



**Cuyahoga County Board of Control Agenda
Monday, October 21, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th 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 – 10/15/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2024-688

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Roetzel & Andress, LPA in the amount not-to-exceed \$105,720.00 for legal services and representation in litigations related to labor matters with Laborer’s Local 860 for the period 1/1/2023 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 4741 with Roetzel & Andress, LPA in the amount not-to-exceed \$105,720.00 for legal services and representation in litigations related to labor matters with Laborer’s Local 860 for the period 1/1/2023 – 12/31/2024.

Funding Source: General Fund

B. – New Items for Review

BC2024-751

Department of Public Works, submitting an amendment to Contract No. 4052 with KS Associates, Inc. for survey services for the Central Services Campus Project on a task order basis for the period 1/3/2024 through project completion for additional funds in the amount not-to-exceed \$100,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2024-752

Department of Sustainability, recommending an award and enter into Contract No. 4858 with Canvaas Consulting, LLC (64-7) in the amount not-to-exceed \$25,000.00 for the development and implementation of an outreach campaign to educate residents and retailers about the Bring Your Own Bags initiative, effective upon signatures of all parties through 12/31/2025.

Funding Source: General Fund

BC2024-753

Department of Information Technology on behalf of Department of Sustainability,

- a) Submitting an RFP exemption, which will result in an award recommendation to EnergyCAP, LLC in the amount not-to-exceed \$45,739.11 for a joint cooperative purchase of various energy management and energy accounting software products and services for the period 11/1/2024 through 10/31/2025.
- b) Recommending an award on Purchase Order No. 24004217 to EnergyCAP, LLC in the amount not-to-exceed \$45,739.11 for a joint cooperative purchase of various energy management and energy accounting software products and services for the period 11/1/2024 through 10/31/2025.

Funding Source: General Fund

BC2024-754

Department of Information Technology on behalf of Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$20,340.00 for a state contract purchase of (6) Medix T13 Medical Tablets for the Drug Chemistry Lab.
- b) Recommending an award on Purchase Order No. 24004223 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$20,340.00 for a state contract purchase of (6) Medix T13 Medical Tablets for the Drug Chemistry Lab.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2024-755

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$63,815.21 for a joint cooperative purchase of (1) Gravwell Enterprise data and analytics platform subscription and professional support for a period of 12 months.
- b) Recommending an award on Purchase Order No. 24004249 to SHI International Corp. in the amount not-to-exceed \$63,815.21 for a joint cooperative purchase of (1) Gravwell Enterprise data and analytics platform subscription and professional support for a period of 12 months.

Funding Source: General Fund

BC2024-756

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TrustedSec in the amount not-to-exceed \$49,000.00 for the purchase of (140) hours of cybersecurity and compliance professional assistance services for a period of 12 months.
- b) Recommending an award on Purchase Order No. 24004306 to TrustedSec in the amount not-to-exceed \$49,000.00 for the purchase of (140) hours of cybersecurity and compliance professional assistance services for a period of 12 months.

Funding Source: General Fund

BC2024-757

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for Substance Abuse Treatment Program services for Court-referred youth for the period 7/1/2021 – 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 total amount not-to-exceed \$90,000.00.

- a) Contract No. 4911 (formerly Contract Nos. 2588 and 1794) Catholic Charities Corporation in the anticipated amount not-to-exceed \$24,000.00.
- b) Contract No. 4912 (formerly Contract Nos. 3002 and 1807) OhioGuidestone in the anticipated amount not-to-exceed \$54,000.00.
- c) Contract No. 4913 (formerly Contract Nos. 3003 and 1808) New Directions, Inc. in the anticipated amount not-to-exceed \$12,000.00.

Funding Source: RECLAIM Grant

BC2024-758

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4930 (fka Contract Nos. 4014, 2975 and 1666) with Applewood Centers, Inc. for clinical case management services for the Coordinated Approach to Low-Risk Misdemeanors (CALM) Project for the period 7/1/2021 – 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 \$480,000.00.

Funding Source: Reclaim Grant

BC2024-759

Sheriff's Department,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Donald L. Leach in the amount not-to-exceed \$100,000.00 for Compliance Coordinator services in connection with United States District Court, Northern District of Ohio Case No.: 1:18-cv-2929, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 4919 with Donald L. Leach in the amount not-to-exceed \$100,000.00 for Compliance Coordinator services in connection with United States District Court, Northern District of Ohio Case No.: 1:18-cv-2929, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2024-760

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4630 with Timeclock Plus, LLC (258-4) in the amount not-to-exceed \$8,878.38 for an online employee scheduling and workforce management system effective upon signatures of all parties for the period 9/30/2024 – 9/30/2027.

Funding Source: General Fund

BC2024-761

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a Master Contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025, to change the terms, effective 6/1/2024; by changing the name of (2) providers; removing a provider and for additional funds through 9/30/2024 in the total amount not-to-exceed \$499,000.00:

No additional funds

- a) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- b) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- c) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- d) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- e) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- f) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services.
- g) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- h) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- i) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.
- j) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- k) Contract No. 3789 with Caring Hearts Health Services LLC; for Homemaker, Personal Care, Chore and Laundry services.
- l) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.

- m) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care services.
- n) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- o) Contract No. 4798 (fka Contract No. 3749) with Wash House Cle to change the name to Blue Heron Holdings, LLC for Laundry services.

Additional funds through 9/30/2024.

