



**Cuyahoga County Board of Control Agenda  
Tuesday, January 21, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

**This meeting is open to the public and may also be accessed via livestream using the following link:**

<https://www.YouTube.com/CuyahogaCounty>

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 1/13/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-29**

Department of Public Works, rescinding BC2023-819, dated 12/18/2023, which authorized an authority to apply for grant funds and a Grant Award with the Ohio Department of Natural Resources/National Park Service in the amount of \$1,498,750.00 for the Beulah Park-Euclid Beach Connector Trail in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 12/18/2023 – 12/17/2025.

Funding Source: The \$1,498,750 grant award from the Ohio Department of Natural Resources/National Park Service is funded 100% by Federal funds. This grant is a 50/50 match. The County will be required to contribute \$1,498,750 of local share.

**BC2025-30**

Department of Public Works,

- a) Recommending to declare (1) 2014 Ford E-450 Cues Mainline truck as surplus property no longer needed for public use; recommending to trade-in said property for credit towards the purchase of (1) Ford E-450 CUES Camera Truck, in accordance with Ohio Revised Code Section 307.12(H).
- b) Submitting an RFP exemption, which will result in an award recommendation to The Safety Company, LLC dba MTech in the amount not-to-exceed \$414,000.00 for a state contract purchase of (1) Ford E-450 CUES Camera Truck for use by the Sanitary Engineering Division.

- c) Recommending an award on Purchase Order No. 25000059 to The Safety Company, LLC dba MTech in the amount not-to-exceed \$414,000.00 for a state contract purchase of (1) Ford E-450 CUES Camera Truck for use by the Sanitary Engineering Division.

Funding Source: Sanitary Sewer Fund

**BC2025-31**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Desk Company in the amount not-to-exceed \$51,991.00 for a state contract purchase of (9) laminate worksurfaces, miscellaneous hardware and reconfiguration of (111) existing Diebold Workstations and Seating at 1801 Superior Avenue, Cleveland for the Board of Elections.
- b) Recommending an award on Purchase Order No. 25000061 to Ohio Desk Company in the amount not-to-exceed \$51,991.00 for a state contract purchase of (9) laminate worksurfaces, miscellaneous hardware and reconfiguration of (111) existing Diebold Workstations and Seating at 1801 Superior Avenue, Cleveland for the Board of Elections.

Funding Source: General Fund

**BC2025-32**

Department of Public Works, recommending an award and enter into Agreement No. 5104 with Cuyahoga Soil and Water Conservation District in the total amount not-to-exceed \$14,500.00 for technical assistance with various activities in connection with the implementation of soil and water conservation measures for the period 3/27/2025 – 3/26/2026:

- a) for Storm Water Pollution activities associated with National Pollutant Discharge Elimination System construction activities in the amount not-to-exceed \$8,500.00.
- b) for Public Involvement and Public Education Program activities in the amount of not-to-exceed \$6,000.00.

Funding Source: 59% Road and Bridge Fund and 41% Sanitary Operating Fund

**BC2025-33**

Department of Housing and Community Development, recommending an Emergency Rental Assistance 2 Loan to Northwest Neighborhoods CDC or their designee in the amount not-to-exceed \$75,000.00 for construction of 51 affordable housing units in connection with the Karam Senior Living Development Project in the City of Cleveland.

Funding Source: Emergency Rental Assistance 2 Funds

**BC2025-34**

Fiscal Office on behalf of the County Executive’s Office, submitting a Grant Agreement with Cleveland Public Market Corporation (via Contract No. 5101) in the amount not-to-exceed \$400,000.00 to provide funding for construction and maintenance costs in connection with the restoration and modernization of the West Side Market in the City of Cleveland, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

**BC2025-35**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$8,838.40 for the purchase of (8) 10Gb Short-Range SFP Transceivers to be installed in the Palo Alto Firewalls located at the Cleveland and Columbus data centers.
  
- b) Recommending an award on Purchase Order No. 25000146 to Nexum, Inc. in the amount not-to-exceed \$8,838.40 for the purchase of (8) 10Gb Short-Range SFP Transceivers to be installed in the Palo Alto Firewalls located at the Cleveland and Columbus data centers.

Funding Source: General Fund

**BC2025-36**

Department of Human Resources, recommending an award on RQ14399 and enter into Contract No. 5062 with Trupp HR, INC. (33-4) in the amount not-to-exceed \$166,840.00 for employee compensation consulting services, effective upon signatures of all parties through 12/31/2026.

Funding Source: General Fund

**BC2025-37**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4224 with Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences for training and technical assistance to newly contracted, grassroots and community-based organizations in performance data collection and evaluation services in connection with RECLAIM Grant activities for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$39,281.00.

Funding Source: RECLAIM Grant

**BC2025-38**

Court of Common Pleas/Juvenile Court Division, submitting amendments to agreements with various municipalities for Community Diversion Program services for the period 1/1/2024 – 12/31/2024 to

extend the time period to 12/31/2026, to replace the insurance requirements effective 1/1/2025, and for additional funds in the total amount not-to-exceed \$16,200.00:

- a) Agreement No. 4248 (fka Contract No. 3980) with City of Shaker Heights in the amount not-to-exceed \$7,200.00.
- b) Agreement No. 4475 with City of South Euclid in the amount not-to-exceed \$9,000.00.

Funding Source: Health and Human Services Levy Fund

**BC2025-39**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5090 (fka Contract Nos. 2993, 563 and 20002846) with OhioGuidestone for trauma informed mentoring services to the Promise Team youth population for the period 7/1/2020 – 6/30/2024 to extend the time period to 6/30/2026, to increase the per diem rates and to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: RECLAIM Grant

**BC2025-40**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences in the amount not-to-exceed \$13,000.00 for the provisions of trauma training sessions and technical assistance to court staff for the period 7/1/2024 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 5113 with Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, at the Mandel School of Applied Social Sciences in the amount not-to-exceed \$13,000.00 for the provisions of trauma training sessions and technical assistance to court staff for the period 7/1/2024 – 6/30/2026.

Funding Source: RECLAIM Grant

**BC2025-41**

Sheriff's Department, submitting an amendment to Contract No. 4660 with T. D. Security Limited, Inc. for building security services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025 to extend the time period to 1/31/2026 and for additional funds in the amount not-to-exceed \$85,000.00 effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-42**

Department of Public Safety and Justice Services, recommending an award on RQ15170 and enter into Purchase Order No. 24005315 with Bound Tree Medical, LLC (88-1) in the amount not-to-exceed

\$268,029.84 for the purchase of (3,120) Nerve Agent Antidote kits for Cuyahoga County First Responders.

Funding Source: Urban Area Security Initiative Grant Program/53% FY2022 and 47% FY2023

**BC2025-43**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on RQ15114 and enter into Contract No. 4965 with CHN Housing Partners (21-1) in the amount not-to-exceed \$105,299.00 for utility assistance and financial counseling services for TANF-eligible residents for the period 1/1/2025 – 12/31/2025.

Funding Source: 90% Temporary Assistance for Needy Families and 10% Health and Human Services Levy Fund

**BC2025-44**

Department of Health and Human Services/Division of Children and Family Services, recommending an award and enter into Contract No. 5004 with Charter Communications LLC dba Spectrum Reach, LLC (48-5) in the amount not-to-exceed \$40,335.00 for digital advertising and search placement services to recruit foster and adoptive parents for children in custody, for the period 1/1/2025-12/31/2025.

Funding Source: Health and Human Services Levy Fund

**C. – Exemptions**

**BC2025-45**

Department of Public Works/Division of Public Utilities, recommending to amend Board of Control Approval No. BC2024-427 dated 6/3/2024, which authorized an alternative procurement process to release a Request for Proposals for rooftop solar and battery services that will permit Cooperative Purchasing by Government, For Profit and Non-Profit organizations with the anticipated costs to be determined by the RFP **to add Compass Energy Platform as administrator of the RFP process and associated negotiations.**

Funding Source: N/A

**D. – Consent Agenda**

**BC2025-46**

Department of Public Works, recommending to declare approximately 789 pieces of office furnishings that have no value as surplus County-owned property no longer needed for public use; recommending to discard the office furnishings in accordance with E02012-0001.

Funding Source: Not applicable

**BC2025-47**

Department of Public Works, submitting an amendment to Contract No. 1776 with The Cleveland Society for the Blind for vending machine services at various County buildings for the period 4/1/2013 – 12/31/2024 to extend the time period to 6/30/2025, effective upon signatures of all parties.

Funding Source: General Fund (only if vendor experiences a loss of revenue)

**BC2025-48**

Department of Public Works, submitting an amendment to Contract No. 2420 (fka Contract No. CE1900408) with Hanna Commercial, LLC for property management services for the Medical Examiner building and parking garage, located at 11001 Cedar Avenue, Cleveland, for the period 1/1/2020 - 12/31/2024 to extend the time period to 12/31/2025; to increase the management fees to \$5,833.33 per month effective 1/1/2025 and to replace the insurance requirements; no additional funds required, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-49**

Department of Public Works, submitting an amendment to Contract No. 5083 (fka Contract No. 4363) with Talal F. Hamed for limited beverage and food services at the Jane Edna Hunter Building for the period 1/1/2024 – 12/31/2024 to extend the time period to 6/30/2025, effective upon signatures of all parties.

