



**Cuyahoga County Board of Control Agenda
Monday, October 23, 2023 - 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 – 10/16/2023

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2023-651

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to APG Office Furnishings in the amount not-to-exceed \$9,416.69 for a joint cooperative purchase of various office furniture to be delivered and installed at the Harvard Garage for the Sanitary Engineering Division.
- b) Recommending an award on Purchase Order No. 23003847 to APG Office Furnishings in the amount not-to-exceed \$9,416.69 for a joint cooperative purchase of various office furniture to be delivered and installed at the Harvard Garage for the Sanitary Engineering Division.

Funding Source: Sanitary Sewer Funds

BC2023-652

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 \$154,950.72 for the joint cooperative purchase of various Hardware Security Modules (“HSM), licenses and maintenance services for Countywide encryption and disaster recovery continuity for the period 11/1/2023 – 10/31/2024.

- b) Recommending an award on Purchase Order No. 23004169 to SHI International Corp. in the amount not-to-exceed \$154,950.72 for the joint cooperative purchase of various Hardware Security Modules (“HSM), licenses and maintenance services for Countywide encryption and disaster recovery continuity for the period 11/1/2023 – 10/31/2024.

Funding Source: General Fund

BC2023-653

Department of Information Technology on behalf of the Fiscal Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$21,360.00 for a state contract purchase of 12,000 feet of access control composite replacement cabling to be installed by County trades at the Old Brooklyn Neighborhood Family Service Center.
- b) Recommending an award on Purchase Order No. 23004404 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$21,360.00 for a state contract purchase of 12,000 feet of access control composite replacement cabling to be installed by County trades at the Old Brooklyn Neighborhood Family Service Center.

Funding Source: Real Estate Assessment Fund

BC2023-654

Department of Information Technology on behalf of the Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$13,679.10 for a state contract purchase and installation of (15) Uninterruptable power supply (UPS) batteries and units for security system upgrades at the Juvenile Justice Center and Court Tower.
- b) Recommending an award on Purchase Order No. 23004405 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$13,679.10 for a state contract purchase and installation of (15) Uninterruptable power supply (UPS) batteries and units for security system upgrades at the Juvenile Justice Center and Court Tower.

Funding Source: General Fund

BC2023-655

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Dell Marketing, LP in the amount not-to-exceed \$122,692.00 for a state contract purchase of (100) Microsoft Windows 365 Cloud PC subscriptions for the period 10/28/2023 – 6/27/2024.

- b) Recommending an award on Purchase Order No. 23004532 to Dell Marketing, LP in the amount not-to-exceed \$122,692.00 for a state contract purchase of (100) Microsoft Windows 365 Cloud PC subscriptions for the period 10/28/2023 – 6/27/2024.

Funding Source: General Fund

BC2023-656

Department of Internal Audit,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp. in the amount not-to-exceed \$28,284.15 for a joint cooperative purchase of (6) audit management software user licenses, software upgrades, support and maintenance from TeamMate to TeamMate+ FedRamp for the period 10/17/2023 – 5/6/2024.
- b) Recommending an award on Purchase Order No. 23004364 to Carahsoft Technology Corp. in the amount not-to-exceed \$28,284.15 for a joint cooperative purchase of (6) audit management software user licenses, software upgrades, support and maintenance from TeamMate to TeamMate+ FedRamp for the period 10/17/2023 – 5/6/2024.

Funding Source: General Fund

BC2023-657

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3169 (fka Contract No. 2128) with Prison Yoga Project – Ohio for yoga and meditation services for Detention Center youth for the period 3/14/2022 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$15,000.00.

Funding Source: RECLAIM GRANT

BC2023-658

Court of Common Pleas/Juvenile Court Division, recommending an award on RQ12469 and enter into Contract No. 3625 with Monford Dent Consulting & Psychological Services, LLC (50-2) in the amount not-to-exceed \$15,000.00 for sex offender assessment and treatment services for Court-referred youth project, for the period 7/1/2023 – 6/30/2025.

Funding Source: RECLAIM grant

BC2023-659

Sheriff's Department, recommending an award on Purchase Order No. 23004222 to Geauga County Sheriff's Department in the amount not-to-exceed \$125,000.00 for outsourcing prisoner board and care services to reduce the daily population in the Cuyahoga County Jail, effective Board of Control approval through 12/31/2023.

