ODOT work type that their proposed Diversity Program Subcontractor(s) is(are) qualified to perform, including work type NR, followed by all the reference numbers associated with each individual ODOT work type. The "Total Bid Amount" for each ODOT work type shall then be entered. The "Work Type Total Dollar Amount" shall then be determined and entered on this worksheet. Provide separate worksheets for each proposed Diversity Program Subcontractor. (For information regarding subletting the Contract, See "General Provisions", Section 108.01).

GOAL SETTING WORKSHEET

Department Name: Public Works
Contact Name: William Boyd
Contact Phone#: 216-443-3761
Contact Email: wboyd@cuyahogacounty.gov
RQ#: 16306
RQ Description: Euclid Beach Connector Trail -Project

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)
Construction	91300	\$12,868,000.00	37	7	0.19	2434486.49	2	0.05	695567.57
			1		0.00	0.00		0.00	0.00
			1		0.00	0.00		0.00	0.00
Totals (\$):		\$12,868,000.00				2434486.49			695567.57

Project Diversity Goals:

MBE Goal 19%
WBE Goal 5%
SBE Goal (not calculated) 6%

Comments:
 NIGP 913**:
 26t/4m/1w w/duplicates
 NAICS 237990 or 237310:
 15t/5m/2w w/duplicates
 LL 11/18/2025
 NIGP 913**:
 25t/3m/1w w/o duplicates
 NAICS 237990 or 237310:
 12t/4m/1w w/duplicates
 TOTAL NIGP/NAICS:
 37t/7m/2w w/o duplicates

DIVERSITY PROGRAM SUBCONTRACTOR'S WORK TYPES WORKSHEET

PROJECT NAME: Euclid Beach Connector Trail in the City of Cleveland

REQUISITION NUMBER: 16306

BIDDER NAME: Mark Haynes Construction, Inc.

SUBCONTRACTOR'S NAME: Zscape, LLC

WORK TYPE	ASSOCIATED REFERENCE NUMBERS	TOTAL BID AMOUNT FOR WORK TYPE
<u>34</u>	<u>180</u>	<u>\$218,360.00</u>
<u>46</u>	<u>45-53, 133-149</u>	<u>\$190,549.00</u>
<u>8</u>	<u>59</u>	<u>\$900.00</u>

ATTACH ADDITIONAL SHEETS AS NEEDED

WORK TYPE TOTAL DOLLAR AMOUNT: \$409,809.00

TOTAL AMOUNT BID: \$13,272,331.60

Instructions: On the "Itemized Unit Price Bid Sheets", each line item is assigned a reference number and a required ODOT work type, or it is stated that no work type is required (NR). The Bidder shall complete this worksheet by entering each ODOT work type that their proposed Diversity Program Subcontractor(s) is(are) qualified to perform, including work type NR, followed by all the reference numbers associated with each individual ODOT work type. The "Total Bid Amount" for each ODOT work type shall then be entered. The "Work Type Total Dollar Amount" shall then be determined and entered on this worksheet. Provide separate worksheets for each proposed Diversity Program Subcontractor. (For information regarding subletting the Contract, See "General Provisions", Section 108.01).

DIVERSITY PROGRAM SUBCONTRACTOR'S WORK TYPES WORKSHEET

PROJECT NAME: Euclid Beach Connector Trail in the City of Cleveland

REQUISITION NUMBER: 16306

BIDDER NAME: Mark Haynes Construction, Inc.

SUBCONTRACTOR'S NAME: Cook Paving and Construction Company

WORK TYPE	ASSOCIATED REFERENCE NUMBERS	TOTAL BID AMOUNT FOR WORK TYPE
<u>10</u>	<u>88, 91-92, 96-97</u>	<u>\$195,469.00</u>
<u>11</u>	<u>94-95, 104</u>	<u>\$11,407.00</u>
<u>16</u>	<u>84, 85</u>	<u>\$92,870.00</u>
<u>34</u>	<u>156-160</u>	<u>\$1,268,605.00</u>
<u>20</u>	<u>161-164, 177-179</u>	<u>\$332,500.00</u>
<u>38</u>	<u>165-168</u>	<u>\$160,000.00</u>
<u>NR</u>	<u>30, 189</u>	<u>\$63,240.00</u>

