



**Cuyahoga County Board of Control Agenda  
Tuesday, October 15, 2024 - 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 – 10/7/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-732**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Lake Erie Construction Company in the amount not-to-exceed \$51,225.00 for the removal and replacement of guardrails located on Usher Road in Olmsted Township.
- b) Recommending an award on Purchase Order No. 24004197 to Lake Erie Construction Company in the amount not-to-exceed \$51,225.00 for the removal and replacement of guardrails located on Usher Road in Olmsted Township.

Funding Source: Road and Bridge

**BC2024-733**

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Ohio Schools Council in the amount not-to-exceed \$15,000.00 for assistance in the development and administration of a request for proposal for installation of solar arrays for five school districts in connection with The Cuyahoga County Solar for Schools project effective upon signatures of all parties for a period of 1 year.

- b) Recommending an award and enter into Contract No. 4904 with Ohio Schools Council in the amount not-to-exceed \$15,000.00 for assistance in the development and administration of a request for proposal for installation of solar arrays for five school districts in connection with The Cuyahoga County Solar for Schools project effective upon signatures of all parties for a period of 1 year.

Funding Source: U.S. Department of Energy - Energy Efficiency and Conservation Block Grant

**BC2024-734**

Treasurer's Office, submitting an amendment to Contract No. 386 (fka Contract No. CE1700022) with Meeder Public Funds, Inc. for investment advisor services for the period 1/1/2017-12/31/2024 to extend the time period to 12/31/2025, to change the insurance requirements, effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$160,000.00.

Funding Source: General Fund

**BC2024-735**

Department of Information Technology on behalf of the Communications Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,140.00 for the purchase of (1) each Professional PlanSprout Social Inc. and Unlimited Profile subscription services for the period 9/6/2024 – 9/5/2025.
- b) Recommending an award on Purchase Order No. 24003963 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,140.00 for the purchase of (1) each Professional PlanSprout Social Inc. and Unlimited Profile subscription services for the period 9/6/2024 – 9/5/2025.

Funding Source: General Fund

**BC2024-736**

Department of Information Technology on behalf of the Communications Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Sony Electronics Inc. in the amount not-to-exceed \$1,189.25 for the repair and replacement of a damaged lens mount on the multimedia system.
- b) Recommending an award on Purchase Order No. 24004169 to Sony Electronics Inc. in the amount not-to-exceed \$1,189.25 for the repair and replacement of a damaged lens mount on the multimedia system.

Funding Source: General Fund

**BC2024-737**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$69,640.00 for a state contract purchase of (2) each Cisco Nexus 9218 ethernet switches, Cisco Smart Net Total Care, licenses, software support, (35) transceivers and related accessories for use by the Board of Elections at 1801 Superior Avenue, Cleveland.
  
- b) Recommending an award on Purchase Order No. 24004226 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$69,640.00 for a state contract purchase of (2) each Cisco Nexus 9218 ethernet switches, Cisco Smart Net Total Care, licenses, software support, (35) transceivers and related accessories for use by the Board of Elections at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

**BC2024-738**

Department of Human Resources, recommending an award and enter into Agreement No. 4799 with The MetroHealth System in the amount not-to-exceed \$38,725.00 for flu shot clinic services for County employees, effective upon contract signatures of all parties, through 12/31/2024.

Funding Source: Self-Insurance Fund

**BC2024-739**

Personnel Review Commission,

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Archer Company in the amount not-to-exceed \$75,000.00 for Classification and Compensation Analysis and general consulting services for the period 12/5/2024 – 12/4/2027.
  
- b) Recommending an award and enter into Contract No. 4773 with The Archer Company in the amount not-to-exceed \$75,000.00 for Classification and Compensation Analysis and general consulting services for the period 12/5/2024 – 12/4/2027.

Funding Source: General Fund

**BC2024-740**

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$52,700.00 for process and outcome evaluation services of the High-Risk Domestic Violence Court program for the period 10/1/2023-9/30/2027.

b) Recommending an award and enter into Contract No. 4837 with Case Western Reserve University in the amount not-to-exceed \$52,700.00 for process and outcome evaluation services of the of the High-Risk Domestic Violence Court program for the period 10/1/2023-9/30/2027.

Funding Source: Federal Department of Justice/Office on Violence Against Women Grant.

**BC2024-741**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4908 (fka Contract Nos. 4671, 2964 and 985) with Applewood Centers, Inc. for clinical case management services for the Community Based Intervention Center for the period 2/1/2021-6/30/2024 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 \$159,007.68.

Funding Source: RECLAIM Grant

**BC2024-742**

County Prosecutor, submitting an amendment to Contract No. 4860 (fka Contract Nos. 665 and CE1600055) with Pointe Blank Solutions, Ltd. for software and maintenance on the Justice Matters and Docu-Pointe Case for the period 2/29/2016 – 2/28/2026, to expand the scope of services for the addition of Optical Character Recognition Conversion Page Packs and for additional funds in the amount not-to-each \$99,000.00, effective upon contract signature of all parties.

Funding Source: General Fund

**BC2024-743**

Sheriff's Department, submitting an amendment to Agreement No. 119 with Village of Bratenahl for inmate housing services for the period 8/1/2020 – 12/31/2024 to extend the time period to 12/31/2026 and to change the per diem rate from \$173.00 to \$189.34 per inmate, effective upon contract signature of all parties.

Funding Source: Revenue Generating

**BC2024-744**

Sheriff's Department,

a) Submitting an RFP Exemption, which will result in an award recommendation to Justice Research Associates, LLC in the amount not-to-exceed \$25,500.00 for a staffing study to analyze and recommend staffing levels to meet operational needs effective upon signatures of all parties for a period of 1 year.

b) Recommending an award and enter into Contract No. 4878 with Justice Research Associates, LLC in the amount not-to-exceed \$25,500.00 for a staffing study to analyze and recommend staffing levels to meet operational needs effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

**BC2024-745**

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

- a) Submitting an RFP exemption, which will result in a payment to Enterprise Community Partners, Inc. in the amount not-to-exceed \$122,343.26 as final payment for various time periods as invoiced July 31, 2024 to promote the Earned Income Tax Credit, Child Care Tax Credit and provide free tax preparation assistance to low and moderate-income individuals and families for services rendered under Contract No. 1564 during the contract term of 7/1/2021 – 6/30/2024.
- b) Recommending a payment on Purchase Order No. 24003849 to Enterprise Community Partners, Inc. in the amount not-to-exceed \$122,343.26 as final payment for various time periods as invoiced July 31, 2024 to promote the Earned Income Tax Credit, Child Care Tax Credit and provide free tax preparation assistance to low and moderate-income individuals and families for services rendered under Contract No. 1564 during the contract term of 7/1/2021 – 6/30/2024.

Funding Source: 90% Federal/State and 10% Health and Human Services Levy Funds

**BC2024-746**

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Centers for Families and Children in the amount not-to-exceed \$500,000.00 for capital improvements to the Cleveland Christian Home building site in connection with the Child Wellness Campus project for the period 7/1/2024 - 12/31/2024.
- b) Recommending an award and enter into Contract No. 4899 with The Centers for Families and Children in the amount not-to-exceed \$500,000.00 for capital improvements to the Cleveland Christian Home building site in connection with the Child Wellness Campus project for the period 7/1/2024 - 12/31/2024.