Funding Source: General Fund

BC2023-660

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to FDL Marine, Inc. dba Edgewater Marina in the amount not-to-exceed \$9,851.45 for the purchase of fuel for marine patrol boat operations in connection with the Operation Stonegarden Grant Program, effective Board of Control approval through 12/31/2023.
- b) Recommending an award on Purchase Order No. 23004490 to FDL Marine, Inc. dba Edgewater Marina in the amount not-to-exceed \$9,851.45 for the purchase of fuel for marine patrol boat operations in connection with the Operation Stonegarden Grant Program, effective Board of Control approval through 12/31/2023.

Funding Source: FY2021 Operations Stonegarden Grant

BC2023-661

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$19,225.26 for management of the FY2023 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2024 – 3/31/2025.

Funding Source: 75% Ohio Department of Public Safety/Office of Criminal Justice Services and 25% (Cash Match) – General Fund

BC2023-662

Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Children's Hospital Medical Center in the amount not-to-exceed \$257,400.00 for poison control services and support of the Drug and Poison Information Center for the period 1/1/2024 - 12/31/2025.
- b) Recommending an award and enter into Contract No. 3797 with The Children's Hospital Medical Center in the amount not-to-exceed \$257,400.00 for poison control services and support of the Drug and Poison Information Center for the period 1/1/2024 - 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2023-663

Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP exemption, which will result in an award recommendation to The Center for Community Solutions in the amount not-to-exceed \$300,000.00 for fiscal agent services for the AIDS Funding Collaborative for the period 1/1/2024 - 12/31/2025.

- b) Recommending an award and enter into Contract No. 3798 with The Center for Community Solutions in the amount not-to-exceed \$300,000.00 for fiscal agent services for the AIDS Funding Collaborative for the period 1/1/2024 - 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2023-664

Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP exemption, which will result in an award recommendation to The Cleveland Hearing and Speech Center in the amount not-to-exceed \$208,000.00 for Audiology Patient Assistance Program services for the period 1/1/2024– 12/31/2025.

- b) Recommending an award and enter into Contract No. 3800 with The Cleveland Hearing and Speech Center in the amount not-to-exceed \$208,000.00 for Audiology Patient Assistance Program services for the period 1/1/2024– 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2023-665

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3482 with Ohio Attorney General c/o Treasurer, State of Ohio/Bureau of Criminal Identification and Investigation for access to the National WebCheck Program for criminal background checks for various departments for the period 6/1/2023 - 5/31/2026 for additional funds in the amount not-to-exceed \$60,500.00.

Funding Source: General Funding

BC2023-666

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 3606 with Bluestone Child and Adolescent Psychiatric Hospital for psychiatric hospital services for children for the period 6/19/2023 – 6/18/2024, to change the terms, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$75,600.00.

Funding Source: 66% Health and Human Services Levy, 34% Title IV-E

BC2023-667

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 1979 with Case Western Reserve University - Center on Urban Poverty and Community Development for implementation, management and evaluation of Invest in Children Programs for the period 1/1/2022 - 12/31/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$55,000.00.

Funding Source: 9% Cleveland Foundation-LENA Grow Program and 91% 2024 Health and Human Services Levy Fund

C. – Exemptions

BC2023-668

Sheriff's Department, recommending an alternate procurement process, which will result in a purchase order to Cuyahoga Community College in the total amount not-to-exceed \$48,000.00 for Police Academy Training for current eligible Employees for the period 1/1/2024 – 12/31/2024.

Funding Source: General Fund

D. – Consent Agenda

BC2023-669

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. in the amount not-to-exceed \$1.00 for the months of September and October 2023 in accordance with EA02012-0001 on behalf of the following county agencies:

- a) Board of Elections for October 2023
- b) Department of Information Technology for September and October 2023
- c) Public Defender's Office for September 2023

Funding Source: Revenue Generating

BC2023-670

Department of Human Resources, submitting an amendment to Contract No. 2290 (fka Contract No. 1977) with Medical Mutual of Ohio dba Medical Mutual Services, LLC for group healthcare benefits for County employees and their eligible dependents and Cuyahoga County Benefits Regionalization Program participants' employees and their eligible dependents for the period 1/1/2022-12/31/2024 to change the terms, effective 1/1/2022; no additional funds required.

Funding Source: Self-Insurance Fund

BC2023-671

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 2087 with City of Pepper Pike for the provision of local non-federal matching funds for the Regional Command Vehicle Project in connection with the FY2020 Assistance to Firefighters Grant Program for the period 12/20/2021-9/30/2023 to extend the time period to 4/30/2024; no additional funds required effective upon contract signature of all parties.