Funding Source: Not applicable

**BC2025-50**

Agency of the Inspector General, requesting approval of an exemption from vendor ethics training and registration for Forensic evaluators providing services to Cuyahoga County Courts pursuant to County Code 501.19(F) until revoked by the Agency of Inspector General and/or the Board of Control.

Funding Source: N/A

**BC2025-51**

Fiscal Department, presenting proposed travel/membership requests for the week of 1/21/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Health and Human Services	2025 Ohio Job & Family Services Directors' Association	\$21,131.70	1/1/25 – 12/31/25	50% Health and Human Services Levy 50% State and Federal Reimbursement

Purpose of Membership:

History

Established in 1946, the Ohio Job and Family Services Directors' Association (OJFSDA) is a non-profit statewide organization which represents Ohio's 88 County Departments of Job and Family Services (CDJFS).

What We Do

OJFSDA and its membership work directly with the Ohio Department of Job and Family Services and other state agencies to develop responsive and effective employment, training and human services programming. The organization is an office of professionals who assist the membership with the day-to-day communication and facilitation of their activities in the CDJFS system.

OJFSDA communicates key issues and solutions regarding the delivery of social services, to Ohio policymakers, legislators, and other decision makers. OJFSDA promotes effective relationships and cooperation between the state ODJFS, Boards of County Commissioners, and other stakeholders.

Dept:	County Executive's Office							
Event:	2025 NACo Legislative Conference							
Source:	National Association of Counties							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	3/1/2025 – 3/5/2025	\$530.00	\$300.00	\$1,400.00	\$140.00	\$350.00	\$2,720.00	General Fund
David Razum	3/1/2025 – 3/5/2025	\$530.00	\$300.00	\$1,400.00	\$140.00	\$350.00	\$2,720.00	General Fund
Jenita McGowan	3/1/2025 – 3/5/2025	\$530.00	\$300.00	\$1,400.00	\$140.00	\$350.00	\$2,720.00	General Fund

\*Paid to host

\*\*Staff reimbursement

\*\*\* Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

This trip is for executive office leadership to attend the National Association of Counties (NACo) Legislative Conference held in Washington, DC. The conference is attended by elected and appointed county officials throughout the country and includes sessions and meetings with topics that focus on federal policy issues that impact counties and residents.

Dept:	County Executive's Office							
Event:	Meetings with Congressional Leadership							
Source:	United States Congress							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	2/5/2025 – 2/5/2025	\$0.00	\$60.00	\$0.00	\$40.00	\$350.00	\$450.00	General Fund
David Razum	2/5/2025 – 2/5/2025	\$0.00	\$60.00	\$0.00	\$40.00	\$350.00	\$450.00	General Fund

\*Paid to host

\*\*Staff reimbursement

\*\*\* Airfare will be covered by a contract with the County's Travel Vendor

Purpose:

Executive Ronayne and Deputy Chief of Staff David Razum will travel to Washington, DC to attend meetings with congressional leadership related to federal investment in Cuyahoga County.

Dept:	Medical Examiner's Office							
Event:	76 <sup>th</sup> Annual IAAI-ITC							
Source:	International Association of Arson Investigators							
Location:	Atlantic City, NJ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Meditz	4/6/2025 – 4/11/2025	\$900.00	\$233.00	\$597.50	\$323.20	\$922.00	\$2,975.70	Coroner Lab Fund

\*Paid to host

\*\*Staff reimbursement

\*\*\* Airfare will be covered by a contract with the County's Travel Vendor

Purpose:



Christopher has been awarded a \$1,000.00 scholarship (cost of attendance) by the International Association of Arson Investigators for this 6-day annual conference, which includes tested continuing education hours. This was awarded to Christopher for his work as a representative of the Cuyahoga County Medical Examiner’s Office, specifically in the area of fire death investigations. For the past seven years, Christopher has regularly given lectures to fire departments, arson investigation units, and fire academies on the subject of fire deaths, and was recently made a member of the Southeast Response Team Fire Investigations Unit as the Medical Examiner Liaison. This training conference will expand Christopher’s knowledge of the subject and allow him to highlight the relationship Cuyahoga County Medical Examiner’s Office has with our local fire jurisdictions.

**BC2025-52**

Department of Purchasing, presenting proposed purchases for the week of 1/21/2025:

**Direct Open Market Purchases**  
**(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from**  
**the Department of Purchasing – See Below):**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24005300	Miscellaneous Small Landscape Equipment	Department of Public Works	SOHARS All Season Mower Services Inc.	\$12,130.38	Road and Bridge
25000006	Annual order of (180) cases of clogs in various sizes for inmates	Sheriff’s Department	Bob Barker Co. Inc.	\$6,383.80	General Fund
25000014	Annual order of (280) sports bras in various sizes for female inmates	Sheriff’s Department	Victory Supply LLC	\$5,398.90	General Fund
25000020	Annual order of (1,300) cases of C-fold paper towels	Sheriff’s Department	Amico LLC dba United Business Supply	\$27,001.00	General Fund
25000023	Annual order of (600 cases) personal care products for female inmates	Sheriff’s Department	Amico LLC dba United Business Supply	\$11,106.00	General Fund
25000053	(45) 43” Televisions for various jail pods	Sheriff’s Department	Aries Distribution	\$9,765.00	Commissary Funds
25000105	Annual order of (400) cases of antibacterial bar soap for inmates	Sheriff’s Department	Bob Barker Co. Inc.	\$13,248.00	General Fund
25000107	(300) Safety blankets for inmates	Sheriff’s Department	Victory Supply LLC	\$13,467.00	Commissary Funds
25000111	Annual order of cotton (7,200) bath towels and (14,400) wash cloths for inmates	Sheriff’s Department	Acme Supply Co LTD	\$9,000.00	General Fund

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24005241	Factory Authorized - Repairs to Aerco Boiler at William Patrick Day Center	Department of Public Works	The Smith & Oby Service Company	\$9,870.00	General Fund
25000057	Out-of-home placement services for the period 11/1/2024 – 11/30/2024**	Division of Children and Family Services	Alliance Summit Group LLC	\$51,549.90	66% Health and Human Services Levy/34% Title IV-E Reimbursement Fund
25000124	Out-of-home placement services for the period 12/1/2024 – 12/31/2024**	Division of Children and Family Services	Compassion Care Group	\$11,900.00	66% Health and Human Services Levy/34% Title IV-E Reimbursement Fund
25000127	Out-of-home placement services for the period 9/1/2024 – 9/30/2024, 10/1/2024 – 10/31/2024 and 11/1/2024 – 11/27/2024**	Division of Children and Family Services	McDowell Center for Children dba Keystone Memphis LLC	\$87,000.00	66% Health and Human Services Levy/34% Title IV-E Reimbursement Fund
25000164	Out-of-home placement services for the period 12/1/2024 – 12/31/2024**	Division of Children and Family Services	Alliance Summit Group LLC	\$34,366.60	66% Health and Human Services Levy/34% Title IV-E Reimbursement Fund

\*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

\*\*Approval No. BC2024-987, dated 12/24/2024, which amended BC2024-77 dated 1/29/2024, which approved an alternate procurement process resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2024 by changing the amount not-to-exceed from exceed from \$1,000,000.00 to \$1,500,000.00 and extending the time period to 12/31/2025.

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**Item No. 1**

Department of Public Safety and Justice Services, submitting a Grant Agreement from Ohio Emergency Management Agency in the amount not-to-exceed \$67,881.00 for the FY2024 State Homeland Security Grant Program for the period 9/1/2024 – 12/31/2026.

Funding Source: FY2024 State Homeland Security Program

**Item No. 2**

**Various Agreements – Processed and executed (no vote required)**

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0335	Replacement of Miles Road Bridge No. 12.10 over the Chagrin River in the Villages of Chagrin Falls and Moreland Hills – Council District 6	\$5,600,000.00		\$4,480,000.00 Federal Local Bridge Program (LBR) \$1,120,000.00 Road and Bridge Funds	1/14/2025 (Executive)

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control

Monday, January 13, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

**I – CALL TO ORDER**

The meeting was called to order at 11:01 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Paul Porter, Director, Department of Purchasing

Trevor McAleer, County Council (Alternate for Meredith Turner)

Councilmember Michael Houser

Councilmember Robert Schleper

**II. – REVIEW MINUTES – 1/6/2025**

Michael Chambers motioned to approve the minutes from the January 6, 2025, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-19**

Fiscal Office on behalf of the County Executive’s Office, submitting a Grant Agreement with Lutheran Metropolitan Ministry (via Contract No. 5025) in the amount not-to-exceed \$300,000.00 to provide funding for the operation of Workforce Development’s Building Maintenance and Repair training program effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-19 was approved by unanimous vote.

**BC2025-20**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3881 with Project Lift Behavioral Health Services for Restorative Justice Diversion Program for the period 7/1/2023 – 6/30/2025 to extend the time period to 6/30/2026, to expand the scope of services to include (12) community trainings/workshops at a rate of \$1,200.00 each and to replace the insurance requirements, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$211,300.00.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-20 was approved by unanimous vote.