Funding Source: Cuyahoga County Board of Developmental Disabilities

**C. – Exemptions**

**BC2024-747**

Sheriff’s Department, recommending an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$400,000.00 for emergency offsite medical services for inmates for the period 1/1/2025 – 12/31/2026:

- a) Alternative Body Connections
- b) Ascend Clinical, LLC
- c) AT Associates
- d) Case Dental Medicine Support Services
- e) Cleveland Clinic

- f) Cleveland Clinic Foundation
- g) Cleveland Emergency Medical Service
- h) Cleveland Foot & Ankle Clinic
- i) Community Dialysis Center - East
- j) Davita
- k) Donald Martens & Sons Ambulance Service Inc.
- l) Emergency Professional Services, Inc
- m) Euclid Hospital
- n) Faith Medical Associates
- o) Fresenius Medical Care
- p) Geauga Vision
- q) Grady Memorial Hospital
- r) Hastings Home Health Center
- s) ID Consultants Inc.
- t) Lutheran Hospital
- u) Manuel Garcia Prosthetics
- v) Myocare Nursing Home, Inc
- w) Ohio Emergency Care Services
- x) Ohio Renal Care West
- y) Orthotic Prosthetic Specialties
- z) Partners in Nephrology Care LTD
- aa) Physicians Ambulance Service
- bb) Premier Physicians Centers
- cc) Sequenom CMM San Diego
- dd) St. Vincent Charity Hospital
- ee) St. Vincent Charity Hospital - House Providers
- ff) St. Vincent Charity Hospital- Medical Group
- gg) University Hospital
- hh) University Hospital - Bedford
- ii) University Hospital - Emergency Specialists
- jj) University Hospital - Medical Group
- kk) University Hospital - Parma
- ll) University Hospital - Primary Care Practice
- mm) Westpark Neurology & Rehabilitation Center

Funding Source: General Fund

**BC2024-748**

Department of Health and Human Services/Office of the Director, recommending an alternative procurement process to solicit proposals for a period of two weeks for seasonal shelter and supportive services for shelter resistant persons experiencing homelessness in Cuyahoga County which may result in one or more award recommendations for the period 11/15/2024 – 4/15/2025 in the total amount not-to-exceed \$100,000.00.

Funding Source: Health and Human Services Levy Fund

**D. – Consent Agenda**

**BC2024-749**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/15/2024:

Dept:	Department of Information Technology							
Event:	Secure WV: Wild & Weird West Virginia							
Source:	SecureWV							
Location:	Charleston, WV							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	10/24/2024 - 10/27/2024	\$75.00	\$172.00	\$345.00	\$335.00	\$0.00	\$927.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Secure WV is a 2-day conference in Charleston, West Virginia ran by a 501(c)(3) non-profit that conducts an annual cyber security conference to fulfill the primary objectives of awareness and education. This conference is one of the larger regional conferences that attracts nationally known cybersecurity leaders to teach and speak about advanced cybersecurity topics.

**BC2024-750**

Department of Purchasing, presenting proposed purchases for the week of 10/15/2024:

**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
24004129	Annual renewal of subscription services to Gurock TestRail Cloud for the period 2/22/2025 – 2/21/2026	Department of Information Technology	MNJ Technologies Direct, Inc.	\$20,940.00	Real Estate Assessment Fund
24004130	Annual renewal of subscription services for SmartDraw Enterprise	Department of Information Technology	Above & Beyond Electronics LLC	\$6,479.75	General Fund

	Site License for the period 11/30/2024 – 11/30/2025				
24004196	Dog food for the Animal Shelter	Department of Public Works	Medina Farmers Exchange Co. Inc.	Not-to- exceed \$15,000.00	General Fund
24004199	(500) Green anti-suicide blankets for inmates	Sheriff's Office	Bob Barker Company, Inc.	\$22,810.00	General Fund

**V- OTHER BUSINESS**

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

**Item No. 1**

Court of Common Pleas/Corrections Planning Board, submitting a grant award from Ohio Department of Mental Health and Addiction Services in the amount of \$255,000.00 for salaries, related payroll expenses for Supervisors or Assessment Specialists assigned to any of the five Drug Court Specialized Dockets (Adult Drug Court, MAT, Human Trafficking, Veterans Treatment Court and HOPE Court) and client sober support in connection with the Specialized Docket Support – Payroll Subsidy Grant Program for the period 7/1/2024 – 6/30/2025, allocated as follows:

- a) Adult Drug Court Docket – \$75,000
- b) MAT Docket – \$45,000
- c) Human Trafficking - \$45,000.00
- d) Veterans Treatment Court Docket – \$35,000
- e) HOPE Court - \$55,000.00

Funding Source: Ohio Department of Mental Health and Addiction Services

**Item No. 2**

Sheriff's Department, submitting a Subgrant Award from the U.S. Department of Justice, Office of Justice Programs in the amount of \$285,000.00 for support and enhancement of Sex Offender Registration and Notification Act (SORNA) activities in connection with the FY2021 Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Support for Adam Walsh Act Implementation Grant Program for the period 10/1/2021 – 9/30/2024.

Funding Source: FY2021 U.S. Department of Justice, Office of Justice Programs

**Item No. 3**

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, submitting a grant award U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$268,112.00 for (1) full-time Forensic Scientist position for the Cuyahoga County Regional Forensic Science Laboratory in connection with the FY2024 Paul Coverdell Forensic Science Improvement Competitive Grant Program for the period 10/1/2024 to 9/30/2027.

Funding Source: FY2024 Paul Coverdell Forensic Science Improvement Competitive Grant Program



**Item No. 4**

Purchases Processed Not-to-Exceed \$5,000.00 for the period 9/1/2024 – 9/30/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “10/15/2024 – Board of Control Meeting”.

[Board of Control \(cuyahogacounty.gov\)](http://cuyahogacounty.gov)

**VI – PUBLIC COMMENT****VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control

Monday, October 7, 2024 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

**I – CALL TO ORDER**

The meeting was called to order at 11:03 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

Mellany Seay, Finance and Operations Administrator, Department of Public Works  
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)

Councilmember Meredith Turner entered at 11:04 a.m.

Councilmember Dale Miller

**II. – REVIEW MINUTES – 9/30/2024**

Michael Chambers motioned to approve the minutes from the September 30, 2024, meeting; Mellany Seay 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**

**BC2024-709**

Department of Health and Human Services/Office of the Director, recommending an award and enter into Agreement No. 4889 with Cleveland State University in the amount not-to-exceed \$240,571.00 for evaluation and coordination of the new Cuyahoga County Welcome Center, including researching whether benefits provided abide by federal regulations, and to serve as a liaison between Center customers, legal authorities and community partners for the period 9/1/2024 - 8/31/2026.

Funding Source: Health and Human Services Levy Fund

David Merriman, Department of Health and Human Services/Office of the Director, presented. Dale Miller asked do you have further information regarding the questions raised at the last meeting; asked is it the intention that over the 2 years that they will not only investigate the cases and provide the

consulting information but also provide us the knowledge so that in the future we'll be able to do this ourselves. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-709 was approved by unanimous vote.

**B. – New Items for Review**

**BC2024-717**

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 \$27,143.60 for a joint cooperative purchase of (2) Custom Height Adjustable Lecterns and related accessories for 1801 Superior Avenue, Cleveland for use by the Board of Elections.
- b) Recommending an award on Purchase Order No. 24003986 to Ohio Desk Company in the amount not-to-exceed \$27,143.60 for a joint cooperative purchase of (2) Custom Height Adjustable Lecterns and related accessories for 1801 Superior Avenue, Cleveland for use by the Board of Elections.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. Dale Miller asked what the lecterns are made of that they cost \$13k plus, a piece. Trevor McAleer asked are these similar to ones in Council Chambers where it goes up and down. Michael Chambers motioned to approve the item; Katherine A. Gallagher seconded. Item BC2024-717 was approved by unanimous vote.