Funding Source: General Fund

BC2023-672

Department of Health and Human Services/Division of Senior and Adult Services recommending to terminate Contract No. 2679 with Precision Mobile Laundry Service, LLC for laundry services for the Cuyahoga OPTIONS for Independent Living Services Program clients for the period 2/13/2023 – 12/31/2023, effective 9/25/2023.

Funding Source: Health and Human Services Levy Fund

BC2023-673

Fiscal Department, presenting proposed travel/membership requests for the week of 10/23/2023:

Dept:	Department of Information Technology							
Event:	SecureWV							
Source:	SecureWV							
Location:	Charleston, WV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	10/19/2023-10/22/2023	\$75.00	\$172.00	\$450.00	\$327.50	\$0.00	\$1,024.50	General Fund

*Paid to host

**Staff reimbursement

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

**** Item is late because department was unaware of travel deadlines.

Purpose:

SecureWV is a 2-day conference in Charleston West Virginia ran by a 501c3 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.

Dept:	County Executive’s Office							
Event:	COP28 UAE Thematic Program							
Source:	The United Nations							
Location:	Dubai, United Arab Emirates							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Christopher Ronayne	12/01/2023-12/07/2023	\$0.00	\$420.00	\$2,000.00	\$0.00	\$2,300.00	\$4,720.00	George Gund Foundation
---------------------	-----------------------	--------	----------	------------	--------	------------	------------	------------------------

*Paid to host

**Staff reimbursement

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

Purpose:

Request to travel to United Nations Climate Conference (COP 28) in Dubai, United Arab Emirates as part of a delegation of leaders from across Cuyahoga County. We plan to attend events at COP28 that focuses on reducing greenhouse gas emissions, designing green urban spaces, protecting our freshwater rivers and lakes, and educating our young people to become better stewards of climate justice efforts.

Dept:	Department of Sustainability							
Event:	COP28 UAE Thematic Program							
Source:	The United Nations							
Location:	Dubai, United Arab Emirates							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Valerie Katz	12/01/2023-12/07/2023	\$0.00	\$420.00	\$1,600.00	\$0.00	\$2,300.00	\$4,320.00	General Fund. The Executive’s Office is seeking reimbursement using grant funds

*Paid to host

**Staff reimbursement

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

Purpose:

Request to travel to United Nations Climate Conference (COP 28) in Dubai, United Arab Emirates as part of a delegation of leaders from across Cuyahoga County. We plan to attend events at COP28 that focuses on reducing greenhouse gas emissions, designing green urban spaces, protecting our freshwater rivers and lakes, and educating our young people to become better stewards of climate justice efforts.

BC2023-674

Department of Purchasing, presenting proposed purchases for the week of 10/23/2023:

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
23004512	(3) High resolution, thermal imaging camera with retractable lanyard and case for the Lorain County Sheriff's Office	Department of Public Safety and Justice Services	Fire & EMS LLC	\$21,513.85	FY2021 State Homeland Security Grant Program – Law Enforcement Fund
23004530	(6) Cartridge filament, (3) aperture plate and (3) fixed aperture for use by the Trace Evidence Department	Medical Examiner's Office	Hitachi High-Tech America, Inc.	\$5,828.00	General Fund
23004301	(1) Chest compression system and accessories for use by the Corrections Center	Sheriff's Department	HPM Business Systems Inc.	\$19,077.77	General Fund
23004544	(230) Tourniquet holders for use by the Sheriff's Deputies	Sheriff's Department	HPM Business Systems Inc.	\$7,699.94	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
23004563	Skill up training for the Learn and Earn Program for the period 1/10/2023 – 8/8/2023*	Cuyahoga Job and Family Services	Physicians Ambulance Service, Inc.	\$55,712.00	Health & Human Services Levy Fund
23004567	Skill up training for the Learn and Earn Program for the period 1/3/2023 – 12/31/2023*	Cuyahoga Job and Family Services	University Hospitals Cleveland Medical Center dba UH Cleveland Medical Center	\$42,940.00	Health & Human Services Levy Fund
23004568	Emergency veterinary services for the Animal Shelter for August and September, 2023**	Department of Public Works	VCA Great Lakes Veterinary Specialists	\$10,723.21	100% Dick Goddard Best Friends Fund

*Approval No. BC2022-799 dated 12/19/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various providers in the total amount not-to-exceed \$1,000,000.00 to reimburse employers for employee wage and training expenses in connection with the Learn and Earn Program for the period 1/1/2023 – 12/31/2023.