**BC2025-21**

Court of Common Pleas/Juvenile Court Division, submitting amendments to agreements with various municipalities for Community Diversion Program services for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2026 to replace the insurance requirements effective 1/1/2025, and for additional funds in the total amount not-to-exceed \$60,000.00.

- a) Agreement No. 4242 (fka Agreement No. 3928) with City of North Olmsted in the amount not-to-exceed \$29,400.00, allocating \$4,800.00 of these funds for services rendered in fiscal year 2024.
- b) Agreement No. 4249 (fka Agreement No. 3981) with City of Solon in the amount not-to-exceed \$4,800.00.
- c) Agreement No. 4374 with City of Bay Village in the amount not-to-exceed \$14,400.00.
- d) Agreement No. 4379 with City of Brooklyn in the amount not-to-exceed \$11,400.00.

Funding Source: Health and Human Services Levy Fund

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-21 was approved by unanimous vote.

**BC2025-22**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5056 (fka Contract Nos. 2792 and 413) with Reaching Above Hopelessness and Brokenness Ministries, Inc. dba RAHAB Ministries for trauma-informed mentoring services for youth assigned to the Safe Harbor Docket for the period 7/1/2020 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$186,755.04.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-22 was approved by unanimous vote.

**BC2025-23**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, Mandel School of Applied Social Sciences in the amount not-to-exceed \$92,000.00 for Multi-Systemic Therapy training and consultation services for the period 7/1/2024-6/30/2026.
- b) Recommending an award and enter into Contract No. 5065 with Case Western Reserve University, on behalf of the Begun Center for Violence Prevention, Mandel School of Applied Social Sciences in the amount not-to-exceed \$92,000.00 for Multi-Systemic Therapy training and consultation services for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-23 was approved by unanimous vote.

**BC2025-24**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$100,000.00 for the Youth Acceptance Project - Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024- 6/30/2026.
- b) Recommending an award and enter into Contract No. 5076 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$100,000.00 for the Youth Acceptance Project - Family Preservation and Reunification services for Court referred youth ages 11 – 20 at risk for recidivism for the period 7/1/2024- 6/30/2026.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-24 was approved by unanimous vote.

**BC2025-25**

Department of Public Safety and Justice Services, submitting a Memorandum of Understanding with Alliance for HOPE International to outline the collaborative roles and responsibilities on the creation and development of Camp HOPE America – Ohio Program and authorize payment of the affiliation fee listed in the Memorandum of Understanding in the amount not-to-exceed \$3,500.00 for the period 1/1/2025 – 12/31/2025.

Funding Source: Witness Victim Service Center Health and Human Services Levy Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-25 was approved by unanimous vote.

**BC2025-26**

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Manicz Media LLC in the amount not-to-exceed \$68,500.00 for digital advertising services to raise awareness and foster enrollment in workforce development programs administered by Cuyahoga Job and Family Services and the Benefit Bridge Pilot Program for the period 1/1/2025-12/31/2025.
- b) Recommending an award and enter into Contract No. 5054 with Manicz Media LLC in the amount not-to-exceed \$68,500.00 for digital advertising services to raise awareness and foster enrollment in workforce development programs administered by Cuyahoga Job and Family Services and the Benefit Bridge Pilot Program for the period 1/1/2025-12/31/2025.

Funding Source: 90% Temporary Assistance for Needy Families (TANF) and 10% Federal/State Funding

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-26 was approved by unanimous vote.

**BC2025-27**

Department of Health and Human Services/Division of Senior and Adult Services and Department of Community Initiatives Division/Family and Children First Council recommending an award on RQ14607 and enter into Contract No. 5070 with CaseWorthy, Inc. (44-9) in the amount not-to-exceed \$240,200.00 for implementation and deployment of a Client and Case Management System, software licensing, maintenance and support for the period 1/1/2025 – 6/30/2026.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-27 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda item. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-28; Michael Dever seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2025-28**

Department of Housing and Community Development, submitting an amendment to Contract No. 3812 with Lutheran Metropolitan Ministry for affordable housing and related support services for families leaving homelessness as a response to COVID-19 for the period 10/1/2023 – 12/31/2024 to extend the time period to 5/31/2025; no additional funds required.

Funding Source: Federal Community Development Block Grant – CV

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**Item No. 1**

**Contracts \$0.00 – \$4,999.99 – Processed and executed (no vote required)**

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
6453	1646	Tri Mor Corporation	Reconstruction and widening of Sprague Road from West 130 <sup>th</sup> Street to York Road in the Cities of Parma and North Royalton	\$0.00	Department of Public Works	N/A	(Original) General Fund	12/30/2025 (Executive)

**Various Agreements – Processed and executed (no vote required)**

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0336	Resurfacing of Alexander Road from Fitzwater Road to Eastern Corporation Line in the Village of Valley View – Council District	\$2,000,000.00		\$1,000,000.00 Road and Bridge Funds \$1,000,000.00 Village of Valley View	1/6/2025 (Executive)

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:13 a.m.



**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-29**

TITLE	Department of Public Works; Rescind Approval BC2023-819 - ORLP Grant
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting the rescission of Board of Control Approval No. BC2023-819. This approval authorized Public Works to apply for and accept a grant award with the Ohio Department of Natural Resources in the amount of \$1,498,750 for the Beulah Park-Euclid Beach Connector Trail in connection with the Land and Water Conservation Fund Outdoor Recreation Legacy Partnership (ORLP) grant program. The grant and match amounts on this approval were incorrect and a grant agreement was never executed by the County Executive or his designee.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	December 18, 2023	BC2023-819
AMENDMENT (A)		

**BC2025-30**

Title	Public Works-FLEET-Sanitary Division: CUES Camera Truck-The Safety Company, LLC. dba MTech	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" 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)	25000059	The Safety Company, LLC dba MTech	Upon Execution	\$414,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is requesting a purchase order with The Safety Company, LLC, dba MTech, for the purchase of a CUES Camera Truck in the amount of \$414,000.00. Public Works is also declaring as surplus, a 2014 Ford E-450 Cues Mainline truck that will be used as trade, towards the procurement of the new vehicle from MTech, valued at \$12,500.00</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input checked="" type="checkbox"/> Replacement</p> <p>Age of items being replaced: 2014 (10 yrs)      How will replaced items be disposed of? Trade in to MTech towards the purchase of the new truck.</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Department of Public Works is requesting a purchase order with The Safety Company, LLC, dba MTech, for the purchase of a CUES Camera Truck in the amount of \$414,000.00.</p> <p>The equipment is needed by the Sanitary Division so they may continue critical services within the County. Public Works is also trading in an older model camera truck to MTech, to go towards the new purchase.</p>

<p>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)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
The Safety Company, LLC dba MTech 7401 First Place, Suite G Oakwood Village, Ohio 44146	Christopher Cira, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal      Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>STATE CONTRACT</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
<p>Number of Solicitations (sent/received) /</p> <p>NA-STATE CONTRACT</p>	<p><input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS800905-CTR004064-A1 exp. 3/31/25</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

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:  NA	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  NA	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Sanitary Sewer Fund
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.  PW755105 70100
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):	12.23.24

Date documents were requested from vendor:	12.23.24
Date of insurance approval from risk manager:	12.23.24
Date Department of Law approved Contract:	NA
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

**BC2025-31**

Title	Public Works-Furniture Hardware & Installation for new workstation buildout-1801 Superior building-Ohio Desk Co.
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" 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)	25000061	Ohio Desk Company	Upon Execution	\$51,991.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
The Department of Public Works is requesting a purchase order for the purchase of workstation hardware and installation for the 1801 Superior Avenue property in the amount of \$51,991.00.

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

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

Project Goals, Outcomes or Purpose (list 3):  
To have an approved PO and vendor in place that can provide required furniture hardware and installation for the 1801 Superior Avenue property. This will ensure staff that are moved to the new facility have optimal working environments.

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):
Ohio Desk Company 1122 Prospect Ave. Cleveland, Ohio 44115	Jessica Mullen, Workplace Consultant
Vendor Council District:	Project Council District:
NA	NA
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.  State of Ohio Contracting availability *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #800930 CTR007194-A2 exp. 12/31/2026  <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	

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

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

100% Capital Projects – General Fund

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.