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services in the anticipated amount not-to-exceed \$4,000.00.
- b) Contract No. 3750 with XCEL Healthcare Providers, Inc. in the anticipated amount not-to-exceed \$61,000.00.
- c) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$216,000.00.
- d) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$44,000.00.
- e) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services in the anticipated amount not-to-exceed \$10,000.00.
- f) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals to change the name to Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$2,500.00.
- g) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services in the anticipated amount not-to-exceed \$10,000.00.
- h) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$151,500.00.

Remove a vendor effective 6/1/2024

- a) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services

Funding Source: Ohio Department of Aging - Healthy Aging Grant

C. – Consent Agenda

BC2024-762

Department of Purchasing, presenting proposed purchases for the week of 10/21/2024:

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
24004253	Renewal of (1) year subscription for VMWare Cloud Foundation Edge platform	Department of Health and Human Services	Carahsoft Technology Corporation	\$12,521.28	50% Health and Human Services Levy and 50% State and Federal

					Reimbursement
24004267	Annual order for dog food for the Animal Shelter	Department of Public Works	Medina Farmers Exchange Co. Inc.	Not-to-exceed \$40,000.00	General Fund
24004301	Lift equipment rentals on an as-needed basis for various County buildings	Department of Public Works	Sunbelt Rentals, Inc	Not-to-exceed \$25,000.00	General Fund
24003394	(3) License subscriptions to eDiscovery software for the period 9/1/2024 – 8/30/2025	Prosecutor’s Office	Nextpoint, Inc.	\$13,500.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004269	Factory Authorized – HVAC repairs at the Juvenile Justice Center*	Department of Public Works	Direct Air Systems, Inc.	\$6,161.00	General Fund
24004295	Factory Authorized – Street sweeper repairs*	Department of Public Works	Jack Doheny Company	\$13,517.20	Road and Bridge Fund
24004262	Out-of-home placement services for the period 8/1/2024 – 8/31/2024**	Division of Children and Family Services	McDowell Center for Children	\$31,000.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement 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.

**Approval No. BC2024-77, dated 1/29/2024, which amended Approval No. BC2023-561, dated 9/5/2023, which amended various Board Approvals on various dates, which authorized an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Purchasing, on behalf of the County Treasurer’s Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to update funding allocations for current Departments, to add a new user Department, and to update a funding source in accordance with the Procurement Card Program Services section of the Master Services Agreement.

1) Existing user departments

- a) Cuyahoga County Board of Development Disabilities \$12,000.00
- b) Department of Public Works (County Airport) \$1,000.00
- c) Department of Public Works (Road & Bridge) \$2,500.00
- d) Department of Public Works (Sanitary) \$5,000.00
- e) Department of Health and Human Services/Division of Children and Family Services \$7,500.00
- f) Public Defenders \$13,000.00 with updated funding source

2) To add (2) user Departments

- a) Veterans Service Commission \$11,000.00

Funding Source:

General Fund 65%

Supreme Court of Ohio/Legal Representation Pilot Project Grant 17%

Road and Bridge 3%

Sanitary 6%

Health and Human Services Levy Fund 6%

Federal Title IV-E 3%

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant award from Camp HOPE America for the Camp HOPE America Readiness Grant Program for the period 3/1/2018 – 12/31/2024 to extend the time period to 12/31/2025, no additional funds.

Funding Source: Camp HOPE America and Verizon Foundation

Item No. 3

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant award from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice

Assistance in the amount not-to-exceed \$393,252.00 for the FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2024 – 9/30/2026.

Funding Source: FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant

Item No. 4

Department of Health and Human Services/Office of the Director, submitting a grant agreement with Ohio Department of Health in the amount not-to-exceed \$73,720.00 for the reimbursement of public health activities associated with the Tuberculosis Control Program for the period 7/1/2024 – 12/31/2024.

Funding Source: Center for Disease Control and Prevention (CDC) – Tuberculosis Elimination and Laboratory Cooperative Agreement

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Tuesday, October 15, 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 11:02 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
Laura Black (Alternate for Pernel Jones, Jr.)
Councilmember Dale Miller

II. – REVIEW MINUTES – 10/7/2024

Michael Chambers motioned to approve the minutes from the October 7, 2024, meeting; Dale Miller seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-732 was approved by unanimous vote.

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

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-733 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-734 was approved by unanimous vote.

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

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-735 was approved by unanimous vote.

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

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-736 was approved by unanimous vote.

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

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-737 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-738 was approved by unanimous vote.

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

Albert Bouchahine, Personnel Review Commission, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-739 was approved by unanimous vote.

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.

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-740 was approved by unanimous vote.

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

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-741 was approved by unanimous vote.

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 **and Document Management Systems** 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-exceed \$99,000.00, effective upon contract signature of all parties.

Funding Source: General Fund

Josh Brower, Prosecutor’s Office, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Dale Miller seconded. Item BC2024-742 was approved by unanimous vote as amended.

The following item was transferred at the request of Council President to County Council pursuant to Section 501.04(k) of the County Code.

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

Chris Costin, Sheriff's Department, presented. Dale Miller asked could you please say more about what you hope to learn from the study that would help reduce overtime. The Presenter will relay to Chief Reese to follow-up. Michael Chambers asked Councilman Miller do you want me to hold it or are we good to move forward. Councilman Miller responded, I'm good to move forward and further commented he is happy to hear this is going to help with the overtime, which is a serious problem in the Sheriff's Office and looks forward to seeing the results and the reductions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-744 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-745 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-746 was approved by unanimous vote.