**Approval No. BC2023-453 dated 7/17/2023, which approved an alternative procurement process, which will result in purchase orders to various providers in the total amount not-to-exceed \$400,000.00 for medical, surgical and animal care services for the period 7/1/2023 – 6/30/2024.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Housing and Community Development, requesting authority to apply for grant funds from U. S. Department of Housing and Urban Development/Community Planning and Development for identification and removal of barriers to affordable housing production and preservation in the amount of \$10,000,000.00 in connection with Pathways to Removing Obstacles to Housing (Pro Housing) project for the period 1/31/2024 – 9/30/2029.

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

Item No. 2

Court of Common Pleas/Corrections Planning Board, submitting an amendment to a Grant Agreement from the Ohio Department of Rehabilitation and Corrections for FY2024-2025 Community Based Corrections Programs for the period 7/1/2023– 6/30/2025, to change the terms, effective upon signatures of all parties; no additional funds required.

Funding Source: Community Corrections Act (CCA) funds.

Item No. 3

Court of Common Pleas/Corrections Planning Board, submitting a grant award from Ohio Department of Mental Health and Addiction Services in the amount of \$210,000.00 for salaries and related payroll expenses for Supervisors or Assessment Specialists assigned to any of the four Drug Court Specialized Dockets (Adult Drug Court, MAT, Recovery Court and Veterans Treatment Court) in connection with the Specialized Docket Support – Payroll Subsidy Grant Program for the period 7/1/2023 – 6/30/2024, allocated as follows:

- Adult Drug Court Docket - \$75,000
- Recovery Court Docket - \$55,000
- MAT Docket - \$45,000
- Veterans Treatment Court Docket - \$35,000

Funding Source: Ohio Department of Mental Health and Addiction Services

Item No. 4

Public Defender's Office,

- a) Requesting authority to apply to Supreme Court of Ohio in the amount of \$119,600.00 for the Legal Representation Pilot Project, effective upon contract signature of all parties through 9/30/2024.
- b) Submitting a grant award from Supreme Court of Ohio in the amount of \$119,600.00 for the Legal Representation Pilot Project, effective upon contract signature of all parties through 9/30/2024.

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

Item No. 5

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$770,632.73 for the Regional Planning Unit Project in connection with the FY2023 STOP Violence Against Women ACT Block Grant for the period 1/1/2024 – 3/31/2025.

Funding Source: FY2023 STOP Violence Against Women Act Block Grant is from the Ohio Department of Public Safety, Office of Criminal Justice Services

Item No. 6

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

- a) Recommending to amend CON2023-40, dated 4/17/2023, which authorized a grant application to U.S. Department of Housing and Urban Development in the amount of \$3,977,869.00 for the development and implementation of a coordinated community approach to preventing and ending youth homelessness in connection with the Youth Homelessness Demonstration Project for the period 10/1/2023 – 9/30/2025, by changing the time period to 1/1/2024 - 12/31/2025; no additional funds required.
- b) Submitting grant agreements with U.S. Department of Housing and Urban Development in the total amount not-to-exceed \$3,977,869.00 for the development and implementation of a coordinated community approach to preventing and ending youth homelessness in connection with the Youth Homelessness Demonstration Project for the period 1/1/2024 – 12/31/2025.
 - 1. For supportive services and administrative costs in the amount not-to-exceed \$869,320.00
 - 2. For reimbursement of costs for eligible activities in connection with the Youth Homelessness Demonstration Project in the amount not-to-exceed \$3,108,549.00

Funding Source: FY2021 US Department of Housing and Urban Development-Youth Homelessness Demonstration Project grant

Item No. 7

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend Contract No. 3381 (fka Contract No. 1163)	Northeast Ohio Regional Sewer District	Disposal of wastewater sewer grit, change the scope of services, effective upon	\$-0-	Department of Public Works	12/1/2020 – 12/31/2023	(Original) Sanitary	10/11/2023 (Executive) 10/6/2023 (Law)

			contract signature of all parties					
--	--	--	--	--	--	--	--	--

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, October 16, 2023 - 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.