PW600120 54300-100 CFSUP0000101

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):	12/11/24
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Date documents were requested from vendor:	12/11/24
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Date of insurance approval from risk manager:	9/5/24
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Date Department of Law approved Contract:	-
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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):

**BC2025-32**

Title	2025 MOU Agreement between DPW and Cuyahoga County Soil & Water Conservation District	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5104	Cuyahoga Soil & Water Conservation District	3/27/2025- 3/26/2026	\$14,500	TBD	TBD

<p>Service/Item Description (include quantity if applicable).</p> <p>The primary goal is for the County to continue to work with Cuyahoga Soil &amp; Water Conservation District in connection with the implementation of a conservation program that promotes best practices for pollution prevention</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>
<p>This is an annual agreement (which was previously an MOU) between DPW and SWCD in connection with the implementation of soil and water conservation measures. This agreement is to satisfy the obligations regarding the National Pollution Discharge Elimination System (NPDES) and the need for effective collaboration in carrying out Clean Water Act responsibilities as described therein.</p>

<p>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)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga Soil & Water Conservation District 3311 Perkins Avenue, Suite 100 Cleveland, Ohio 44114	Brent Eysenbach, Deputy Director
Vendor Council District: District 7	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p> <p>The total value of the solicitation: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p> <p><input type="checkbox"/> Exemption</p>
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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 checked="" 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 <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.  This is funded through Road & Bridge & Sanitary Sewer Funds.  PW270205-73300 (\$8,500)                      PW715200-55140 (\$6,000)
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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input 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.
O	4088	Cuyahoga Soil & Water Conservation District	3/27/2024-3/26/2025	\$14,500	1/22/2024	BC2024-53

**BC2025-33**

Title	Department of Housing and Community Development / Northwest Neighborhoods CDC / Affordable Housing Development Loan – Karam Senior Living Project
Department or Agency Name	Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <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	TBD	Northwest Neighborhoods CDC, or designee	Upon Signature for 20 years	75,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 The Department of Housing and Community Development is requesting approval for an Emergency Rental Assistance 2 Loan to Northwest Neighborhoods CDC, or their designees, in the amount no to exceed \$75,000.00 for the Karam Senor Living Development Project

The total loan amount will be \$75,000.00  
 Interest Rate: 0%  
 Term: 20 years deferred  
 Forgivable based on compliance with affordability requirements  
 Estimated Total Project Cost: \$20,977,741.00

Project Goals, Outcomes or Purpose (list 3):  
 Construction of 51 units of affordable housing for seniors, located in the City of Cleveland.  
 Approximately 70 permanent and temporary jobs will be created or retained through this project

Additional Funding Approvals  
 R2022-0244 and R2024-0375 - \$450,000 – Federal HOME Investment Partnership Funds  
 R2023-0368 - \$2,00,000.00 - General Fund made available by ARPA

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Northwest Neighborhoods CDC 6516 Detroit Avenue, Suite 1 Cleveland, OH 44102	Bridget Kent Marquez Executive Director
Vendor Council District: 3	Project Council District: 3
If applicable provide the full address or list the municipality(ies) impacted by the project.	West 80 <sup>th</sup> Street Cleveland, OH 44102

**NON-COMPETITIVE PROCUREMENT**

Provide a short summary for not using competitive bid process.

Emergency Rental Assistance 2 Loan

\*See Justification for additional information.

Exemption

Alternative Procurement Process

Contract Amendment - (list original procurement)

Other Procurement Method, please describe:  
 Loan

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

100% Emergency Rental Assistance 2 Funds

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.

HC350105 / 58750 / DV-21-ARP-ERA2

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):

R2022-0244 approved on 9/13/2022 for \$450,000 – Federal HOME Investment Partnership Funds  
R2023-0368 approved on 4/9/2024 for \$2,00,000.00 - General Fund made available by ARPA Funds  
R2024-0375 approved on 11/12/2024 for an extension of the sunset of R2022-0244 for Federal HOME Investment Partnership Funds

**BC2025-34**

Title	Fiscal Department / Cleveland Public Market Corporation / Contract / 3-Year contract for construction and maintenance associated with the Market Master Plan
Department or Agency Name	Fiscal Department on Behalf of the Executive Department
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.
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O	5101	Cleveland Public Market Corporation	3-years from Effective Date	\$400,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable).  
This is a grant contract with Cleveland Public Market Corporation for a length of 3-years from the effective date for the Market Master Plan which consists of restoration and modernization efforts. Cleveland Public market Corporation anticipates the Market Master Plan will help retain 250 jobs and create 10 additional jobs within Cuyahoga County. The not to exceed amount for this contract is \$400,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):  
-Market Modernization  
-Market Restoration  
-Job Creation and Retention

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):
Cleveland Public Market Corporation 1979 West 25 <sup>th</sup> Street Cleveland, OH 44113	Rosemary Mudry Executive Director
Vendor Council District:	Project Council District:
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.  This grant agreement is an initiative of the Executive Office  *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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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. FS100500
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**BC2025-35**

Title	Eight (8) 10Gb Short-Range SFP Transceivers
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" 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.
	25000146 EXMT	Nexum, Inc.		\$8,838.40	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Nexum, Inc., for Eight (8) 10Gb Short-Range SFP Transceivers in the amount of \$8,838.40.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) F5 is the existing firewall. These new transceivers are for the firewall.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): These F5 transceivers are to be installed in an F5 Firewall. The Firewall currently has a lower cost brand transceiver in it (We initially used existing Cisco transceivers) but learned that the company F5 will not honor the support agreement without their branded transceivers installed, so DoIT must purchase this particular part

number and swap them out. The age of the existing transceivers is approximately 1 year old. Once the existing transceivers are replaced with the F5 transceivers, the existing Cisco transceivers will be reused on another project. The County typically keeps 50+ of the Cisco branded transceivers in-stock as they are often used on projects.

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):
Nexum, Inc. 2901 Carlson Drive, Suite 204 Hammond, NJ 46323	Darrell Potie Account Representative
Vendor Council District:	Project Council District:
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. Nexum is an authorized dealer of F5 products. F5 will not honor the County's support agreement without their branded transceivers installed. Nexum provided the current F5 Firewall. Additionally, the price provided by Nexum is lower than available Ohio state term schedule, GSA and joint cooperative agreements.  *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 ( ).
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. F5 Firewall	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund IT600100
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 type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)



HISTORY (see instructions):

**BC2025-36**

Title	Human Resources; 2025; Contract with Trupp HR, Inc. for Compensation Consulting Services for the period ending 12/31/2026 in the amount NTE \$166,840.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5062	Trupp HR, Inc.	Execution- 12/31/2026	\$166,840.00		PENDING

Service/Item Description (include quantity if applicable).  
 Trupp HR, Inc., as a result of an RFP conducted in 2024, will provide the Department of Human Resources with as-needed compensation consulting services. The focus of these services is to assist the HR compensation team with the development and implementation of a comprehensive compensation philosophy and other policies and procedures regarding compensation that are identified. Services are provided on an hourly rate basis and when needed to supplement the existing compensation team.

This is a new service for the Department of Human Resources. Over the past few years, the County has worked to better align employee compensation with that of similar entities and has made adjustments to correct inequities within pay scales for similar jobs. Development of a comprehensive compensation philosophy will ensure that future compensation decisions align with the work that has already been completed and to mitigate future needs for re-alignment.

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):  
 The goals of this contract are to assist the compensation team in developing and implementing a comprehensive compensation philosophy, developing necessary policies and procedures, and identifying deficiencies within the current compensation process.

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):
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Trupp HR, Inc. 515 NW Saltzman Rd., #3113 Portland, OR 97229	Jean Roque President
Vendor Council District:	Project Council District:
N/A	07
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14399 (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$166,840.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 33 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 5 ) SBE ( 6 ) MBE ( 4 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. None of the proposals received were compliant with the set goals as all lacked good faith effort waivers. Trupp HR, Inc. is a women-owned business but is located out-of-state and thus not eligible for certification under the County's current program. Services are on an as-needed basis with no guaranteed level of work. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No, Trupp did not seek to go to the Administrative Reconsideration Panel.	<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? Trupp's pricing was the lowest among the four proposals received.	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  General Fund
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.  HR100100
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. The compensation team will begin working the vendor on what is necessary to review the current policies and process once approved.
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):
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**BC2025-37**

Title	TECHNICAL ASSISTANCE AND TRAINING FOR COMMUNITY-BASED AGENCIES CASE WESTERN RESERVE UNIVERSITY, MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
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Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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)	4224	Case Western Reserve University	7/1/2023- 6/30/2024	\$15,000.00	3/11/2024	BC2024-196
(A-1)	4224	Case Western Reserve University	7/1/2023- 6/30/2026	\$39,281.00		

Service/Item Description (include quantity if applicable).  
 This contract amendment for Training for community-based agencies is to extend the time period of the contract through June 30, 2026, increase the funds in the amount of \$39,281.00. This changes the not to exceed value of the contract to \$54,281.00.

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

For purchases of furniture, computers, vehicles:  Additional  Replacement  
 Age of items being replaced: n/a How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):  
 Vendor to provide an evaluation 101 instructional session for all newly contracted agencies identified by the Court. This will empower agencies to provide reports to current and future funders to showcase their outcomes.

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: 10900 Euclid Ave Cleveland, Ohio 44106	Owner, executive director, other (specify): Meghan Schane-Rambert Asst. VP for pre-award services and agreements
Vendor Council District:	Project Council District:

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.  *See Justification for additional information.
The total value of the solicitation: _____	<input 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? This is an amendment to a contract that has already been approved.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe: _____

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" 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.
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100% funded by the RECLAIM Grant.
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. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations and vendors’ delay in returning documents.
Timeline
Project/Procurement Start Date (date your team started working on this item): 5.15.24
Date documents were requested from vendor: 6.11.24
Date of insurance approval from risk manager: 5.29.24
Date Department of Law approved Contract: 6.9.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Recurring program funded by the RECLAIM Grant
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

**BC2025-38 a)**

Title	CCJC 25-26 Community Diversion Program contract with the City of Shaker Heights
Department or Agency Name	Cuyahoga County Juvenile Court
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	4248	City of Shaker Heights	1/1/24- 12/31/24	\$3,000.00	12/18/2023	BC2023-841

A-1	4248	City of Shaker Heights	1/1/25-12/31/26	\$7,200.00	Pending	Pending
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Service/Item Description (include quantity if applicable).  
 Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.