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

Chris Costin, Sheriff’s Department, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-747 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-748 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-749 through BC2024-750; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

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 Site License for the period 11/30/2024 – 11/30/2025	Department of Information Technology	Above & Beyond Electronics LLC	\$6,479.75	General Fund
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 **from the** 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)

Additional Item

Item No. 5

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a grant award from Ohio Department of Aging in connection with the Healthy Aging Grant Program for the period 10/1/2023 – 9/30/2024 to extend the time period to 10/31/2024; no additional funds required.

Funding Source: Ohio Department of Aging

Michael Chambers motioned to amend the agenda to add the item; Dale Miller seconded. Marcos Cortes, Department of Health and Human Services, presented. Dale Miller asked will this extension of time allow you to use all of the remaining funds in the grant which as I understand from with Director Pietrocola is pretty substantial; commented to the Chairman and Mr. Cortes that Director Pietrocola said about 1.5 million remains unspent so what is the status with the other million; commented he will have to get further clarification from the director.

VI – PUBLIC COMMENT

There was 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

BC2024-688

Title	CCJC Legal Services; Roetzel & Andress, LPA
Department or Agency Name	Cuyahoga County Juvenile Court
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 Approved/ Council’s Journal Date	Approval No.
O	4741	Roetzel & Andress, LPA	01/01/2023- 12/31/2024	\$105,720.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. To represent the Court in labor matters with Laborer’s Local 860
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 vendor will provide legal services to assist the Court in labor negotiations with Laborer’s 860. This engagement does not include representation by the vendor of individual employees or members of the court or employees or officials of the county, except where an individual or member of the court is named as a defendant in litigation covered by this contract in their individual capacity and the court determines under Ohio Revised Code ch. 2744 that it has an obligation to defend them.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Roetzel & Andress, LPA 1375 East 9th Street, Cleveland, Ohio 44114	Owner, executive director, other (specify): R. Todd Hunt - Shareholder
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if 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.	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 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):
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.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Ongoing litigation currently on appeal. Attorneys switched law firms.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	05/01/2023
Date documents were requested from vendor:	07/02/2024
Date of insurance approval from risk manager:	08/28/2024
Date Department of Law approved Contract:	07/24/2024
Date item was entered and released in Infor:	08/28/2024
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) Current litigation.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

B. – New Items for Review

BC2024-751

Title	2024 – Public Works submitting & award 2 nd Amendment for CM 4052 with KS Associates, Inc. for Survey Services for the Cuyahoga County Corrections Center Project, RFQ#7864 \$100,000
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4052	KS Associates, Inc.	1/3/2024 – completion of work	\$60,000	1/2/2024	BC2024-04
A-1	4052	KS Associates, Inc.	1/3/2024- completion of work	\$115,000	2/26/2024	BC2024-147
A-2	4052	KS Associates, Inc.	1/3/2024- completion of work	\$100,000	TBD	TBD

<p>Service/Item Description (include quantity if applicable). Requesting a Second Amendment with KS Associates, Inc. in the amount of \$100,000 for the time period beginning on the effective date and continuing until the completion of the work in connection with the Cuyahoga County Correction Center Project.</p> <p>This contract fulfils RFQ #7864 for Survey Services for the Cuyahoga County Corrections Center Project.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The primary goal of this request is the approval of the contract with KS Associates, Inc. so that they may provide the needed survey services for the new Cuyahoga County Corrections Center project.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
KS Associates, Inc. 600 Superior Ave East, Suite 1300 Cleveland, OH 44114	Mark Skellenger, P.E. Vice President, Principal-in-Charge
Vendor Council District: 7	Project Council District: 8
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>7864</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" 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: \$60,000 (original)	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 83 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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 checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
Venders were scored based on qualifications	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund (FS100600-55200-CFCCC0000401)
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 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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-752

Title	Bring Your Own Bags Message Outreach Campaign
Department or Agency Name	Office of Sustainability
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	CM4858	Canvaas Consulting, LLC.	10/21/2024 – 12/31/2025	\$25,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The County plans to hire an agency to help develop an outreach strategy and new campaign messaging with visuals to communicate the bring your own bags action, benefits and purpose to consumers and retailers using the existing BYOBags logo. The County has budgeted an amount not to exceed \$25,000 for this contract. This contract should include development of an outreach strategy, creative services to produce updated campaign messaging, and media buys.

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):
 While the bag ban is not being enforced by the County, everyone is invited to participate in the reduction of single-use plastic by bringing their own bags. It may be necessary to directly address why the bag ban is not being enforced, but that message is secondary to the bring your own bags concept. BYOBags is an action that everyone can do regardless of enforcement. How the lack of enforcement information is shared and the possible confusion being presented in the marketplace is explained is a challenge. For example, some stores have plastic or paper bags, some don't, some charge fees for paper while others don't. The status of the plastic bag ban is confusing given the history of the legislation, impact from the pandemic and the preemption actions taken by of the State of Ohio. The campaign should include community engagement with viral social media tactics and more traditional media channels such as television, radio, or billboards in addition to creative ideas

such as including a flyer in utility bill envelope. The services, in coordination with the Departments of Sustainability and Communications may include, but not be limited to, the following:

1. Build on the established BYOBags brand to develop campaign goals, concepts, messages, tools and timeline.
2. Develop a cost-effective outreach/marketing strategy for the campaign including digital, social media and PR/outreach.
3. Produce campaign visual elements to include collateral materials, signage, digital assets, and a social media image bank.
4. Develop any updated branding guidelines as needed so that County Communications staff can continue future campaign production, including photography and video production.
5. Launch the implementation of the marketing campaign and continue to assist with implementation through the end of the contract period.