ATTACH ADDITIONAL SHEETS AS NEEDED

WORK TYPE TOTAL DOLLAR AMOUNT: \$2,124,091.00

TOTAL AMOUNT BID: \$13,272,331.60

Instructions: On the "Itemized Unit Price Bid Sheets", each line item is assigned a reference number and a required ODOT work type, or it is stated that no work type is required (NR). The Bidder shall complete this worksheet by entering each ODOT work type that their proposed Diversity Program Subcontractor(s) is(are) qualified to perform, including work type NR, followed by all the reference numbers associated with each individual ODOT work type. The "Total Bid Amount" for each ODOT work type shall then be entered. The "Work Type Total Dollar Amount" shall then be determined and entered on this worksheet. Provide separate worksheets for each proposed Diversity Program Subcontractor. (For information regarding subletting the Contract, See "General Provisions", Section 108.01).

DIVERSITY PROGRAM SUBCONTRACTOR'S WORK TYPES WORKSHEET

PROJECT NAME: Euclid Beach Connector Trail in the City of Cleveland

REQUISITION NUMBER: 16306

BIDDER NAME: Mark Haynes Construction, Inc.

SUBCONTRACTOR'S NAME: Srokowski Construction

WORK TYPE	ASSOCIATED REFERENCE NUMBERS	TOTAL BID AMOUNT FOR WORK TYPE
<u>NR</u>	<u>189</u>	<u>\$103,500.00</u>
<u>38</u>	<u>34-36, 90, 98-100, 102</u>	<u>\$341,362.80</u>
<u>20</u>	<u>177-179</u>	<u>\$296,530.00</u>

ATTACH ADDITIONAL SHEETS AS NEEDED

WORK TYPE TOTAL DOLLAR AMOUNT: \$741,392.80

TOTAL AMOUNT BID: \$13,272,331.60

Instructions: On the "Itemized Unit Price Bid Sheets", each line item is assigned a reference number and a required ODOT work type, or it is stated that no work type is required (NR). The Bidder shall complete this worksheet by entering each ODOT work type that their proposed Diversity Program Subcontractor(s) is(are) qualified to perform, including work type NR, followed by all the reference numbers associated with each individual ODOT work type. The "Total Bid Amount" for each ODOT work type shall then be entered. The "Work Type Total Dollar Amount" shall then be determined and entered on this worksheet. Provide separate worksheets for each proposed Diversity Program Subcontractor. (For information regarding subletting the Contract, See "General Provisions", Section 108.01).

County Council of Cuyahoga County, Ohio

Resolution No. R2026-0093

<p>Sponsored by: County Executive Ronayne/Department of Public Works</p>	<p>A Resolution authorizing a revenue generating Utility Agreement with City of Beachwood for maintenance and repair of storm sewers, sanitary sewers, pumping stations, force mains, and waterlines located in County Sewer District Nos. 3 & 5, effective upon signatures of all parties through project completion; authorizing the County Executive to execute Contract No. 6004 and all other documents consistent with said agreement and this Resolution; and declaring the necessity that this Resolution become immediately effective.</p>
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WHEREAS, the County Executive/Department of Public Works recommends a revenue generating Utility Agreement with City of Beachwood for maintenance and repair of storm sewers, sanitary sewers, pumping stations, force mains, and waterlines located in County Sewer District Nos. 3 & 5, effective upon signatures of all parties through project completion; and

WHEREAS, the City of Beachwood desires to retain Cuyahoga County to perform certain services for the City of Beachwood to aid with the maintenance and repair of sanitary and storm sewer and pumping stations located in County Sewer District No. 3 & 5; and

WHEREAS, pursuant to R.C. §307.15, a county may contract with any municipal corporation to render any service, on behalf of the municipal corporation; and

WHEREAS, this project is located in County Council District No. 11; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical sewer maintenance and repair services can be provided by Cuyahoga County for the City of Beachwood.

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

SECTION 1. That the Cuyahoga County Council hereby authorizes a revenue generating Utility Agreement with City of Beachwood for maintenance and repair of storm sewers, sanitary sewers, pumping stations, force mains, and waterlines located in County Sewer District Nos. 3 & 5, effective upon signatures of all parties through project completion.