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):  
 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

80% of YOUTH referred will be engaged in and complete services with no new charges.

90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of Shaker Heights	Owner, executive director, other (specify): Timothy Grafton (Programmatic Contact)
3355 Lee Road, Shaker Heights, Ohio 44120	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Shaker Heights

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. Government Purchase *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Government Purchase <input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100 % Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  JC280105-55130
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor submitted the documents late and issues with insurance requirements.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	01/03/2025



Date Department of Law approved Contract:	09/19/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" 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): see chart above

**BC2025-38 b)**

Title	CCJC 25-26 Community Diversion Program contract with the City of South Euclid
Department or Agency Name	Cuyahoga County Juvenile Court
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	4475	City of South Euclid	1/1/24- 12/31/24	\$4,800.00	BC2024-362	5/13/2024
A-1	4475	City of South Euclid	1/1/25-12/31/26	\$9,000.00	Pending	pending

<p>Service/Item Description (include quantity if applicable).          Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</p>

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: City of South Euclid	Owner, executive director, other (specify): Jennifer Crow (Programmatic Contact)
1349 South Green Road, South Euclid, Ohio 44121	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of South Euclid

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. Government Purchase  *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Government Purchase <input type="checkbox"/> Other Procurement Method, please describe:

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

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % Health and Human Services Levy
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. JC280105-55130
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Issue with insurance requirements	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	01/02/2025
Date Department of Law approved Contract:	09/19/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
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**BC2025-39**

Title	CONTRACT AMENDMENT FOR TRAUMA-INFORMED MENTORING SERVICES FOR THE PROMISE TEAM
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	RQ3018	Ohio Guidestone	7/1/2020-6/30/2021	\$40,000.00	11/23/2020	BC2020-625

(A-1)	564	Ohio Guidestone	7/1/2020- 6/30/2022	\$40,000.00	10/12/2021	BC2021-564
(A-2)	2993/564	Ohio Guidestone	7/1/2020- 6/30/2023	\$25,000.00	01/09/2023	BC2023-13
(A-3)	2993	Ohio Guidestone	7/1/2020- 6/30/2024	\$25,000.00	03/18/2024	BC2024-217
(A-4)	5090	Ohio Guidestone	7/1/2020- 6/30/2026	\$50,000.00	Pending	

Service/Item Description (include quantity if applicable). Trauma-Informed Mentoring Services shall focus on the goal to strengthen the ability of the participating youth and their families to access resources in the community to support the youth with pro-social activities and decision-making skills. To extend the time period of the contract to June 30, 2026, increase the funds in the amount of \$50,000.00, increase the per diem rates, and replace the insurance requirements.

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

Project Goals, Outcomes or Purpose (list 3): Services shall maximize the use of natural community supports, are specifically designed to leverage off youth’s strengths and interest and can be sustained once the mentoring services are terminated.

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: 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brant Russell (President & CEO)
Vendor Council District:	Project Council District:
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.  *See Justification for additional information.
The total value of the solicitation:	<input 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?  This is a contract amendment.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% funded by the RECLAIM Grant.
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.  JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Reason: The delay is due to the notification of the RECLAIM Grant award, grant approval process, contract negotiations, and vendors delay in returning documents.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	9.20.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.11.24

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) recurring program funded by the RECLAIM grant

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

HISTORY (see instructions): see chart above

**BC2025-40**

Title	TRAINING, TECHNICAL ASSISTANCE, & CONSULTATION - CASE WESTERN RESERVE UNIVERSITY
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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 (O)	5113	Case Western Reserve University	7/1/2024- 6/30/2026	\$13,000.00	Pending	

Service/Item Description (include quantity if applicable). Vendor to provide trauma training to the Court for a term starting July 1, 2024, until June 30, 2026, in the amount not to exceed \$13,000.00

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

For purchases of furniture, computers, vehicles:  Additional  Replacement

Age of items being replaced: n/a	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Vendor to provide training, quarterly boosters and monthly consultations.	

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: CWRU- Case Western Reserve University 10900 Euclid Ave. Cleveland, Ohio 44106	Owner, executive director, other (specify): Meghan Schane-Rambert- Asst. VP for Pre-award Services and Agreements
Vendor Council District:	Project Council District:
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.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / RFP EXEMPTION-County Code 501.12(D)	<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: RFP EXEMPTION-County Code 501.12(D)	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received? RFP EXEMPTION-County Code 501.12(D)	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by the RECLAIM Grant.
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. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Recurring program.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations and vendors' delay in returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.15.24
Date documents were requested from vendor:	6.7.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.7.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
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.
O	20001067	CASE WESTERN RESERVE UNIVERSITY	2/1/2020-06/30/2020	\$5,500.00	5/18/2020	BC2020-277
A-1	Contract No. 17	CASE WESTERN RESERVE UNIVERSITY	7/1/2020 – 6/30/2021	\$5,500.00	12/21/2020	BC2020-671
A-2	Contract No. 17	CASE WESTERN RESERVE UNIVERSITY	7/1/2021 – 6/30/2022	\$5,500.00	11/1/2021	BC2021-616
A-3	2854	CASE WESTERN RESERVE UNIVERSITY	7/1/2022 - 6/30/2023	\$5,500.00	12/20/2022	BC2022-782
A-4	2854	CASE WESTERN RESERVE UNIVERSITY	7/1/2023-6/30/2024	\$5,500.00	10/16/2023	BC2023-637

**BC2025-41**

Title	Sheriff's Department /T.D. Security Ltd, Inc. / Contract Amendment/ Security / William Pat Day Building
Department or Agency Name	Sheriff's Department
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	4660	T. D. Security Ltd., Inc.	07/01/2024 – 01/31/2025	\$42,750.00	07.01.2024	BOC 2024-488
A	CM4660	T.D. Security Ltd., Inc.	02/01/25 – 01/31/26	\$85,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
Sheriff's Department is requesting approval to extend the contract, per the chart above, securing an additional 12 month contract for security at the William Pat Day Building.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. The goal of the project is to extend the contract with T.D. Security Inc. 2 To provide continued security services at the William Patrick Day building.

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: T.D. Security Inc. 3890 Rocky River Drive Cleveland, OH 44111	Owner, executive director, other (specify):  Dennis W. Matson, CEO/President
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:  N/A	Provide a short summary for not using competitive bid process.  T.D. Security Inc. currently provides security services for the WPD building. The County & Sheriff's Department would like to extend the services provided by this Security Company.  *See Justification for additional information.
The total value of the solicitation: \$42,750.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A	<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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

<input type="checkbox"/> No, please explain.  N/A  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:  T.D. Security currently provides security for the building.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" 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.  General Fund
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. SH745100 - 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The current contract for this vendor will expire Jan. 31, 2025
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2025-42**

Title	PSJS; Bound Tree Medical; Purchase Order for 3,120 units of Nerve Agent Antidote Kits (NAAK) for First Responders in the amount of \$268,029.84
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" 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	24005315	Bound Tree Medical	n/a	\$268,029.84		

Service/Item Description (include quantity if applicable).  
 Requesting approval of a purchase order for 3,120 units of Nerve Agent Antidote Kits (NAAK) for First Responders in the amount of \$268,029.84. This project will supply EMS units in Cuyahoga County and the City of Cleveland with NAAKs for their personnel. NAAKs would be the first line of treatment for nerve agent exposure, as described in the NEO Regional EMS protocol. NAAKs were previously purchased but are now expired.

We had two formal solicitation attempts and only Bound Tree responded to both. The solicitation requested 4,470 units, however that came in over budget at \$384,004.29. We had built in a provision in the RFB to purchase +/- 35% of the units depending on the availability of funds, therefore we requested an updated quote for a reduced amount of units. The original bid and the updated quote are both in the bid packet.

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? \_\_\_\_\_

<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>• Provide initial treatment for nerve agent exposure</li> <li>• Replace expired kits</li> </ul>
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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):
Bound Tree Medical 5000 Tuttle Crossing Blvd Dublin, OH 43016	Rob Meriweather President
Vendor Council District:	Project Council District:
n/a	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT x	NON-COMPETITIVE PROCUREMENT
RQ# 15170 <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date: 11/4/24	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$268,029.84	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 88 / 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 ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Grant Purchase  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?  One Bid - \$268,029.84	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Urban Area Security Initiative FY22: 53%  Urban Area Security Initiative FY23: 47%
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.  PJ280125 PJ-22-UASI 7000  PJ280125 PJ-23-UASI 7000
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. On Time
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):
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**BC2025-43**

Title	HHS / CHN Housing Partners / Contract / RQ# 15114 / 1 year contract for Utility Assistance and Financial Counseling
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4965	CHN Housing Partners	1/1/2025 - 12/31/2025	\$105, 299.00	Pending	Pending

Service/Item Description (include quantity if applicable). Cuyahoga County Job and Family Services (CJFS) is requesting a contract with CHN Housing Partners to provide utility assistance and financial counseling for TANF eligible residents of Cuyahoga County who are facing disconnection of their utilities.