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):
Canvaas Consulting, LLC 818 N. Rose Avenue Columbus, Ohio 43219	Yaves Ellis Co-Founder, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" 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: \$25,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 105 / 6	<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: RFQ NTE \$25,000.00	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? RFQ NTE \$25,000.00	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services FS100500
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

BC2024-753

Title	PO24004217JCOP-2024-Procurement of EnergyCAP Utility Management Licensing for the Department of Sustainability
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):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004217 JCOP	EnergyCAP, LLC	2024	\$45,739.11	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with EnergyCAP, LLC for procurement of Utility Management Licensing Software in the amount of \$45,739.11 on behalf of the Department of Sustainability.

EnergyCAP is a family of energy management and energy accounting software products and services, used for tracking, processing, reporting, benchmarking, and analyzing utility bills and comprehensive energy and sustainability management and reporting.

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):

Procurement of:

1. Utility Management - Government - Base License
2. Bill capture Transactions Post-Pay with Standard Managed Services
3. Hosting - Advanced Hosting, Single Sign-On
4. Utility Management - Government - Implementation Services
5. Utility Management - Government - Online Training
6. Bill Capture Enrollment
7. Bill Capture Historical Transactions

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):
EnergyCAP, LLC 360 Discovery Drive Boalsburg, PA 16827	Adam Wetzel Account Executive
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. EnergyCAP is able to provide the County with GSA contract pricing. As well as being an industry leader in Utility Management and Bill Capture software. GSA Contract #GS-35F-231CA Expiring March 11, 2025 *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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date GSA Contract #GS-35F-231CA Expiring March 11, 2025
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: 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. EX100120
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? <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):

BC2024-754

Title	PO24004223STAC-2024-Procurement of 6 Medical Tablets for the Medical Examiner's Office	
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.
	PO24004223 STAC	MNJ Technologies Direct	2024	\$20,340.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of 6 Medical Tablets on behalf of the Medical Examiner’s Office in the amount of \$20,340.00.

The purchase of six Tangent medical-grade tablets is intended for use in the Medical Examiner's Office, specifically in the Drug Chemistry Lab. This acquisition is part of the LabX Software implementation project

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):
 Procurement of:
 Medix T13 Medical Tablet - 13.3i MFG PART NO: MEDIX T13- Quantity:6

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 manager
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	Provide a short summary for not using competitive bid process. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested hardware equipment using Ohio

<input type="checkbox"/> Formal Closing Date:	State Term Schedule pricing. 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. STS# 534354 Expires on 12.19.2026 All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *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 STS# 534354 Expires on 12.19.2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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
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% American Rescue Plan Act Crime Lab Backlog 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.

ME285145 ME-22-ARPA-LABA

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):

BC2024-755

Title	Gravwell Enterprise Subscription		
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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	24004249 JCOP	SHI International Corp.	12 Months	\$63,815.21	PENDING	PENDING
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Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with SHI International Corp., for Gravwell Enterprise Subscription in the amount of \$63,815.21. 12 Month Subscription. Gravwell is a security log management system.

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):
Gravwell is an enterprise data fusion platform that enables security teams to investigate, collaborate, and analyze data from any source, on-demand, all with unlimited data collection and retention.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873	Mark Brum 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 competitive process was completed through Sourcewell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcewell contract #121923. *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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcewell contract #121923, which expires February 27, 2028.
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 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: 09/26/2024 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 IT100135
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? <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):

BC2024-756

Title	Professional Security Retainer Subscription
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.
	24004306 EXMT	TrustedSec	140 Hours	\$49,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with TrustedSec, for Professional Security Retainer Subscription in the amount of \$49,000.00.</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): This subscription is for the purchase of 140 hours, which are good for one-year upon ordering, to be used for TrustedSec subscription services. TrustedSec assists the Department of Technology Cyber Security Team to test systems, meet compliance needs and remediate cyber security issues.</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):

TrustedSec 3485 Southwestern Boulevard Fairlawn, Ohio 44333	Esra Yagan Senior Account Manager
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 purchase is an approved IT standard and TrustedSec is familiar with previous security testing, projects and County system architecture. Additionally, this is being requested to be purchased with 2024 funds. *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 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? 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% 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.
IT100135

Payment Schedule: Invoiced Monthly Quarterly One-time Other (please explain): As the PO subscription is used.

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):	
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Date documents were requested from vendor:	
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

BC2024-757

Title	CONTRACT AMENDMENT FOR SUBSTANCE ABUSE TREATMENT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/	Approval No.
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					Council's Journal Date	
(O)	1794	New Directions	7/1/2021-6/30/2022	\$125,000.00	10/4/2021	BC2021-546
	1807	Ohio Guidestone				
	1808	Catholic Charities				
(A-1)	3003	New Directions	7/1/2021-6/30/2023	\$75,000.00	01/9/2023	BC2023-15
	3002	Ohio Guidestone				
	2588	Catholic Charities				
(A-2)	3003	New Directions	7/1/2021-6/30/2024	\$45,000.00	3/18/2024	BC2024-216
	3002	Ohio Guidestone				
	2588	Catholic Charities				
(A-3)	4913 copied from 3003	New Directions	7/1/2021-6/30/2026	\$90,000.	Pending	Pending
	4912 copied from 3002	Ohio Guidestone				
	4911 copied from 2588	Catholic Charities				

Service/Item Description (include quantity if applicable).
 Master Contract amendment with Ohio Guidestone, Catholic Charities Corporation, and New Directions for Substance Abuse Treatment. This is a contract amendment to extend the time- period of the contract to June 30, 2026, increase the funds in the amount of \$90,000.00, and replace the insurance requirements.