**BC2024-718**

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 \$406,244.27 for a state contract purchase of various furniture, fixtures and accessories, project management, installation and design services for (23) offices, a boardroom, conference and training rooms, reception area and rebuild (106) workstations at 1801 Superior Avenue, Cleveland for the Board of Elections.
- b) Recommending an award on Purchase Order No. 24003987 to Ohio Desk Company in the amount not-to-exceed \$406,244.27 for a state contract purchase of various furniture, fixtures and accessories, project management, installation and design services for (23) offices, a boardroom, conference and training rooms, reception area and rebuild (106) workstations at 1801 Superior Avenue, Cleveland for the Board of Elections.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. Dale Miller asked what the build out consists of; commented so it's a pretty high-powered example of some assembly required. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-718 was approved by unanimous vote.

**BC2024-719**

Department of Public Works, recommending an award on RQ14401 and enter into Contract No. 4697 with Reworld Tron Corp. (17-1) in the amount not-to-exceed \$218,175.45 for collection, transportation, recycling and or disposal of hazardous/non-hazardous waste, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller commented he didn't hear everything that was said so this may have been cover; asked whether this the same vendor we currently have; asked how current costs compares to the costs going forward; asked any sense of why none of the other 16 vendors this was sent to, responded. Meredith Turner asked where it is being removed from. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-719 was approved by unanimous vote.

**BC2024-720**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Guttman Energy, Inc. in the amount not-to-exceed \$455,000.00 for a state contract purchase of fuel for various County facilities effective upon contract signatures of all parties for the period 10/1/2024 – 4/30/2025.
- b) Recommending an award and enter into Contract No. 4885 with Guttman Energy, Inc. in the amount not-to-exceed \$455,000.00 for a state contract purchase of fuel for various County facilities effective upon contract signatures of all parties for the period 10/1/2024 – 4/30/2025.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-720 was approved by unanimous vote.

**BC2024-721**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$179,200.00 for a state contract purchase of (800) additional Cisco IP 8811 Phones.
- b) Recommending an award on Purchase Order No. 24003914 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$179,200.00 for a state contract purchase of (800) additional Cisco IP 8811 Phones.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. Meredith Turner asked are these landlines. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-721 was approved by unanimous vote.

**BC2024-722**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,398.00 for a state contract purchase of (1) each Cisco Catalyst Router, voice interface card, On-premises subscription license and Cisco Smart Net Total Care for a period of 3 years for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.
  
- b) Recommending an award on Purchase Order No. 24003951 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$5,398.00 for a state contract purchase of (1) each Cisco Catalyst Router, voice interface card, On-premises subscription license and Cisco Smart Net Total Care for a period of 3 years for use at the Veterans Service Commission located at 3950 Chester Avenue, Cleveland.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-722 was approved by unanimous vote.

**BC2024-723**

Department of Information Technology, submitting an amendment to Contract No. 1096 with Tim Wauhop for Enterprise Resource Planning System support services for the period 3/22/2021 - 12/31/2024 to extend the time period to 12/31/2025, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$98,800.00 effective upon contract signature of all parties.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-723 was approved by unanimous vote.

**BC2024-724**

Department of Human Resources, recommending an award on RQ14318 and enter into Contract No. 4896 with The Jellyvision Lab, Inc. (15-3) in the amount not-to-exceed \$431,823.00 for ALEX virtual benefits counselor software subscription services for use by employees for the period 10/12/2024 - 10/11/2027.

Funding Source: Self-Insurance Fund

Stephen Witt, Department of Human Resources, presented. Trevor McAleer commented that the number of employees that use this tool is pretty high, so thanks for advanced answers to the question

that a good percentage of employees use it; Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-724 was approved by unanimous vote.

**BC2024-725**

Sheriff's Department, recommending an award on RQ14858 and enter into Contract No. 4847 with Galls, LLC (11-2) in the amount not-to-exceed \$123,439.05 for the purchase of Law Enforcement uniforms for the period 1/1/2025 - 12/31/2027.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Dale Miller asked what the new amount of the contract is, asked is the new contract amount per unit. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-725 was approved by unanimous vote.

**BC2024-726**

Medical Examiner's Office, submitting an amendment to Contract No. 4020 (fka 1144 add CE1800308) with Versaterm Public Safety US, Inc. FKA JusticeTrax Inc. for Laboratory Information Management System software licenses for the period 10/15/2018 – 12/31/2024 to expand the scope of services for the purchase of maintenance for (56) LIMS-Plus licenses & LIMS-Plus Portal licenses, effective 10/15/2024 and (40) hours of database services to remove images, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$21,835.76.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-726 was approved by unanimous vote.

**BC2024-727**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry,

- a) Submitting an RFP exemption, which will result in a payment to Towards Employment, Inc. in the amount not-to-exceed \$33,122.87 as final payment for reconciliation of 2023 invoices for the creation of a social enterprise business to place and support job-ready, reentry workers into transitional jobs rendered under Contract No. 739 during the contract term of 2/13/2020 - 12/31/2023.
- b) Recommending a payment on Purchase Order No. 24003682 to Towards Employment, Inc. in the amount not-to-exceed \$33,122.87 as final payment for reconciliation of 2023 invoices for the creation of a social enterprise business to place and support job-ready, reentry workers into transitional jobs rendered under Contract No. 739 during the contract term of 2/13/2020 - 12/31/2023.

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; Meredith Turner seconded. Item BC2024-727 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-728 through BC2024-731; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2024-728**

Department of Public Works, submitting an amendment to Contract No. 3418 nka Contract No. 4869 with Pennoni Associates, Inc. for 2023 professional general engineering and design services for County bridges and adjunct services on a task order basis for the period 6/1/2023 - 5/31/2026, for an assignment and assumption of services to DLZ Ohio, Inc. effective upon signatures of all parties; no additional funds required.

Funding Source: Road and Bridge Fund

**BC2024-729**

Department of Public Works, submitting an amendment to Contract No. 2278 nka Contract No. 4871 with Jones-Stuckey, Ltd. a division of Pennoni Associates, Inc. for design engineering services including services authorized on a task order basis for improvement of Cedar Point Road Bridge No. 00.49 over the Rocky River in the City of North Olmsted and for an assignment and assumption of services to DLZ Ohio, Inc. effective upon signatures of all parties; no additional funds required.

Funding Source: Road and Bridge Fund

**BC2024-730**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/7/2024:

Dept:	Department of Public Safety and Justice Services							
Event:	Mid-Year Training Workshop							
Source:	National Association of SARA Title III Program Officials							
Location:	Houston, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alan Finkelstein (Community Partner)	10/13/2024 – 10/16/2024	\$315.00	\$180.00	\$500.00	\$0.00	\$0.00	\$995.00	80% Hazardous Materials Emergency Planning Grant - 20%

								Local Emergency Planning Committee Discretionary Fund
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\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The Department of Public Safety & Justice Services, on behalf of the Local Emergency Planning Committee (LEPC), requesting authorization for Alan Finkelstein, LEPC Vice Chair, to attend the National Association of SARA Title III Program Official 2024 Mid-Year Workshop. This workshop will address hazmat issues including EPA, PHMSA, HMEP, SERC updates, and regulatory updates.