SECTION 2. That the County Executive is authorized to execute Contract No. 6004 and all documents consistent with said agreement 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: March 24, 2026
Committee(s) Assigned: Public Works, Procurement & Contracting

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

Title	2026 City of Beachwood Full-Service Sewer Maintenance Agreement, NONPO (rev gen)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6004	City of Beachwood	Effective Date-ongoing	\$747,752.41	TBD	TBD
				(this is annual estimated taxpayer collected sewer assessment revenue)		

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
 The primary goal of this Agreement is for sanitary and storm sewer maintenance services and for the purpose of retaining the County to perform certain services relative to City’s sewers. Public Works estimates annual sewer tax assessment collected revenue in the amount of \$747,752.41 at the current Beachwood rates.

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):
 This is a revenue generating agreement between the City of Beachwood and the County Public Works Sanitary Engineering department for full-service sewer maintenance services. This is an **update to an ongoing** 2013 agreement that is paid for with tax assessment revenue from the residents of Beachwood into their County Sewer District Fund. Sanitary maintenance collections will be at \$0.75/foot x property front footage and storm maintenance collections will be at \$0.75/foot x property front footage. Municipal balances of available sewer revenue will be updated on a quarterly basis for the City of Beachwood.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
City of Beachwood 23355 Mercantile Road Beachwood, Ohio 44122	Chris Arrietta- Public Works Director

Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is an update to a 2013 rev gen agreement with the City of Beachwood and Cuyahoga County Public Works Sewer Maintenance Dept. for sewer maintenance services provided by the County. *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:

Is Purchase/Services technology related No Yes **If yes, list date of TAC approval and answer the questions below.**

List date of TAC approval	Date:
---------------------------	-------

Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

Revenue Generating for deposit I Beachwood Sewer District Funds

PW715100-52000-SWD0302

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
N/A – This is a revenue generating Agreement

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

Provide status of project.

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.
2013 Agreement	N/A	City of Beachwood	ongoing		NA	NA City Ordinance 2013-89

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO# Code (if applicable):	N/A
Event #	N/A
CM Contract#	CM 6004- City of Beachwood Sewer Maintenance Agreement- Full Service (update)

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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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing

			Department Initials	Purchasing
Briefing Memo			AMS	GM
Justification Form, if purchase over \$10k			AMS	GM
Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).	Date:		N/A	N/A
IG#	Not required for political subdivisions per Section 501.19 €(1) of County Code		N/A	N/A
Debarment/Suspension Verified	Date:	2/19/2026	AMS	GM
Auditor’s Findings	Date:	2/19/2026	AMS	
Independent Contractor (I.C.) Form	Date:		NA- County is contractor	N/A
Cover - Master contracts only				N/A
Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)			NA- County is contractor	N/A
TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)				N/A
Checklist Verification			AMS	GM

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	AMS (needs signature)
Matrix Law Screen shot	PWD-4791
COI	NA- not written into agreement
Workers’ Compensation Insurance	NA- not written into agreement

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Note: *There should be no spend plan for Revenue Generating. If funds are being paid to Awarded Vendor PO Code must be RFP not "NONPO" (Revenue Generating where no payment will be paid to Vendor) in Contract Management.*

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
					\$
			TOTAL		\$

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

CE/AG# (if applicable)		Previous Agreement was from 2013 - not in Infor			
Infor/Lawson PO# and PO Code (if applicable)					
Lawson RQ# (if applicable)		N/A			
CM Contract#		6004			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$747,752.41		Effective Date-ongoing	tbd	tbd
Prior Amendment Amounts (list separately) (A-#)		\$			
		\$			
Pending Amendment		\$			
Total Amendments		\$			
Total Contract Amount		\$747,752.41	This is annual current taxpayer collected assessment revenue		

PURCHASING USE ONLY

Prior Resolutions:	n/a
CM#:	6004
Vendor Name:	City of Beachwood
Time Period:	The latest date of signature of parties (the "Effective Date") – Project completion/ until termination
Amount:	(revenue-generating)
History/CE:	Previous Agreement was from 2013 - not in Infor
EL:	yes
Purchasing Notes:	The Department of Public works is requesting approval (update to an ongoing 2013 agreement) of a revenue generating agreement with the City of Beachwood for sanitary and storm sewer maintenance services .
Purchasing Agents Initials and date of approval	GM, 02/24/2026