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

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

Project Goals, Outcomes or Purpose (list 3): Provide community-based assessment and treatment services and additional case management services.

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: Crossroads Health DBA New Directions 30800 Chagrin Blvd., Cleveland, Ohio 44124	Owner, executive director, other (specify): Shayna Jackson, President & CEO
Vendor Name and address: Ohio Guidestone 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brent Russell President & CEO
Vendor Name and address: Catholic Charities dba Catholic Charities Diocese of Cleveland 7911 Detroit Ave. Cleveland, Ohio 44102	Owner, executive director, other (specify): Fredy Robles, Chief Program Officer
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) / N/A Contract Amendment	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Master Contract Amendment funded 100% by RECLAIM grant.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Master Contract Amendment funded 100% by RECLAIM grant.	<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. Master Contract Amendment funded 100% by RECLAIM grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the notification of the RECLAIM grant, award process and the late submission of documents by vendors.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/16/2024
Date documents were requested from vendor:	6/11/2024
Date of insurance approval from risk manager:	5/27/2024
Date Department of Law approved Contract:	6/7/2024
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

BC2024-758

Title	CONTRACT AMENDMENT FOR PROJECT CALM CLINICAL STAFF 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 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)	2975	Applewood Centers, Inc	7/1/2021-6/30/2023	\$215,250.00	5/12/2022	BC2022-267
(A-1)	2975	Applewood Centers, Inc	7/1/2021 6/30/2023	\$218,167.00	01/09/2023	BC2023-10
(A-2)	4014 (fka 2975, 1666)	Applewood Centers, Inc	7/1/2021 6/30/2024	\$389,781.00	01/02/2024	BC2024-09
(A-3)	4930 (fka 4906, 4014, 4114)	Applewood Centers, Inc	7/1/2021 6/30/2026	\$480,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 This service will provide 24/7 screening and crisis intervention services for project CALM; a diversion program for youth potentially charged with low-level domestic violence. This contract amendment is to extend the time-period of the contract from June 30, 2024, to June 30, 2026, increase the funds in the amount of \$480,000.00, and replace the insurance requirements

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

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

Project Goals, Outcomes or Purpose (list 3): Vendor to provide behavioral health screenings and case management services to support youth and their families in gaining access to medical, social, educational/vocational, and other services essential to meeting their needs.

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.	

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) / n/a Contract Amendment	<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 to a previously approved contract.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This is a contract amendment to a previously approved contract.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

Are the purchases compatible with the new ERP system? 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 the RECLAIM 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.

JC330100

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 delay is due to the notification of the RECLAIM grant, award process, contract negotiations and vendors' delay in returning documents.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.15.24
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Date documents were requested from vendor:	7.12.24 and 9.25.24
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Date of insurance approval from risk manager:	5.29.24
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Date Department of Law approved Contract:	6.7.24
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

BC2024-759

Title	SHERIFF'S 2024-2025 COMPLIANCE COORDINATOR	
Department or Agency Name	SHERIFF'S	
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	4919	Donald L. Leach	1 YEAR	\$100,000.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
Donald L. Leach to serve as a Compliance Coordinator to determine whether the County is in substantial compliance with the terms of the Agreement for the term of 1 year NTE \$100,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
Determine whether the County is in substantial compliance.

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):
2130 East Wasatch Boulevard Sandy, Utah 84092	DONALD L . LEACH
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. Ordered by the Court in Clay v. Cuyahoga County, et al. U.S. District Ct. N.D. Ohio Case No. 1:18-cv-292. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% GENERAL FUND
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. SH100140 55030
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):	9/26/24
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? <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

BC2024-760

Title	Public Safety & Justice Services 2024 Timeclock Plus, LLC.; Contract for CECOMS Dispatch Scheduling Software
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4630	Timeclock Plus, LLC	9/30/24-9/30/27	\$8,878.38	Pending	Pending

Service/Item Description (include quantity if applicable). Aladtec, Inc's dispatch scheduling software will provide a web-based, online scheduling and communications system for public safety services CECOMS
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): <ul style="list-style-type: none"> • Scheduling complex rotations with custom rotation requirements • Forced view announcements upon login • Tracking certification requirements and setting expiration notifications

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):

Timeclock Plus, LLC 1 Time Clock Drive San Angelo, TX 76904	Daryl Rolley CEO
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 5/13/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 258	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 258/4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () 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:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Competitive	<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: 08/29/24
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? 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.
 PJ100115 54020

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

Provide status of project.
 Working on approval.

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

Reason: The item was introduced in the Technical Advisory Committee but had to be held due to the necessary IT language not being written in the original contract. Once the proper language was added and approved by TAC, the vendor had changes they wanted made to the contract with the additional language.

Timeline

Project/Procurement Start Date (date your team started working on this item):	04/22/2024
Date documents were requested from vendor:	06/14/24
Date of insurance approval from risk manager:	08/22/24
Date Department of Law approved Contract:	06/13/24

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

06/28/24 – PSJS sends contract to vendor.
 07/11/24 – Executed contract was sent from vendor.
 07/12/24 - PSJS submits contract to IT for TAC review.
 07/25/24 – The contract reviewed at Pre-TAC meeting.
 08/01/24 - Contract reviewed at TAC meeting; contract held for further IT review and addition of language.
 08/12/24 – PSJS receives new contract from Law department.
 08/15/24 – PSJS submits edits of the contract to the Law department.
 08/19/24 – PSJS receives final draft of new contract from Law department.
 08/20/24 – PSJS sends new contract to the vendor.
 08/29/24 – TAC formal approval of the new contract.
 09/06/24 – PSJS follows-up with vendor.
 09/10/24 – PSJS follows-up with vendor.
 09/10/24 – Redlines sent from vendor.
 09/11/24 – Redlines sent to County’s Law department; Law department responds same day.
 09/12/24 – PSJS sends County’s response to vendor.
 09/16/24 – PSJS follows-up with vendor.
 09/24/24 – Final contract was received from vendor.
 09/26/24 – PSJS notifies vendor it needs to register in Lawson supplier portal.
 09/30/24 – Vendor registration in supplier portal complete.
 10/01/24 – Contract submitted but disapproved internally by PSJS for changes to briefing memo.
 10/03/24 – Briefing memo corrected and re-submitted into Lawson.