**BC2024-731**

Department of Purchasing, presenting proposed purchases for the week of 10/7/2024:

**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
24003972	Purchase, removal and installation of replacement fencing materials	Department of Public Works	Cuyahoga Fence LLC	\$10,915.80	General Fund
24003985	(11) Wire shelving units with various accessories for use at 1801 Superior Avenue	Department of Public Works	The Ohio Desk Company	\$13,096.95	General Fund
24004023	Various Caterpillar parts for heavy equipment repairs	Department of Public Works	Ohio CAT	Not-to-exceed \$49,999.00	68% Sanitary Fund and 32% Road and Bridge Fund
24004074	On-site build-out of (1) 2025 Dodge Durango for use by the Sheriff’s Department	Department of Public Works	Hall Public Safety Upfitters	\$20,488.96	General Fund
24004104	Various fencing materials	Department of Public Works	Great Northern Fence, Inc.	\$5,278.00	Road and Bridge Fund

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004105	Factory Authorized – Hydromatic pump repairs*	Department of Public Works	Pump Systems LLC	\$7,751.96	Sanitary Fund



\*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, 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 \$475,000.00 to \$1,475,000.00.

## **V- OTHER BUSINESS**

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

#### **Item No. 1**

Department of Public Works, submitting a grant agreement with United States Department of Transportation in the amount of \$7,000,000.00 for the Cuyahoga County Veterans Memorial Bridge Connectivity Plan Project in connection with Fiscal Year 2023 Neighborhood Access and Equity Program Grant effective upon signatures of all parties through 6/30/2029.

Funding Source: FY2023 U.S. Department of Transportation - Neighborhood Access and Equity Program Grant

#### **Item No. 2**

Public Defender's Office,

- a) Submitting a grant application to Supreme Court of Ohio in the amount of \$75,000.00 for the Legal Representation Pilot Project, effective upon signatures of all parties through 9/30/2025.
- b) Submitting a Grant Award Agreement from the Supreme Court of Ohio in the amount of \$75,000.00 for the Legal Representation Pilot Project effective upon signatures of all parties through 9/30/2025.

Funding Source: U.S. Department of Health and Human Services

#### **Item No. 3**

Sheriff's Department, submitting a grant agreement with City of Cleveland in the amount of \$100,000.00 for local Law Enforcement Agency assistance to support the Interoperable Communications Improvement Project in connection with the FY2022 Edward Byrne Memorial Justice Assistance Grant for the period 10/1/2023 – 9/30/2025.

Funding Source: FY2022 Edward Byrne Memorial Justice Assistance Grant

#### **Item No. 4**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

submitting a grant agreement with U.S. Department of Housing and Urban Development in the amount of \$1,500,000.00 for Continuum of Care planning activities in connection with the FY2023 Continuum of Care Homeless Competition Program for the period 1/1/2025 – 12/31/2025.

Funding Source: U.S. Department of Housing and Urban Development

**Item No. 5**

**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
RQ 4593	Amend Contract No. 2279	The Briermost Foundation, Inc.	For the purchase of property, renovation and furnishings for a sober living facility in connection with funding for one-time capital costs to support delivery of services to persons with serious mental illness, serious mental illness with co-occurring substance abuse or substance abuse/addiction	\$-0-	Department of Public Safety and Justice Services	1/1/2022 – 9/30/2024 to <b>extend the time period to 11/30/2024</b>	(Original) Opioid Settlement Fund	9/26/2024 (Executive) 9/26/2024 (Law)
No RQ	Amend Agreement No. 3664	Cuyahoga County Board of Health	Operating the Lead Hazard Reduction Project	\$-0-	Department of Housing and Community Development	8/1/2021 – 9/30/2024 to <b>extend the time period to 12/31/2024</b>	(Original) Cuyahoga County Board of Health	9/24/2024 (Department) 9/24/2024 (Law)
No RQ	Amend Master Services Agreement	AT&T Enterprise, LLC	Voice Over Internet Protocol (VOIP) provider services, <b>expand the scope of services and update insurance requirements, effective upon contract signature of all parties</b>	\$-0-	Department of Information Technology	Effective upon signatures of all parties		9/30/2024 (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
R2012-0023 R2012-0087	Affidavit of Title – Replacement of Rockside	\$12,000,000.00	N/A	\$9,600,000.00 – Federal Fund \$2,400,000.00 – Road and Bridge Fund	9/25/2024 (Executive)

	Road Bridge Nos. 3.23 and 3.32 over the Cuyahoga River in the City of Independence and Village of Valley View – Council District 6				9/25/2024 (Law)
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**VI – PUBLIC COMMENT**

No Public Comment

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:27 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-732**

Title	PW-R&B-Usher Rd. Guardrail Replacement-Olmsted Township-Lake Erie Construction 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)	24004197	Lake Erie Construction Co.	Upon Execution	NTE \$51,225.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>This purchase order will be with Lake Erie Construction Company and is intended to cover work completed on the Usher Road Guardrail replacement project in the amount not-to-exceed \$51,225.00. The department initially estimated that the project would not exceed \$48,000 based on previous projects and market evaluations. The amount exceeded the estimation by \$3,225.00 due to the cost of traffic control and mobilization labor costs.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input 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>This purchase order will be with Lake Erie Construction Company and is intended to cover work completed on the Usher Road Guardrail replacement project in the amount not-to-exceed \$51,225.00. This request is for the removal and replacement of existing guardrails on usher Road near the Ohio Turnpike.</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:	Owner, executive director, other (specify):
Lake Erie Construction Co. 25 South Norwalk Rd. Norwalk, Ohio 44857	Anne Holmer, Estimating Assistant
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.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 123 /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 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: Only bidder	<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?  No  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% R&B Funding

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.

PW270165 55130

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):	8.28.24
Date documents were requested from vendor:	9.20.24
Date of insurance approval from risk manager:	9.16.24
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):

**BC2024-733**

Title	Department of Public Works; Ohio Schools Council; Contract for Issuance of Request for Proposals for Solar Installer	
Department or Agency Name	Department of Public Works/Division of Public Utilities	
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	4904	Ohio Schools Council	Effective Date – 12 Months	\$15,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 The Department of Public Works/Division of Public Utilities requests to contract with the Ohio Schools Council for 12 months, effective signature of the County Executive, to procure a solar installer for the Solar for Schools Program in the total amount not-to-exceed \$15,000.00. The Ohio Schools Council will draft and issue a Request for Proposals (RFP) to competitively procure a local solar installer for this project. Installers will be evaluated based on experience, equipment offerings, warranty offerings, competitive pricing, commitment to prevailing wage rates for employees, and the diversity of their ownership and workforce.

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 Cuyahoga County Solar for Schools project will provide financial support to four (4) Northeast Ohio school districts in environmental justice communities to collectively install between 500 kW and 1 MW of solar. The goals of this program are to reduce electricity costs for schools; reduce regional greenhouse gas emissions; increase equitable access to clean, local renewable energy; provide educational opportunities for K-12 students; and to create a replicable procurement model for future solar installations.

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 Schools Council 6393 Oak Tree Blvd., Suite 377 Independence, OH 44131	William Zelel, Executive Director
Vendor Council District:	Project Council District:
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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	<p>A formal procurement process was not followed as the Ohio Schools Council was a partner on and written into the Energy Efficiency and Conservation Block Grant (EECBG) grant application. The Ohio Schools Council provides energy procurement for school districts and is well positioned to issue the solar installer RFP.</p> <p>Also, the Ohio Schools Council, a regional council of governments created under Ohio Revised Code Section 167, is a government agency created and governed by school districts for the specific purpose of saving dollars through volume purchases.</p> <p>*See Justification for additional information.</p>
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 type="checkbox"/> Contract Amendment - (list original procurement)  <input checked="" type="checkbox"/> Other Procurement Method, please describe: Federal, State, or Other Grant Application Program (County Code 501.12(B)(16))

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% U.S. Department of Energy - Energy Efficiency and Conservation Block Grant

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.