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 enroll clients in a timely manner in the appropriate utility assistance programs (e.g., HEAP, Emergency HEAP) and to utilize the payment options established by the utility companies (e.g., PIPP)
- To improve clients understanding of personal financial and budget matters especially as it relates to utilities
- To effectively leverage other existing utility incentives, programs, and subsidies to meet a need gap, particularly in the “off season”

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):
CHN Housing Partners 2999 Payne Ave, STE 134 Cleveland, OH 44114	Kevin Nowak (Executive Director)
Vendor Council District:	Project Council District:

07	Council Districts across Cuyahoga County
If applicable provide the full address or list the municipality(ies) impacted by the project.	Serving all of Cuyahoga County Eligible Residents

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15114</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 10/21/2024	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$105,299.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  There was 1 proposal pulled from OPD, 1 proposal submitted for review, 1 proposal approved	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" 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 checked="" type="checkbox"/> No, please explain. N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  90% Federal Temporary Assistance for Needy Families
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10% Health and Human Services Levy Funds – HS260195 / 55130
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)      N/A – Contract is not late	
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.
O	1012	CHN Housing Partners	4/1/2021 – 3/31/2022	\$250,000.00	3/29/2021	BC2021-141
A-1	1012	CHN Housing Partners	4/1/2022 – 3/31/2022	\$0.00	5/2/2022	BC2022-275
A-2	1012	CHN Housing Partners	4/1/2023- 3/31/2024	\$105,299.00	4/10/2023	BC2023-208
A-3	1012	CHN Housing Partners	4/1/2024- 12/31/2024	\$0.00	3/11/2024	ION 3

**BC2025-44**

Title	2025 Digital Media Advertising-Spectrum	
Department or Agency Name	Division of Children Family Services	

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5004	Charter Communications DBA Spectrum Reach	01/01/2025-12/31/2025	\$40,335.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Digital advertising campaign for foster and adoption family recruitment. Targeting women 25-64 living in select zip codes. Minimum of 260,000 impressions per month for duration of campaign. Note: To include Display Creative and Dashboard capabilities.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase   <input checked="" type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>· Search result placement for January through December – Keywords: Foster Parents, Cuyahoga County, and other related words.</li> <li>· 80 – 120 clicks per month and appearing 80%+ of the time in top 3 search results.</li> <li>· Online dashboard is required to monitor performance.</li> </ul>

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):
Charter Communications DBA Spectrum Reach 9100 South Hills Blvd; Suite 250 Broadview Heights, OH 44147	Shawn Gibeault Account Executive
Vendor Council District:	Project Council District:
Council District 6	N/A
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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: October 28, 2024	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input 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?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  The project is funded 100% Health and Human Services Levy Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

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

Provide status of project.

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

Reason: The vendor experienced a delay in obtaining a signed contract form the corporate office.

Timeline

Project/Procurement Start Date (date your team started working on this item): July 31, 2024

Date documents were requested from vendor: October 21, 2024

Date of insurance approval from risk manager: December 19, 2024

Date Department of Law approved Contract: December 23, 2024

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3028	Charter Communications dba Spectrum	1/1/2023 – 12/31/2023	\$39,943.20	2/27/2023	BC2023-120
A-1	3028	Charter Communications dba Spectrum	1/1/2024 – 12/31/2024	\$40,000.00	11/27/2023	BC2023-765

**C.- Exemptions**

**BC2025-45**

TITLE	2024 Alternative Procurement Method; Local Government, Non-Profit, For-Profit Solar and Battery Group Purchasing Co-op - Amendment
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	June 3, 2024	BC2024-427

DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works/Division of Public Utilities requests to amend the scope of the alternative procurement to clarify that Compass Energy Platform, in the capacity of utility operator, will administer the RFP process on behalf of Cuyahoga County as well as negotiate a group purchasing rate for solar installations. Each government, non-profit, and private business that chooses to participate in the solar buying pool will contract directly with the chosen solar installer, not Cuyahoga County. As the organizer of the group buying process, Cuyahoga Green Energy will receive compensation to be determined through these separate contracts to cover its costs and assist with developing future group buying pools.
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if “no” please explain): \$0.00
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.

**D. - Consent Agenda**

**BC2025-46**

The Department of Public Works recommends declaring approximately 789 pieces of furniture and related accessories, located at the Quincy – Fairfax property as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. All materials are 22 to 25+ years old and in dilapidated, unusable condition.

EQ#	Vendor	Item	Make/Model	Serial Number	QTY	Date
2366313	Herman Miller	Bridge	5000 Series	4224	1	5/6/2002
2366313	Herman Miller	Bridge	5000 Series	4224	1	5/6/2002
2366313	Herman Miller	Bridge	5000 Series	4224	1	5/6/2002
2366313	Herman Miller	Return Desk	5000 Series	7224	1	5/6/2002
2366313	Herman Miller	Return Desk	5000 Series	7224	1	5/6/2002

2366313	Herman Miller	Return Desk	5000 Series	7224	1	5/6/2002
139878	KI	Task Chair	Avail	1398/8	1	Unknown
Unknown	Unknown	Worksurface	Unknown	2454 WS W:PEDS	1	Unknown
2366313	Herman Miller	Worksurface	5000 Series	6030PL	1	5/6/2002
2366313	Herman Miller	Worksurface	5000 Series	6030PR	1	5/6/2002
2366313	Herman Miller	Worksurface	5000 Series	6030PR	1	5/6/2002
24-82-1533	SitOnIt	Task Chair	TR2	6212.2M.A21.26-043	1	3/14/2001
2366313	Herman Miller	Storage	5000 Series	7224FDU	1	5/6/2002
2366313	Herman Miller	Storage	5000 Series	7224FDU	1	5/6/2002
2366313	Herman Miller	Storage	5000 Series	7224FDU	1	5/6/2002
804853-20	Unknown	Side Chair	Unknown	AC 1450	48	11/15/2007
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002

HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM704510	Herman Miller	Lateral File	Q-System	AMQ999	1	4/26/2002
HM 704509	Herman Miller	Side Chair	Aside	Aside	2	4/26/2002
HM 704509	Herman Miller	Side Chair	Aside	Aside	2	4/26/2002
HM 704509	Herman Miller	Side Chair	Aside	Aside	2	4/26/2002
HM 704509	Herman Miller	Side Chair	Aside	Aside	2	4/26/2002
HM 704509	Herman Miller	Side Chair	Aside	Aside	2	4/26/2002
HM 704509	Herman Miller	Storage	Meridian	BBF24	2	4/26/2002
2366313	Herman Miller	Tackboard - Deskmount	5000 Series	DDT772	1	5/6/2002
2366313	Herman Miller	Tackboard - Deskmount	5000 Series	DDT772	1	5/6/2002
2366313	Herman Miller	Tackboard - Deskmount	5000 Series	DDT772	1	5/6/2002
HM 704509	Herman Miller	Task Chair	Equa	Equa 1	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Equa	Equa 1	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Equa	Equa 1	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Equa	Equa 1	1	4/26/2002

HM 704509	Herman Miller	Task Chair	Equa	Equa 1	1	4/26/2002
2366313	Herman Miller	Task Chair	Equa	Equa1	1	5/6/2002
2366313	Herman Miller	Task Chair	Equa	Equa1	1	5/6/2002
2366313	Herman Miller	Task Chair	Equa	Equa1	1	5/6/2002
2366313	Herman Miller	Task Chair	Equa	Equa1	17	4/22/2002
HM 704509	Herman Miller	Storage	Meridian	FF24	1	4/26/2002
HM 704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002



HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM704510	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KBOARD	1	4/26/2002
2366313	Herman Miller	Keyboard Tray	Accessories	KYBD	1	5/6/2002
2366313	Herman Miller	Keyboard Tray	Accessories	KYBD	1	5/6/2002
2366313	Herman Miller	Keyboard Tray	Accessories	KYBD	1	5/6/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KYBD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KYBD	1	4/26/2002
HM 704509	Herman Miller	Keyboard Tray	Accessories	KYBD	1	4/26/2002

HM 704509	Herman Miller	Keyboard Tray	Accessories	KYBD	1	4/26/2002
HM704509(?)	Herman Miller	Storage	Lateral (5 High)	LAT52042	1	4/26/2002(?)
HM 704509	Herman Miller	Bridge	Meridian	M3624OSD	1	4/26/2002
HM 704509	Herman Miller	QFDU72	Meridian	MODT3060	1	4/26/2002
HM 704509	Herman Miller	Return Desk	Meridian	MODT48	1	4/26/2002
HM 704509	Herman Miller	QFDU72	Meridian	MODT72	1	4/26/2002
HM 704509	Herman Miller	QFDU72	Meridian	MODT72	1	4/26/2002
HM 704509	Herman Miller	QFDU72	Meridian	MODT72	1	4/26/2002
HM 704509	Herman Miller	QFDU72	Meridian	MODT72	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWS4224	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWS4224	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWS4224	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWSD7230	1	4/26/2002
HM 704509	Herman Miller	Return Desk	Meridian	MWSEF7224	1	4/26/2002
HM 704509	Herman Miller	Return Desk	Meridian	MWSEF7224	1	4/26/2002
HM 704509	Herman Miller	Return Desk	Meridian	MWSEF7224	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWSP7230L	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWSP7230L	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Meridian	MWSP7230R	1	4/26/2002
HM 704510	Herman Miller	Pencil Drawer	Accessories	PDR	1	4/26/2002
HM704510	Herman Miller	Pencil Drawer	Accessories	PDR	1	4/26/2002
HM704510	Herman Miller	Pencil Drawer	Accessories	PDR	1	4/26/2002
HM 704509	Herman Miller	Pencil Drawer	Accessories	PDR	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002

HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2D24	1	4/26/2002
HM 704510	Herman Miller	Lateral File	Storage	Q2D36	1	4/26/2002
HM 704510	Herman Miller	Lateral File	Storage	Q2D48	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	Q2DLAT	1	4/26/2002
HM 704510	Herman Miller	Worksurface	Q-System	Q36CORN	1	4/26/2002
HM 704510	Herman Miller	Worksurface	Q-System	Q4824	1	4/26/2002
HM 704510	Herman Miller	Worksurface	Q-System	Q6024	1	4/26/2002
HM 704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002

HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Storage - Pedestal	Q-System	QBBF24	1	4/26/2002
HM 704509	Herman Miller	Tackboard - Deskmount	Q-System	QDM67	1	4/26/2002
HM 704509	Herman Miller	Tackboard - Deskmount	Q-System	QDM67	1	4/26/2002



HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU30	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU36	1	4/26/2002
HM704510	Herman Miller	Overhead	Q-System	QFDU36	1	4/26/2002
HM704510	Herman Miller	Overhead	Q-System	QFDU36	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU36	2	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU42	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU48	1	4/26/2002
HM 704509	Herman Miller	Overhead	Q-System	QFDU48	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
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HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002
HM704510	Herman Miller	Pedestal Storage	Q-System	QFF24	1	4/26/2002







HM704510	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM704510	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
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HM 704509	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QLT30	1	4/26/2002
HM704510	Herman Miller	Under Cab Light	Q-System	QLT36	1	4/26/2002
HM704510	Herman Miller	Under Cab Light	Accessories	QLT36	1	4/26/2002
HM 704510	Herman Miller	Under Cab Light	Accessories	QLT42	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Q-System	QLT42	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3624C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3624C	2	4/26/2002
HM 704509	Herman Miller	Panel	Q-System	QN3924C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924C	2	4/26/2002

HM 704510	Herman Miller	Panel	Q-System	QN3924E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3924E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3930C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3930E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3930E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3930E	2	4/26/2002
HM 704509	Herman Miller	Panel	Q-System	QN3936C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QN3936E	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QN3936E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QN3936E	1	4/26/2002

HM 704510	Herman Miller	Panel	Q-System	QN5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1424	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1424	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QS1430	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QS1436	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QS1436	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1436	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1436	2	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QS1436	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1442	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QS1442	1	4/26/2002
HM 704509	Herman Miller	Storage - Lateral	Q-System	QS2DLAT	1	4/26/2002

HM 704509	Herman Miller	Storage - Lateral	Q-System	QS2DLAT	1	4/26/2002
HM704510	Herman Miller	Shelf	Q-System	QSH30	1	4/26/2002
HM 704510	Herman Miller	Shelf	Accessories	QSH48	2	4/26/2002
HM704510	Herman Miller	Shelf	Q-System	QSH60	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QSPF5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QSPF5324C	1	4/26/2002
HM 704509	Herman Miller	Panel	Q-System	QT3924C	2	4/26/2002
HM 704509	Herman Miller	Panel	Q-System	QT3936C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5324C	1	4/26/2002

HM 704510	Herman Miller	Panel	Q-System	QT5324C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330BE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330BE	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5330BE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5330E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5336BDE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT5336BDE	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5336C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT5336C	2	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT6336BDE	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT6724E	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT6730C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT6730C	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT6730E	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QT6730E	2	4/26/2002

HM 704510	Herman Miller	Panel	Q-System	QT6736BDE	1	4/26/2002
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HM 704510	Herman Miller	Panel	Q-System	QT68736BDE	1	4/26/2002
HM 704509	Herman Miller	Tackboard	Q-System	QTB42	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QTL36	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Accessories	QTL36	2	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Q-System	QTL48	1	4/26/2002
HM 704509	Herman Miller	Under Cab Light	Q-System	QTL48	1	4/26/2002
HM 704509	Herman Miller	Transaction Top	Q-System	QTR24	1	4/26/2002
HM 704509	Herman Miller	Transaction Top	Q-System	QTR36	2	4/26/2002
HM 704509	Herman Miller	Tool Rail	Q-System	QTR42	1	4/26/2002
HM 704509	Herman Miller	Tool Rail	Q-System	QTR42	1	4/26/2002
HM 704509	Herman Miller	Tool Rail	Q-System	QTR42	1	4/26/2002
HM 704510	Herman Miller	Worksurface	Q-System	QTR72	1	4/26/2002
HM 704509	Herman Miller	Transaction Top	Q-System	QTRC24	1	4/26/2002







HM704510	Herman Miller	Tool Rail	Accessories	QTRL30	1	4/26/2002
HM704510	Herman Miller	Tool Rail	Accessories	QTRL30	1	4/26/2002
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HM 704509	Herman Miller	Tool Rail	Q-System	QTRL30	1	4/26/2002
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HM 704509	Herman Miller	Tool Rail	Accessories	QTRL30	1	4/26/2002
HM704510	Herman Miller	Tool Rail	Accessories	QTRL36	1	4/26/2002
HM 704510	Herman Miller	Tool Rail	Accessories	QTRL42	1	4/26/2002
HM 704510	Herman Miller	Tool Rail	Accessories	QTRL48	2	4/26/2002
HM704510	Herman Miller	Tool Rail	Accessories	QTRL60	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWN3030C	1	4/26/2002
HM704510	Herman Miller	Worksurface	Q-System	QWS2424	1	4/26/2002
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HM704510	Herman Miller	Worksurface	Q-System	QWS5424	1	4/26/2002
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HM704510	Herman Miller	Worksurface	Q-System	QWS6030	1	4/26/2002
HM704510	Herman Miller	Worksurface	Q-System	QWS6630	1	4/26/2002
HM 704509	Herman Miller	Worksurface	Q-System	QWS7224	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2437E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2437E	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2437E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2437E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450C	2	4/26/2002



HM 704510	Herman Miller	Panel	Q-System	QWSPF2450E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450E	4	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450E	4	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF2450E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3930C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3930C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3930C	3	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3930C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3936C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3936C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3936C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF3936C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5030WIRED	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5030WIRED	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5324C	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5324C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330BE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330BE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330BE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5330E	1	4/26/2002

HM 704510	Herman Miller	Panel	Q-System	QWSPF5330E	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5336BDE	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5336E	2	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5336E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5336E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5342C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF5342C	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6736E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6736E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6736E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6748E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6748E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWSPF6748E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWT5324E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWT5330E	1	4/26/2002
HM 704510	Herman Miller	Panel	Q-System	QWT5336E	2	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction Model	RE10	1	5/1/2002
HM 704510	Herman Miller	Task Chair	Reaction Model	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction Model	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002
HM 704509	Herman Miller	Task Chair	Reaction	RE10	1	4/26/2002



HM704509	Herman Miller	Task Chair	Reaction Model	RE10A	1	5/1/2002
HM704509	Herman Miller	Task Chair	Reaction Model	RE10A	1	5/1/2002
HM704509	Herman Miller	Task Chair	Reaction Model	RE10A	1	5/1/2002
HM704509	Herman Miller	Task Chair	Reaction Model	RE10A	1	5/1/2002
HM 704509	Herman Miller	Storage - Tower	Meridian	ST22030	2	4/26/2002
HM704509(?)	Herman Miller	Storage	Storage Cabinet	ST422069	1	4/26/2002(?)
2366313	Herman Miller	Under Cab Light	5000 Series	TLM60	1	5/6/2002
2366313	Herman Miller	Under Cab Light	5000 Series	TLM60	1	5/6/2002
2366313	Herman Miller	Under Cab Light	5000 Series	TLM60	1	5/6/2002
2366313	Herman Miller	Files - Storage Tower	Meridian	Tower L52042	1	5/6/2002
2366313	Herman Miller	Files - Storage Tower	Meridian	Tower R52042	3	5/6/2002
2366313	Herman Miller	Files - Storage Tower	Meridian	Tower R52042	1	5/6/2002
2366313	Herman Miller	Files - Storage Tower	Meridian	Tower R52042	1	5/6/2002
HM 704509	Herman Miller	Storage - Tower	Meridian	Tower-L42042	1	4/26/2002
HM 704509	Herman Miller	Storage - Tower	Meridian	Tower-L42042	1	4/26/2002
HM 704509	Herman Miller	Storage - Tower	Meridian	Tower-L42042	1	4/26/2002
HM 704509	Herman Miller	Storage - Tower	Meridian	Tower-R42042	1	4/26/2002
Unknown	Unknown	Coat Rack	Unknown	Unknown	1	Unknown
Unknown	Unknown	Coat Rack	Accessories	Unknown	1	Unknown
Unknown	Unknown	Desk	3066 W:BBF/FF	Unknown	1	Unknown
Unknown	Unknown	Kids Side Chairs	Unknown	Unknown	3	Unknown
Unknown	Unknown	Kids Table	Unknown	Unknown	1	Unknown
Unknown	Arcadia	Lounge Chair	Huddle	Unknown	1	Unknown
Unknown	Arcadia	Loveseat	Huddle	Unknown	1	Unknown
Unknown	Quartet	Markerboard	Quartet2436 Whiteboard	Unknown	1	Unknown