If late, have services begun? No Yes (if yes, please explain) As of this date vendor has continued subscription.

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	2260	Aladtec, Inc.	10/1/2021-9/30/2024	8674.00	9/20/21	BC2021-512

BC2024-761

Title	Department of Senior and Adult Services; Master Agreement Amendment 1; 06/01/2024 – 09/30/2024; Options for Independent Living Services (OPTN)
Department or Agency Name	Department of Senior and Adult Services
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	Various Vendors – See Below		01/01/2024 – 12/31/2025	\$9,550,000.00	11/28/2023	R2023 - 0337
	3732	A-1 Healthcare LLC		\$454,000.00		
	3779	ABC International Services, Inc.		\$32,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$32,000.00		
	3789	Caring Hearts Health Services LLC		\$50,000.00		
	3792	Casleo Corporation dba Global Meals		\$4,600,000.00		
	3788	Connect America		\$260,000.00		
	3794	Essence Health Services		\$150,000.00		
	3790	Fernandez Property Group		\$20,000.00		
	3791	First Choice Medical Staffing		\$118,000.00		
	3773	Geocare, Inc. dba Home Instead Senior Care		\$190,000.00		
	3775	Home Care Relief Inc.		\$380,000.00		
	3776	Family and Community Services dba Mobile Meals, Inc.		\$150,000.00		
	3768	Purfods LLC dba Mom’s Meals		\$900,000.00		

	3770	Renaissance Home Health Care		\$218,000.00		
	3771	Rent a Daughter Senior Care		\$300,000.00		
	3772	Rose Centers for Aging Well		\$200,000.00		
	3733	Senior Transportation Connection		\$310,000.00		
	3734	Solutions Premier Training Services		\$250,000.00		
	3735	Tobi Transportation Services		\$196,000.00		
	3736	Transport Assistance, Inc		\$50,000.00		
	3769	U First Homecare		\$134,000.00		
	3747	Valued Relationships, Inc.		\$260,000.00		
	3749	Wash House CLE		\$50,000.00		
	3750	Xcel Health Services, Inc.		\$246,000.00		
	Various – see Below	Amending Various Contracts to add additional funding	6/1/2024 – 12/31/2025	\$499,000.00		
	3732	A-1 Healthcare LLC		\$4,000.00		
	3781	Addus Heatlhcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$10,000.00		
	3792	Casleo Corporation dba Global Meals		\$151,500.00		
	3776	Family and Community Services dba Mobile Meals, Inc. – Name change to: Axess Family Services, Inc. dba Mobile Meals		\$2,500.00		
A-1	3768	Purfoods LLC dba Mom’s Meals		\$216,000.00	Pending	Pending
	3772	Rose Centers for Aging Well		\$10,000.00		
	3769	U First Homecare		\$44,000.00		
	3750	Xcel Health Services, Inc.		\$61,000.00		
	3749	Wash House CLE – Name Change to: Blue Heron LLC		\$0		

Service/Item Description (include quantity if applicable).

Cuyahoga County Division of Senior and Adult Services requesting approval of a Master contract amendment 1 with multiple vendors in the amount of \$499,000.00 for the time period 06/01/2024-09/30/2024.

The Options program provides in-home services to seniors and adults with disabilities living in Cuyahoga County who need: assistance with larger household chores; medical emergency response services; grab bar installation; homemaking assistance; home delivered meals; assistance with personal care; and/or transportation for medical-related appointments.

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: N/A How will replaced items be disposed of?	
Project Goals, Outcomes or Purpose (list 3): To add funding to continue to provide the following services:	
<ul style="list-style-type: none"> To promote self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community. Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport. The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services. 	

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: Agenda Item 1	Owner, executive director, other (specify):
A-1 Healthcare LLC 2060 S. Taylor Rd. Cleveland Heights, OH 44118	Richard Keller, CEO
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 2	Owner, executive director, other (specify):
ABC International Services, Inc. 31525 Aurora Road, Suite #2 Solon, OH 44139	Bella Rokhman, President/Owner
Vendor Council District:	Project Council District:
Council district 6	County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 3	Owner, executive director, other (specify):
Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing) 2300 Warrenville Road, Suite 100 Downers Grove, IL 60515	Angela Dooley, Regional Director of Operations
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 4	Owner, executive director, other (specify):
Caring Hearts Health Services LLC 333 Babbitt Road, Suite 242 Euclid, OH 44123	Marquette Brown, President
Vendor Council District:	Project Council District:
Council district 11	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 5	Owner, executive director, other (specify):
Casleo Corporation dba Global Meals 2761 E. 4 th Avenue Columbus, Ohio 43219	Nataliya Krylova, CEO
Vendor Council District:	Project Council District:
N/A	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 6	Owner, executive director, other (specify):
Connect America 816 Park Way Broomall, PA 19008	Richard Brooks, President
Vendor Council District:	Project Council District:
N/A	County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 7	Owner, executive director, other (specify):
Essence Health Services 855 222 nd Street Euclid, OH 44123	Dannika Witten, Owner
Vendor Council District:	Project Council District:
Council District 11	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 8	Owner, executive director, other (specify):
Fernandez Property Group 3781 West 152 nd Street Cleveland, OH 44111	Sophia Fernandez, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 9	Owner, executive director, other (specify):
First Choice Medical Staffing 1457 West 11 th Street Cleveland, OH 44107	Charles Slone, President/CEO
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 10	Owner, executive director, other (specify):
Geocare Inc. dba Home Instead Senior Care 26777 Lorain Road, Suite 608 North Olmsted, Oh 44070	Geoffrey Moore, President
Vendor Council District:	Project Council District:
Council District 1	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 11	Owner, executive director, other (specify):