PW720200

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): N/A

**BC2024-734**

Title	Fiscal Department Investment Advisory Services
Department or Agency Name	Fiscal 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.
0	CE1700022	Meeder Public Funds, Inc.	1/1/2017 – 12/31/2018	\$85,000.00	01/30/2017	BC2017-74
A-1	CE1700022	Meeder Public Funds, Inc.	1/1/2019 – 12/31/2020	\$270,000.00	02/04/2019	BC2019-88
A-2	CM386	Meeder Public Funds, Inc.	1/1/2021 – 12/31/2022	\$280,000.00	03/15/2021	BC2021-110
A-3	CM 386	Meeder Public Funds, Inc.	1/1/2023 – 12/31/2024	\$300,000.00	11/28/2022	BC2022-724
A-4	CM 386	Meeder Public Funds, Inc.	1/1/2025 – 12/31/2025	\$160,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
The Treasury Department is requesting approval to amend CM 386 with Meeder Public Funds, Inc. to extend the end date to 12/31/2025 and add funds in the not-to-exceed amount of \$160,000.00. The amendment also includes the updated insurance requirements set by Cuyahoga County’s Law Department. Meeder Public Funds, Inc. will assist the County in achieving its investment and portfolio management objectives. These include safety of investments, maintenance of adequate liquidity, maximizing yield consistent with safety, managing risk, and coordinating cash management functions with the Investment Advisory Committee and other County departments and agencies.

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):  
-Safety of Investments  
-Maintenance of Adequate Liquidity  
-Maximizing yield consistent with safety

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):
Meeder Public Funds, Inc. 6125 Memorial Drive	Jason Headings, SR. Vice President

Dublin, OH 43017	
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. O.R.C. 135.341 authorizes the Investment Advisory Committee to retain the services of an investment advisor, provided that the advisor is licensed by the division of securities under section 1707.141 of the O.R.C or is registered with the Securities and Exchange Commission, and possesses public funds investment management experience, specifically in the area of state and local government investment portfolios, or the advisor is an eligible institution mentioned in O.R.C 135.03  *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) CONV
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" 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.  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.  FS100130
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 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

**BC2024-735**

Title	Sprout Social Licenses
Department or Agency Name	The 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):
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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.
	24003963 EXMT	MNJ Technologies Direct, Inc.	09/06/2024 – 09/05/2025	\$5,140.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  
 The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Sprout Social Licenses in the amount of \$5,140.00. Subscription time period 09/06/2024 – 09/05/2025.

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):  
 Sprout Social is a media monitoring tool used for publishing County content and is primarily utilized for collecting analytics on trends and the impact of Communications messaging. The reports from Sprout Social are utilized by the Communications Department to contribute to the Performance and Innovations Departments' county-wide data collection through the ClearPoint strategy system.

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):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner 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. Other vendors and options were not evaluated. Sprout was evaluated and is currently in use by the Multimedia team. Additionally, the subscription period already began and MNJ Technologies Direct is the current

	license provider. MNJ Technologies Direct is providing the County with Ohio STS contract pricing under STS contract #534354.  *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 checked="" 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: CTO Approval 08/17/2024
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% General Fund EX100105
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 Department was reviewing license usage and determining the appropriate number of licenses to purchase. It was determined the number of licenses being purchased would be reduced to one, however the subscription time period already began once the updated quote was received.

Timeline

Project/Procurement Start Date (date your team started working on this item):	07/23/2024
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Date documents were requested from vendor:	07/23/2024
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Date of insurance approval from risk manager:	n/a
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Date Department of Law approved Contract:	n/a
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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) Subscription began 09/06/2024

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.
	23005350 EXMT	MNJ Technologies Direct, Inc.	09/05/2023 – 09/06/2024	\$4,788.00	1/29/2024 Agenda	Item No. 5 – No Vote Required

**BC2024-736**

Title	PO24004169EXMT-2024- Sony Equipment Repair
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.
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	PO24004169 EXMT	Sony Electronics Inc	2024	\$1,189.25	PENDING	PENDING
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Service/Item Description (include quantity if applicable).  
The Department of Information Technology on behalf of Multimedia Communications, plans to contract with Sony Electronics Inc, for procurement of equipment repair services in the amount of \$1,189.25

Sony is the manufacturer of the required equipment and parts for the damaged multimedia system. Their services ensure factory-quality repairs and include guarantees that the equipment will be restored with precision and accuracy.

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):  
Following Equipment repair service:

1. Service Mount Assembly- Sony Spare Part A5066125A
2. Service Mount Assembly - Sony Spare Part 500878801
3. Cushion Front- Sony Spare Part 500878701
4. Cushion Front inside- Sony Spare Part X50008421
5. Service Mount Assembly Handle Upper Cab- Sony Spare Part 500294311
6. Shoe Shell Plate(88100)

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):
Sony Electronics Inc 16535 Via Esprillo San Diego, CA 92127	Israel Lopez Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
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 is an RFP Exemption procurement, because Sony is the manufacturer of the necessary equipment and parts for damaged multimedia system. Due to their specialized expertise and in-house capabilities, Sony is best suited to carry out the repairs effectively and efficiently. Sony's services ensure factory-quality repairs



	and include guarantees that the equipment will be restored with precision and accuracy.  *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 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% 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. EX100105
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.
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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):

**BC2024-737**

Title	Two Cisco Class Switches for the Board of Elections 1801 Superior Avenue Location
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.
	24004226 FTYR	MNJ Technologies Direct, Inc.		\$69,640.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Two Cisco Class Switches for the Board of Elections 1801 Superior Avenue Location in the amount of \$69,640.00.</p> <p>Qty. 2 Cisco Nexus Switches  Qty. 2 Cisco SmartNet  Qty. 2 Cisco DRAM Memory Modules  Qty. 2 Cisco NX-OS Advantage Licenses  Qty. 2 Cisco Software Support  Qty. 35 Cisco SFP Transceivers</p>
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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 request is for two datacenter Nexus class switches for the new 1801 Superior Facility for the Board of Elections. Robin Roy, Chief IT Officer, was presented with four options and this combination was selected. This purchase will be solely used by the Board of Elections. Cisco Nexus Switches are an approved Department of Information Technology standard.

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):
MNJ Technologies Direct 1025 Busch Parkway Buffalo Grove Il	Jimmy Lochner 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. A formal process was conducted by the State of Ohio. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. MNJ Technologies is able to provide the County with Ohio State term schedule contract pricing. *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 OH STS contract #534612 expires June 30, 2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<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.	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% 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.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions):

**BC2024-738**

Title	Human Resources; 2024; Agreement with The MetroHealth System for Flu Shot Clinics for County Employees for the period ending 12/31/2024 in the amount NTE \$38,725.00
Department or Agency Name	Human Resources
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	4799	The MetroHealth System	Effective Upon Signature – 12/31/2024	\$38,725.00		PENDING

Service/Item Description (include quantity if applicable).  
 MetroHealth will provide on-site flu shot clinics for County employees this fall. This is an annual program as part of the Wellness Program.

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 primary goal of this project is to provide convenient vaccinations for the annual flu to County employees. This protects our employees, the family, and the public that those employees interact with.

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):
The MetroHealth System 2500 MetroHealth Dr.	Dr. Christine Alexander-Rager, Acting CEO

Cleveland, OH 44109	
Vendor Council District:	Project Council District:
03	Countywide
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 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 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% Self-Insurance 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.

HR765120

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

Provide status of project.