Unknown	Unknown	Printer Cart	Unknown	Unknown	2	4/26/2002
Unknown	Unknown	Printer Cart	Unknown	Unknown	2	4/26/2002
Unknown	Thonet	Side Chair	Attiva	Unknown	1	Unknown
HM 704509	Herman Miller	Storage	Q-System	Unknown	1	4/26/2002
Unknown	Unknown	Storage	Printer Cart	Unknown	1	Unknown
Unknown	Unknown	Storage	Printer Cart	Unknown	1	Unknown
Unknown	KI	Table	InTandem	Unknown	6	Unknown
648223	KI	Table	Workzone	WBW3048	9	4/22/2002
Unknown	Kimball	Side Table	CT10-2220WHE	X012218664	1	Unknown
518261	Kimball	Task Chair	K11AA	X012228055F	1	Unknown

**BC2025-47**

Title	Department of Public Works- Cleveland Society for the Blind dba Cleveland Sight Center-Contract Amendment-Vending services for various County Buildings
Department or Agency Name	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	1776	Cleveland Society for the Blind dba Cleveland Sight Center	4/1/2013-3/31/2018	\$0	3/25/2013	CPB2013-198
A-1	1776	Cleveland Society for the Blind dba Cleveland Sight Center	4/1/2013-3/31/2018	\$0	3/13/2018	BC2018-152
A-2	1776	Cleveland Society for the Blind dba	4/1/2013-12/31/2022	\$0	11/1/2021	BC2021-621

		Cleveland Sight Center				
A-3	1776	Cleveland Society for the Blind dba Cleveland Sight Center	1/1/2023-9/30/2023	\$0	2/13/2023	BC2023-88
A-4	1776	Cleveland Society for the Blind dba Cleveland Sight Center	9/30/2023 – 6/30/2024	\$0	5/22/2023	BC2023-331
A-5	1776	Cleveland Society for the Blind dba Cleveland Sight Center	7/1/2024-12/31/2024	\$0	5/28/2024	Item No. 4
A-6	1776	Cleveland Society for the Blind dba Cleveland Sight Center	1/1/2025-6/30/2025	\$0	Pending	Pending

Service/Item Description (include quantity if applicable).  
This contract is for vending services at various County buildings and is being requested to extend the period of the contract to June 30, 2025. This amendment will provide time as a new RFP for these services recently closed and needs time to go through the approval process.

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 contract provides vending machine services to various County buildings and is being requested to be extended through June 30, 2025 as a new RFP is going through the approval process.

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):
Cleveland Society for the Blind 1809 East 101 <sup>st</sup> Street Cleveland, OH 44106	Kevin Krencisz / CFAO

Vendor Council District:	Project Council District:
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.  *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP process  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

NA – Revenue Generating
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. NA -Revenue Generating
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" 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: Waiting for documents from vendor
Timeline
Project/Procurement Start Date (date your team started working on this item): 12/3/24
Date documents were requested from vendor: 12/6, 12/7, 12/11,
Date of insurance approval from risk manager:
Date Department of Law approved Contract: 1/6/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

**BC2025-48**

Title	Department of Public Works; Hanna Commercial, LLC; Contract Amendment for MEO Building Management
Department or Agency Name	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.
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O	2420	Hanna Commercial, LLC	1/1/2020 – 12/31/2024	\$4,000,000.00	12/10/2019	R2019-0275
A-#1	2420	Hanna Commercial, LLC	1/1/2020 – 12/31/2025	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
The Department of Public Works requests to amend the contract with Hanna Commercial and extend the term by 12 months to December 31, 2025. No additional funds are required. Hanna Commercial provides property management services for the Samuel R. Gerber Medical Examiner building and parking garage, located at 11001 Cedar Avenue in Cleveland.

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):  
The purpose of this request is to extend existing services with Hanna Commercial to ensure continuity of operations and management for the Medical Examiner’s Office and other tenants occupying the Gerber Building.

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):
Hanna Commercial, LLC 1350 Euclid Avenue #700 Cleveland, OH 44115	Tracy Ols Director of Commercial Property Management
Vendor Council District:	Project Council District:
7	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.  *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund
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.  ME100100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Business services team received request to process amendment on 12/2/2024.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/2/2024
Date documents were requested from vendor:	12/5/2024
Date of insurance approval from risk manager:	12/17/2024
Date Department of Law approved Contract:	12/17/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Contract disapproved on 12/23/2024 with request to complete a contract cover modification of the original contract prior to processing amendment. Confirmed with Director of Purchasing on 12/27/2024 that this wasn't necessary due to amendment being a time-only extension. Contract disapproved again on 1/2/2025 with directive to update documentation as a late submission.	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This is a time-only extension. Property management services have continued uninterrupted.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2025-49**

Title	Department of Public Works – Talal Hamed - Jane E. Hunter Café Services – Amendment
Department or Agency Name	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	4363	Talal Hamed	1/1/2024-12/31/2024	\$0	5/6/2024	BC2024-333
A-1	5083	Talal Hamed	6/30/2025	\$0	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval to amend the Jane Edna Hunter café service contract, per the chart above, to extend the contract through June 30, 2025. There is no change in scope or funding.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

To extend the existing contract term for this food services contract located at the Jane Edna Hunter building while the new contract is in the scoring/evaluation/award process.

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):
Talal Hamed 2155 Berkeley Dr. Westlake, OH 44145	Talal Hamed / Owner
Vendor Council District:	Project Council District:
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.  *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption process  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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: Waiting on documents from vendor
Timeline
Project/Procurement Start Date (date your team started working on this item): 12/3/24
Date documents were requested from vendor: 12/6/24
Date of insurance approval from risk manager: 1/8/25
Date Department of Law approved Contract: 1/9/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):
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**BC2025-50**

Contractor Registration Exemptions

The Cuyahoga County Code requires that all contractors doing more than \$10,000 in business with the County in a calendar year register with the Cuyahoga County Agency of Inspector General (the “AIG”). If contractors meet certain limited criteria, they may be exempted from the registration process.

County Code §501.19(E) provides five exemptions. Furthermore, County Code §501.19(F) enables the Inspector General to grant additional exemptions with the approval of the Board of Control (“BOC”). A listing of all the current exemptions provided by both §501.19(E) and §501.19(F) is attached for reference.

The following is a proposed new exemption and support for the exemption. The Inspector General is requesting the BOC to approve the exemption, to remain in effect until revoked by either the AIG or the BOC:

Forensic evaluators providing services to Cuyahoga County Courts.

Cuyahoga County Courts have a high and constant need for forensic evaluator services. Forensic evaluator services are provided by forensic psychologists, who require specific training and experience and are comprised of only a small percentage of licensed psychologists. Forensic evaluations must be completed expeditiously to keep jurist dockets moving and, in some cases, to comply with statutory guidelines. Therefore, requiring registration may limit the ability of the courts to retain forensic psychologists and meet critical needs. Additionally, in order to be eligible to provide forensic evaluator services, forensic psychologists must earn a master’s degree and then a doctoral degree from an accredited institution, pass a state licensure test that incorporates a criminal background check and oral test that includes ethics, and complete biannual continuing education including ethics and cultural competence.

**BC2025-51**

(See related items for proposed travel/memberships for the week of 1/21/2025 in Section D above).

**BC2025-52**

(See related items for proposed purchases for the week of 1/21/2025 in Section D above).

**V – OTHER BUSINESS**

**Item No. 1**

TITLE	PSJS; 2024; Acceptance and Approval of FY2024 State Homeland Security Grant Program (Grant Award)
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	State Homeland Security Grant Program	9/1/2024-12/31/2026	\$67,881.00	12/12/23	CON2023-127
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services is requesting acceptance and approval of a grant award with Ohio Emergency Management Agency (OEMA) for the anticipated amount of \$67,881.00. Ohio EMA made the award to Cuyahoga County to support the County applications for the Northeast Ohio Regional Fusion Center (NEORFC) Sustainment. The anticipated start-completion dates are 9/1/2024-12/31/2026.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Provide funds to maintain response capabilities at the state and local level though licenses for access to software and databases for the NEOFRC. Implement the goals and objectives included in the State Investment Justification and State Homeland Security Strategy.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant. Ohio Emergency Management Agency
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	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

**Item No. 2**

(See related list of Various Agreements – Processed and executed (no vote required) for the week of 1/25/2025 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**