Home Care Relief, Inc 753 East 200 th Street Euclid, Ohio 44119	Darlene Myrick, CEO/President
Vendor Council District:	Project Council District:
Council District 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 12	Owner, executive director, other (specify):
Axess Family Services, Inc. formerly known as Family & Community Services dba Mobile Meals 1357 Home Avenue Akron, Ohio 44310	Heather Laliberte, Director of Finance
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 13	Owner, executive director, other (specify):
Purfoods LLC dba Mom’s Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021	Nathan Jensen, Sr VP of Sales and Business Development
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 14	Owner, executive director, other (specify):
Renaissance Home Health Care 5311 Northfield Road Suite 212 Bedford Heights, Ohio 44146	Patricia Eady, Owner
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 15	Owner, executive director, other (specify):
Rent a Daughter Senior Care 23715 Mercantile Road	Mark Glatley, Chief Executive Officer

Building A Suite 206 Beachwood OH 44122	
Vendor Council District:	Project Council District:
Council District 11	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 16	Owner, executive director, other (specify):
Rose Centers for Aging Well 11890 Fairhill Road Cleveland OH 44120	Dabney Conwell, Executive Director
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 17	Owner, executive director, other (specify):
Senior Transportation Connection 4735 W. 150 th Street, Suite A Cleveland, Ohio 44135	Laura Kleinman, Executive Director
Vendor Council District:	Project Council District:
Council district 2	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 18	Owner, executive director, other (specify):
Tobi Transportation Services, LLC 14100 Bardwell Avenue East Cleveland, Ohio 44112	Alice Jackson, Vice President
Vendor Council District:	Project Council District:
Council district 10	
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 19	Owner, executive director, other (specify):
Transport Assistance, INC 5481 State Road	Fred Cerny, President

Parma, Ohio 44134	
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 20	Owner, executive director, other (specify):
U First Homecare 6005 Fleet Avenue #1005 Cleveland, Ohio 44105	Veora Thompkins, Director
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 21	Owner, executive director, other (specify):
Valued Relationships 1400 Commerce Center Dr. Franklin, Ohio 45005	Mr. Ben Wallace, Executive Director
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 22	Owner, executive director, other (specify):
Blue Heron Holdings, LLC formerly Wash House CLE 713 Upper Merriman Dr. Akron, Ohio 44303	Mr. John Boughton, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 23	Owner, executive director, other (specify):
Xcel Healthcare Providers, Inc 1991 Lee Rd. Cleveland, Ohio 44118	Mr. John Stanich, Executive Director
Vendor Council District:	Project Council District:

Council District 11	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Healthy Aging Grant – 100%

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. HS260280 – 56110 – HS-24-HAG - \$499,000.00
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. The original contract is ongoing, and this amendment is being added to the term of the original contract. Funding needs to be backdated to 6/1/2024.	
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: In an effort to use the entirety of the Healthy Aging Grant funding before the 10/31/2024 deadline, this amendment needs to be backdated to 6/1/2024.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/8/2024
Date documents were requested from vendor:	7/8/2024
Date of insurance approval from risk manager:	N/A - Amendment
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 checked="" type="checkbox"/> Yes (if yes, please explain) Invoices are being collected to backpay for services beginning 6/1/2024	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2024-762

(See related items for proposed purchases for the week of 10/21/2024 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Title	KeyBank Banking and Treasury Services P-Card	
Department or Agency Name	Department of Purchasing	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Allocating \$52,000 from contract 4645 for the Pcard program, departments individual funding requests listed in the funding section.
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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	4645	KeyBank National Association	10/1/2024 to 9/30/2028	\$4,600,000.00	R2024-0305	9/24/2024
				No add'l funds – allocation of \$52,000.00 to various user departments		

Service/Item Description (include quantity if applicable).
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) Allocate funds for Banking and Treasury Services in the total amount not to exceed \$52,000.00
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of? N/A
Project Goals, Outcomes or Purpose (list 3): Allocating funds from the KeyBank contract to the requesting departments in accordance with the P-Card program. Adding one new department and adding a new grant service for the Public Defender’s Office; changing card coordinators for the Department of Sustainability, Internal Audit, Public Works and the Sheriff’s Department.

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):
KeyBank, National Association 127 Public Square Cleveland, Ohio 44114	Charles Wise Susan Todaro
Vendor Council District:	Project Council District:
7	7

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: _____	<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.
 Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.