Flu Shot clinics are scheduled to begin mid-October in advance of the annual flu season.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3802	The MetroHealth System dba Skyway	10/2/2023-12/31/2023	\$52,500.00	10/10/2023	BC2023-618

**BC2024-739**

Title	Personnel Review Commission & the Archer Company request a 3-year contract for consulting services relating to classification and compensation.
Department or Agency Name	Personnel Review Commission

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	4773	The Archer Company	12/5/2024- 12/4/2027	\$75,000 (\$25,000 per year)	TBD	

Service/Item Description (include quantity if applicable).  
 The Personnel Review Commission is requesting approval of an exemption to enter into a contract with The Archer Company for three years not-to-exceed \$75,000 (\$25,000 per year).

The anticipated start-completion dates are (12/5/2024- 12/4/2027).

Indicate whether:  New service/purchase    Existing service/purchase    Replacement for an existing service/purchase (provide details in Service/Item Description section above)  
 To continue to conduct job evaluations on new and revised classifications and provide general professional consulting services related to the County’s classification and compensations systems.

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 primary goals of the project are:  
 A. The uninterrupted administration of the County’s classification and compensation systems.  
 B. The Archer Company has provided consulting services to the County for over twenty years, the principal consultants have organizational and historical knowledge that is sometimes relevant to current issues regarding the County’s classification and compensation systems, and the PRC needs to be able to access their knowledge of historical perspective on proposed changes to these systems.  
 C. The ability to perform special projects quickly, easily, and cost-effectively, such as a salary survey, to ensure the County is competitive in talent acquisition.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
The Archer Company 7652 Sawmill Rd. #295 Dublin, Ohio 43016	James Battigaglia, President
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A



COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __N/A_____ <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.  The County's classification and compensation system is dependent on using this vendor, and there are active classification and compensation projects that would be affected by choosing another vendor. Additionally, a new point-factor system for the County would cost between \$300,000-\$500,000.00 and the PRC has not been approved for a budget in this amount by Council. We hope to be able to do a formal bidding process in the future pending Council's support.  *See Justification for additional information.
The total value of the solicitation: N/A	<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"/> 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: N/A	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% 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.

PR100100

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

Provide status of project. N/A

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

Reason: N/A

Timeline

Project/Procurement Start Date (date your team started working on this item):	7/15/2024
Date documents were requested from vendor:	7/15/2024
Date of insurance approval from risk manager:	9/5/2024
Date Department of Law approved Contract:	9/5/2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Needed to update several forms.

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE16000 268	The Archer Company	12/5/2016 – 12/4/2019	\$75,000.00	12/12/2016	BC2016-931
A-1	2593 (fka 519)	The Archer Company	12/5/2019 – 12/4/2022	\$45,000.00	12/16/2019	BC2019-961
A-2	2593 (fka 519)	The Archer Company	12/5/2022 – 12/4/2024	\$50,000.00	11/28/2022	BC2022-712

**BC2024-740**

Title	CWRU Evaluation (OVW HRDVC)		
Department or Agency Name	Corrections Planning Board		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM 4837	Case Western Reserve University	October 1, 2023 until September 30, 2027	\$52,700.00		

Service/Item Description (include quantity if applicable).

Jeff Kretschmar, Ph.D., Managing Director of the Begun Center for Violence Prevention Research and Education (Begun Center) at Case Western Reserve University (CWRU) will conduct a process and outcome evaluation of the High Risk DV Court from October 1, 2023 until September 30, 2027. Dr. Kretschmar currently serves as external evaluator for two of the Court’s current BJA-funded dockets – the Veterans Treatment Court and the Mental Health-Adult Drug Court.

Both process and outcome data will be shared regularly with the High Risk DV Court to ensure continuous quality improvement. Dr. Kretschmar will work collaboratively with the High Risk DV Court Team to identify evaluation areas of interest and identify or develop outcomes tools to track data; however, there are several areas the team has already identified as critical to monitor.

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 evaluation will examine whether the proposed High-Risk Domestic Court model was implemented as intended under its federal grant proposal.

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: Case Western Reserve University 10900 Euclid Avenue Cleveland, Ohio 44106-7037	Owner, executive director, other (specify): Meghan Schane-Rambert Assistant VP for Research, Associate Counsel
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	Entire County affected 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 contract is associated with a grant award identifying a specific partner to provide a unique evaluation service addressing the High-Risk Domestic Violence Court.  *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?  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% funded by Federal Dept of Justice/Office on Violence Against Women Grant.

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

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

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

Provide status of project. Services have started and project planning has occurred.

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

Reason: Delays caused by further review of proposed changes to confidentiality language.

Timeline

Project/Procurement Start Date (date your team started working on this item):	January 30, 2024
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Date documents were requested from vendor:	June 20, 2024
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Date of insurance approval from risk manager:	July 10
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Date Department of Law approved Contract:	July 22
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: none

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

CWRU has been providing initial planning support services.

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

HISTORY (see instructions):

**BC2024-741**

Title	CONTRACT AMENDMENT FOR CBIC MENTAL HEALTH CLINICIANS APPLEWOOD CENTERS, INC.	
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 <input type="checkbox"/> 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.
Original (O)	985	Applewood Centers, Inc.	2/1/2021- 6/30/2022	\$119,503.73	7/26/2021	BC2021-380
(A-# 1)	985	Applewood Centers, Inc.	2/1/2021- 6/30/2023	\$93,333.24	10/12/2021	BC2021-567
(A-# 2)	2964	Applewood Centers, Inc.	2/1/2021- 6/30/2024	\$159,007.44	5/13/2024	BC2024-361
(A-# 3)	4908 copied from 4671	Applewood Centers, Inc.	2/1/2021- 6/30/2026	\$159,007.68	PENDING	

Service/Item Description (include quantity if applicable). The Vendor will provide assessment services based on need to all youth admitted to the CBIC program, and all efforts will be made to maximize involvement with families and youth receiving treatment. The contract amendment is to extend the time- period of the contract to June 30,2026, increase the funds in the amount of \$159,007.68, and replace the insurance requirements of the contract. This changes the not-to-exceed value of the contract from \$371,844.41 to \$530,852.09. A total of \$79,503.84 of the not to exceed amount is to be allocated from July 1, 2024, through June 30, 2025.

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 develop case management services for the youth to best be served by the CBIC curriculum.

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: Applewood Centers Inc 10427 Detroit Ave Cleveland, Ohio 44102	Owner, executive director, other (specify): Adam G. Jacobs, President
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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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:  This is a contract amendment	<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 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.  This project is 100% funded by the RECLAIM grant.
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. 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.
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 RECLAIM grant notification and award process, and vendors' delay in returning documents.
Timeline
Project/Procurement Start Date (date your team started working on this item): 5/15/2024
Date documents were requested from vendor: 6/12/2024
Date of insurance approval from risk manager: 5/29/2024
Date Department of Law approved Contract: 6/11/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input 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): see chart above

**BC2024-742**

Title	County Prosecutor's Request to Amend Contract #665 to Expand Support Services
Department or Agency Name	Cuyahoga County Prosecutor's Office
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)	CE1600022-01	Pointe Blank	2/29/2016 - 2/28/2021	3,000,000.00	4-13-2016	R2016-0072
1	665	Pointe Blank	2/29/2016 -2/28/2026	3,120,000.00	3-23-2021	R2021-0087



2	4860	Pointe Blank	2/29/2016 -2/28/2026	99,000.00	pending	pending
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Service/Item Description (include quantity if applicable).  
 Pointe Blank/Matrix has been working on upgrading their system for approximately the last 2 years. Pointe Blank/Matrix began in mid-2023 to convert scanned and unsearchable pdf documents into an upgraded document form that can be searched. These graphic, unsearchable documents were amassed over 15 years of case processing. The conversion was required during our upgrade of the Prosecutor’s Justice Matters system to the New MatrixProsecutor platform so that this valuable content could be indexed and incorporated into the search capabilities of the new system. This process took 9 months to complete and totaled 31,000,000 in converted documents. The total number that would need conversion was not known upfront.

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

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

Project Goals, Outcomes or Purpose (list 3):  
 Better case file management

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):
Pointe Blank Solutions Ltd. 30400 Detroit Road, #400 Westlake, OH 44145	Thomas Coury, Chairman
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
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) /	<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 checked="" 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.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% County Prosecutor's 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.  PS100100
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: There was no way to determine how many documents would need to be converted until after the 9-month long process was concluded
Timeline

Project/Procurement Start Date (date your team started working on this item):	8-06-2024 Prosecutor's Fiscal office was notified
Date documents were requested from vendor:	8-21-2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	9-19-2024
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)	
Exact costs could not be determined until after the 9-month process was concluded	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2024-743**

Title	VILLAGE OF BATENAHL PRISONER BOARD & CARE AMENDMENT
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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.
0	119	VILLAGE OF BRATENAHL	1/1/21- 12/31/21	REVENUE GENERATING	12/21/20	BC2020-673
1			ENDING 12/31/22		11/8/21	BC2021-640
2			ENDING 12/31/23		11/14/22	BC2022-695
3			ENDING 12/31/24		12/11/23	BC2023-803
4			ENDING 12/31/26		CURRENT ITEM	

Service/Item Description (include quantity if applicable). PRISONER BOARD AND CARE SERVICES BEING PROVIDED TO THE VILLAGE OF BRATENAHL.
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): THE PRIMARY GOAL OF THE PROJECT IS JAIL REGIONALIZATION.	

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):
BRATENAHL POLICE DEPT. 411 BRATENAHL RD. BRATENAHL, OHIO 44108	CHARLES LOBELLO, CHIEF
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 IS A REVENUE GENERATING AGREEMENT WITH A LOCAL MUNICIPALITY AND COULD NOT BE COMPETITIVELY BID OUT.  *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 type="checkbox"/> Contract Amendment - (list original procurement)

	<input checked="" type="checkbox"/> Other Procurement Method, please describe: REVENUE GENERATING
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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.  REVENUE GENERATING (UPTO \$10,000)
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain):  REVENUE GENERATING
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  N/A
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: N/A
Timeline
Project/Procurement Start Date (date your team started working on this item): 8/27/24
Date documents were requested from vendor: 8/27/24
Date of insurance approval from risk manager: N/A
Date Department of Law approved Contract: 9/23/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):
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**BC2024-744**

Title	SHERIFF'S STAFFING ANALYSIS
Department or Agency Name	SHERIFF'S 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.
O	4878	Justice Research Associates	1 YEAR	25,500.00	Pending	Pending

Service/Item Description (include quantity if applicable).

ANALYSIS TO BE COMPLETED FOR THE SHERIFF'S DEPARTMENT BY JUSTICE RESEARCH ASSOCIATES.

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):

In all of our "Core Functions," we are experiencing critically low staffing levels, which poses a significant risk.

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):
JUSTICE RESEARCH ASSOCIATES, LLC 3685E WESLEY AVE DENVER, CO 80210	NOAH FRITZ, PRESIDENT
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)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	DUE TO RISK PROCESS EXPEDITED *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 FUNDS
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  SH100185-55130
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/10/24
Date documents were requested from vendor:	9/10/24
Date of insurance approval from risk manager:	9/10/24
Date Department of Law approved Contract:	9/27/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A

**BC2024-745**

Title	Cuyahoga Job and Family Services (CJFS) with Enterprise Community Partners; RQ #6456 Purchase Order for Final Payment for Volunteer Income Tax Preparation Earned Income Tax Credit Coalition (EITC) ; 7/1/2021 – 6/30/2024.
Department or Agency Name	Cuyahoga County Job and Family 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	1564	Enterprise Community Partners, Inc	7/1/2021 – 6/30/2024	\$1,155,000.00	7/6/2021	R2021-0160
	PO# 24003849	Enterprise Community Partners, Inc	7/1/2021 – 6/30/2024	\$122,343.26	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Department of Health & Human Services/ Job & Families Services is requesting approval of a purchase order to pay a final invoice of \$122,343.26 to Enterprise Community Partners. Service period 7/1/2021 – 6/30/2024.



Enterprise leads Cuyahoga County's Volunteer Income Tax Assistance (VITA) program through the Cuyahoga Earned Income Tax Credit (EITC) Coalition which provides free tax preparation and access to other financially based services for all low- and moderate- income taxpayers living in Cuyahoga County.

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):

- Maximize participation in the EITC by providing free income tax preparation services
- Promote outreach and education particularly among low-income working families, families receiving public benefits from CJFS, and immigrant groups
- Facilitate the use of the EITC as an entry point for financial education and asset development

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):
Enterprise Community Partners, Inc. 70 Corporate Center 11000 Broken Land Parkway, Suite 700 Columbia, MD 21044  Local Address: Enterprise Community Partners, Inc. 812 Huron Road E Cleveland, OH 44115	Kathy Matthews, Contact/Senior Program Director
Vendor Council District: 03	Project Council District: Countywide
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) /	<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 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. N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  90% Federal/State, 10% 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.  HS260225
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. This is a purchase order for a final payment.
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: This is a final payment. The contract ended on 6/30/2024 and was submitted by the vendor mid August. The final invoice was more than what was on the contract in Infor. After discussing the matter with CJFS, they decided to decertify the remaining funds and pay the final invoice with a purchase order.

Timeline

Project/Procurement Start Date (date your team started working on this item):	August 23, 2024
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A

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) This is a purchase order for a final payment. Contract ended 6/30/2024. This Purchase order is to pay a final invoice for services that were successful rendered 7/1/2021 – 6/30/2024.

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

HISTORY (see instructions):

**BC2024-746**

Title	Renovation Project for Child Wellness campus – The Centers for Families and Children
Department or Agency Name	Division of Contract Administration and Performance
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	4899	The Centers for Families and Children	7/1/2024 - 12/31/2024	\$500,000.00	Pending	pending

Service/Item Description (include quantity if applicable).

The purpose of this contract agreement is to provide \$500,000 to The Centers for Families and Children (The Centers) to make capital improvements at the Cleveland Christian Home (CCH) building site, for the Child Wellness Campus

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):

- Update sprinkler system to comply with City of Cleveland requirements for approval of work permits
- Safety enhancements that would support the goal of a therapeutic environment for youth

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):
The Centers for Families and Children 4500 Euclid Avenue Cleveland, OH 44115	Eric Morse, President and CEO
Vendor Council District: 3	Project Council District: 3
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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) /	<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:
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Is Purchase/Services technology related <input checked="" 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. 100% Cuyahoga County Board of Developmental Disabilities
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. HS21500 56010 UCH05510
Payment Schedule: <input checked="" 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)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): this project is related to the contract listed below						
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	4026	The Centers or Families and Children	1/1/2024 – 6/30/2024	\$450,000.00	12/19/2023	BC2023-847
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**C.- Exemptions**

**BC2024-747**

TITLE	2025-2026 Medical Billing
DEPARTMENT OR	Sheriff's

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input 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.
	12/14/21	BC2021-734
	5/9/22	BC2022-290
	10/4/22	BC2022-589
	9/19/23	BC2023-577

DESCRIPTION/ EXPLANATION OF REQUEST:	The Cuyahoga County Sheriff's Department (CCSD) is requesting an alternate procurement approval resulting in separate not-to-exceed (NTE) purchase orders (POs) to multiple vendors through December 31, 2026. The NTE awards will be to multiple vendors from the Provider List below for offsite medical services provided to CCSD inmates that will not exceed a total of \$400,000.00. (SEE BELOW FOR DETAILS)
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	SH100150 55040

The Cuyahoga County Sheriff's Department (CCSD) is requesting an alternate procurement approval resulting in separate not-to-exceed (NTE) purchase orders (POs) to multiple vendors through December 31, 2026. The NTE awards will be to multiple vendors from the Provider List below for offsite medical services provided to CCSD inmates that will not exceed a total of \$400,000.00.