(NEW REQUEST) Cuyahoga County Veterans Service Commission- General Fund \$11,000.00

(NEW REQUEST) Public Defenders – Supreme Court of Ohio/Legal Representation Pilot Project Grant \$13,000.00

Department of Children and Family Services: 66% HHS Levy 34% Title IV-E Fund \$7,500.00

Board of Developmental Disabilities: General Fund \$12,000.00

Department of Public Works-Road and Bridge: Road and bridge Fund \$2,500.00

Department of Public Works-Sanitary: Sanitary Sewer Fund \$5,000.00

Department of Public Works – Airport: General Fund \$1,000.00

Funding Source Breakdown %:

General 65% Road and Bridge 3% Sanitary 6% Levy 6% Title IV 3% Supreme Court of Ohio/Legal Representation Pilot Project Grant 17%

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.

PW700100 -\$1,000.00

DD210125 - \$12,000.00

HS260130 -\$7,500.00

PW715200 -\$5,000.00

PW270100 -\$2,500.00

VC100100 - \$11,000.00

PD285120 - \$13,000.00

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: Allocating funds from the current Pcard contract

Timeline

Project/Procurement Start Date (date your team started working on this item):	9/13/2024
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Date documents were requested from vendor:	N/A
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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: N/A

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

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

HISTORY (see instructions):

Item No. 2

TITLE	Camp HOPE America Readiness Grant Program
DEPARTMENT OR AGENCY NAME	Public Safety & Justice 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 type="checkbox"/> No <input 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 checked="" 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)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2018	\$10,000		BC2018-230
AMENDMENT (A-1)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2019	\$5,000	BC2018-230 4/9/2018	BC2019-101
AMENDMENT (A- 2)	Camp HOPE America Readiness Grant	3/1/2018-12/31/2020	\$1,500	BC2019-101 2/4/2019	CON2020-05
AMENDMENT (A- 3)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2021	\$0	CON2020-05 1/13/2020	CON2020-80
AMENDMENT (A- 4)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2022	\$6,500	CON2020-80 11/30/2020	CON2022-14
AMENDMENT (A- 5)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2023	\$0	CON2022-14 2/7/2022	CON2023-09
AMENDMENT (A- 6)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2024	\$0	CON2023-09 1/17/2023	CON2024-02
AMENDMENT (A- 7)	Camp HOPE America Readiness Grant	3/18/2018-12/31/2025	\$0	CON2024-02 1/2/2024	
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>This is a continuation of the Camp HOPE America Readiness Grant that was awarded to implement Camp HOPE America in Cuyahoga County. Camp HOPE is the first evidence-based camping and mentoring initiative in the US to focus on children exposed to domestic violence. Funding assists with the yearly residential summer camp experience for approximately 30-40 children impacted by the generational cycle of violence and trauma.</p>				
	Implement Camp HOPE America in Cuyahoga County in 2025				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Provide specialized technical assistance and training
	Mandatory attendance at the National Family Justice Center Conference

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
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.
	Alliance for Hope International, Camp HOPE America
	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	BJA FY24 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) Grant Award - Authority to Apply for Federal funding via the State of Ohio.
DEPARTMENT OR AGENCY NAME	Department of Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE	<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 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
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SUBMISSION IN ONBASE.	<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)	FY24 DNA (Formula) Backlog	10/01/2024 09/30/2026	\$393,252.00	06-11-24	CON2024-60
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Grant award to increase the capacity of the Cuyahoga County Medical Examiner’s Office and its Regional Forensic Science Laboratory which is the primary accredited DNA Analysis Laboratory for Cuyahoga County and the region. The award will provide the DNA laboratory grant award funding, with no local match requirement, to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of casework.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The majority of funding has been allocated to DNA forensic casework for consumable supplies.				
	The budget allocation includes CCRFSL DNA staff attendance at one training event to maintain continuing education and accreditation requirements.				
	Grant funding to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of forensic DNA samples				

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 Cuyahoga County Council Districts.
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	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 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) - Cuyahoga County
	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. 4

Title	HHS: Office of the Director 2024; Tuberculosis/Healthcare-Associated Infections Program supplemental (Grant) for Ukrainian Humanitarian Parolees.
Department or Agency Name	Health and Human 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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Grant

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
2024 Grant	N/A	Ohio Department of Health	7/1/2024-12/31/2024	\$73,720.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>On April 21, 2022, President Biden announced Uniting for Ukraine (U4U), which provides a safe and orderly process for displaced Ukrainians who have been impacted by Russia’s invasion to come to the United States. All people two years of age or older will need to be screened for potential TB infection or disease by getting an interferon-gamma release assay (IGRA) test within 90 days after arrival to the United States. In support of U4U, the Centers for Disease Control and Prevention (CDC) created a supplement to the Tuberculosis (TB) Elimination and Laboratory Cooperative Agreement and awarded the Ohio Department of Health (ODH)</p> <p>This is a supplemental grant award to local tuberculosis (TB) control units to support activities related to screening, evaluation, and treatment of latent TB infection and TB disease for Ukrainian Humanitarian Parolees to reduce morbidity and mortality caused by TB.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>

Project Goals, Outcomes or Purpose (list 3):

a. The primary goal of this grant is to reduce morbidity and mortality caused by Tuberculosis among Ukrainian Humanitarian Parolees

b. provide reimbursement for the cost of public health activities associated with reporting, investigation, and case management of tuberculosis

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 Department of Health 246 N. High St. Columbus, OH 43215	Sarah Mitchell
Vendor Council District:	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 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: Grant Agreement

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% by the Ohio Department of Health
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. N/A
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.	
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: Cuyahoga County received the agreement from the state on September 20, 2024. Processing started at that time.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/20/2024
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:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)		Ohio Department of Health	7/1/2023 – 12/31/2023	\$78,993.09	11/20/2023	CON2023-121

VI – PUBLIC COMMENT

VII – ADJOURNMENT