The offsite medical services are 1) for emergency services that are needed immediately or 2) for services that cannot be provided by in-house Jail medical staff. In these situations, the Jail Medical staff follow policies and procedures to meet the needs of the inmates. Because of the nature of these require medical services, it is not always possible to put a PO in place prior to the need for medical service.

Such services were historically paid for on office vouchers prior to 2020. In 2020, the alternate procurement process was established since annual amounts for each NTE PO typically exceeds

\$1,000.00. The amount of \$400,000.00 was established from research done on past invoices and services provided during 2020 - 2024. The alternate procurement allows the CCSD to make timely payments to offsite medical providers and remain compliant with the County’s Accounts Payables policies and procedures.

This Alternate Procurement grants approval to the CCSD to:

1. Create annual NTE POs for providers on the list below that are historically used on an annual basis.
2. Create POs/NTE POs after services have been provided for providers on the list below but are only used occasionally and not annually.
3. Pay invoices as an expense if they are for a provider on the list below and the total of the invoices received in the year is under \$1,000.
4. Maintain a spreadsheet to track the PO/invoice amounts to ensure the amount spent/encumbered does not exceed \$400,000.
5. Process all POs for medical providers on the list below with no additional Board of Control approval.
6. Receive invoices and medical claims and make adjustments according to current Medicaid rates.
7. Follow County Accounts Payable procedures for paying all medical invoices.
8. Amend the Alternate Procurement if the total amount requires an increase or a new provider is added to the list below.

Provider List:

1	Alternative Body Connections
2	Ascend Clinical, LLC
3	AT Associates
4	Case Dental Medicine Support Services
5	Cleveland Clinic
6	Cleveland Clinic Foundation
7	Cleveland Emergency Medical Service
8	Cleveland Foot & Ankle Clinic
9	Community Dialysis Center - East
10	Davita
11	Donald Martens & Sons Ambulance Service Inc.
12	Emergency Professional Services, Inc
13	Euclid Hospital
14	Faith Medical Associates
15	Fresenius Medical Care
16	Geauga Vision
17	Grady Memorial Hospital

18	Hastings Home Health Center
19	ID Consultants Inc.
20	Lutheran Hospital
21	Manuel Garcia Prosthetics
22	Myocare Nursing Home, Inc
23	Ohio Emergency Care Services
24	Ohio Renal Care West
25	Orthotic Prosthetic Specialties
26	Partners in Nephrology Care LTD
27	Physicians Ambulance Service
28	Premier Physicians Centers
29	Sequenom CMM San Diego
30	St. Vincent Charity Hospital (SVCH)
31	SVCH House Providers
32	SVCH Medical Group
33	University Hospital (UH)
34	UH - Bedford
35	UH - Emergency Specialists
36	UH - Medical Group
37	UH - Parma
38	UH- Primary Care Practice
39	Westpark Neurology & Rehabilitation Center

**BC2024-748**

TITLE	Alternative Procurement for Seasonal Shelter Services
DEPARTMENT OR	Health and Human Services: Office of the Director

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input 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.
DESCRIPTION/ EXPLANATION OF REQUEST:	When the weather inevitably gets cold in northeast Ohio, some unhoused individuals rely on seasonal shelters to provide respite from the weather. These shelters offer very low barrier entry to the unhoused to stay safe when temperatures dip below freezing. Seasonal shelters provide safe and comfortable accommodations for persons who choose not to stay in traditional shelter and would rather stay outside in	



	<p>the cold. In addition to providing the basic needs of a warm place to sleep, these seasonal shelters can offer case management including linkages to housing, mental health services, employment, and basic medical services.</p> <p>We are seeking an alternative procurement to shorten the time for the Request for Proposals to be open and to issue a modified solicitation to the community.</p>
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	Health and Human Services Levy

**D. - Consent Agenda**

**BC2024-749**

(See related items for proposed travel/memberships for the week of 10/15/2024 in Section D above).

**BC2024-750**

(See related items for proposed purchases for the week 10/15/2024 in Section D above).

**V – OTHER BUSINESS**

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

**Item No. 1**

TITLE	SFY2025 Specialty Docket Allocations in the amount of \$255,000
DEPARTMENT OR	Common Pleas Court, Corrections Planning Board, TASC

<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 type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" 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.
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ORIGINAL (O)	SFY2025 Specialty Dockets	7/1/2024 – 6/30/2025	\$255,000	CON2023-109 (10/23/23) and CON2024-33 (4/9/24)	CON2023-109 CON2024-33
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Ohio Department of Mental Health and Addiction Services (OMHAS) has awarded \$255,000 to provide funding for salaries, related payroll expenses and client sober supports for staff and clients of any of the five Drug Court Specialized Dockets (Drug Court (\$75K), MAT (\$45K), Human Trafficking (\$45K), Veterans Treatment (\$35K) and HOPE Court (\$55K)).			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Conduct Assessments of Drug Court clients (probationers) in these Specialty Dockets.			
		Provide continuing Case Management Services to Specialty Docket clients.			
		Provide Sober Supports to Specialty Docket clients to assist in their recovery.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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 Mental Health and Addiction Services (OMHAS)
	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**

TITLE	2021 Cuyahoga County Sheriff's Department Accept FY21 SMART AWA Sub-Grant
DEPARTMENT OR AGENCY NAME	Cuyahoga County Sheriff's Department

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <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 <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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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)	FY21 SMART Support for Adam Walsh Act Implementation Grant Program	10/01/2021 to 9/30/2024	\$300,000.00	February 13, 2023	CON2023-21
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant is to support and enhance Sex Offender Registration and Notification Act (SORNA) activities by enabling deputies assigned to the Sex Offender Unit to verify, in-person, that Tiers I & II sex offenders reside where registered. Grant funds will be used to pay overtime for deputies to conduct the verification as well as to enhance SORNA activities by providing funding for staff to convert all paper sex offender records to electronic form.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Goal#1: manually verify that sex offenders reside where registered.				
	Goal #2: convert paper records into electronic record for Compliancy with SORNA requirements.				
	Goal #3: improve reporting capabilities				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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 Department of Public Safety, Office of Criminal Justice Services
	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. 3**

TITLE	FY24 Coverdell (Competitive) Grant for Authority to Accept Award
DEPARTMENT OR AGENCY NAME	Department of Public Safety & Justice Services/Division of Fiscal and Grant Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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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)	BJA FY24 Paul Coverdell Forensic Science Improvement (Competitive) Grants Program	10/01/2024 to 09/30/2027	\$268,112.00	September 9, 2024	CON2024-84
AMENDMENT (A-1)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The CCMEO/CCRFSL is requesting approval to accept a competitive grant award for \$268,112 in funding to hire one new full-time Forensic Scientist 1 during the 36-month performance period for the CCRFSL Trace Evidence Unit to improve forensic science services.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Increase casework throughput by 20%			
		Increase casework capacity by 20%			
		Reduce casework turnaround time and backlog by 20%.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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:	All Council Districts.
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	The project will impact all Cuyahoga County Municipalities.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	BJA FY24 Paul Coverdell Forensic Science Improvement (Competitive) Grants Program
	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.
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**Item No. 4**

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 9/1/2024 - 9/30/2024 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**