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Interim Fiscal Officer, serving as Chairman
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
James Boyle, County Council (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 10/10/2023

Michael Chambers motioned to approve the minutes from the October 10, 2023, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2023-632

Department of Public Works, submitting an amendment to Contract No. 2538 with CBRE, Inc. for real estate strategic management services for the period 7/18/2022 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$450,000.00.

Funding Source: General Fund

John Myers, Department of Public Works, presented. Dale Miller asked, can you describe the work plan on this; do you have a timeline for when a decision whether the court's facilities are going to be renovated at the current site or will it be a new facility; asked we sent an RFP looking for various alternatives is that correct; commented he noted some very expensive items in the capital plan for the existing site so we are going to have to make some important decisions; commented the answers provided some guidance, so that's helpful. James Boyle asked whether the City of Cleveland will be involved in the Court facilities' conversations as a sharer of space at the Justice Center; asked is it fair to

say that in our conversations involving potential other locations is the city cognizant of those conversations taking place; commented I would caution and hope that those conversations about our courts and jails take place before we close so that when we're getting ready to move with post haste we don't find out that the City of Cleveland wants to engage in a lengthy conversation. Commented again that the city leadership needs to be engaged sooner rather than later; Mr. Boyle gives credit to the administration for moving forward. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-632 was approved by unanimous vote.

BC2023-633

Department of Public Works, submitting an amendment to Contract No. 2609 with R.L. Hill Management, Inc. for The Cuyahoga County Men's Shelter Expansion Project for additional funds in the amount not-to-exceed \$270,359.00.

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

Matthew Rymer, Department of Public Works, presented. Dale Miller asked what the total project costs are; asked what the expected completion date is. James Boyle asked whether ARPA is paying for the whole thing. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-633 was approved by unanimous vote.

BC2023-634

Department of Public Works, submitting Agreement No. 3810 among Board of Park Commissioners of the Cleveland Metropolitan Park District for anticipated revenue in the amount not-to-exceed \$475,000.00 for sewer maintenance services and disposal of wastewater sewer grit, for the period 10/18/2023 through 10/17/2026, effective upon contract signatures of all parties.

Funding Source: Revenue Generating

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-634 was approved by unanimous vote.

BC2023-635

Department of Public Works recommending an award and enter into Agreement No. 3821 with Northeast Ohio Regional Sewer District in the amount not-to-exceed \$75, 000.00 for disposal of non-grit waste effective upon contract signatures of all parties for a period of three years.

Funding Source: Sanitary Sewer Funds

Nichole English, Department of Public Works, presented and Jerad Zibritosky, Department of Law supplemented. Dale Miller asked what's the difference between grit and non-grit waste; asked which costs more to handle. The presenter will provide the information related to costs. Dale Miller motioned to approve the item; James Boyle seconded. Item BC2023-635 was approved by unanimous vote.

BC2023-636

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 \$5,294.34 for a joint cooperative purchase of (6) Enterprise Room Connector Basic licenses for Microsoft for the period 10/16/2023 – 10/15/2024.

- b) Recommending an award on Purchase Order No. 23004122 to SHI International Corp. in the amount not-to-exceed \$5,294.34 for a joint cooperative purchase of (6) Enterprise Room Connector Basic licenses for Microsoft for the period 10/16/2023 – 10/15/2024.

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 BC2023-636 was approved by unanimous vote.

BC2023-637

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2854 (fka Contract No. 17) with Case Western Reserve University, Mandel School of Applied Social Sciences for the provisions of trauma training sessions and technical assistance to court staff for the period 2/1/2020 - 6/30/2023 to extend the time period to 6/30/2024, to change the terms, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$5,500.00.

Funding Source: RECLAIM Grant

Thomas Pipkin, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-637 was approved by unanimous vote.

BC2023-638

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2938 (fka Contract No. 1609) with Equius Group, LLC to provide Diversity, Equity and Inclusion training sessions for Court staff for the period 5/1/2021 – 6/30/2023 to extend the time period to 6/30/2024, to change the terms, effective 7/1/2023, and for additional funds in the amount of \$77,800.00.

Funding Source: Competitive RECLAIM Grant Fund

Thomas Pipkin, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-638 was approved by unanimous vote.

BC2023-639

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2996 with Gracehaven, Inc. for Safe Space Housing services for Court referred youth for the period 7/1/2022–

6/30/2023 to extend the time period to 6/30/2024, to change the terms, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: RECLAIM Grant

Thomas Pipkin, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-639 was approved by unanimous vote.

BC2023-640

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3053 (fka Contract No. 2753) with Great Lakes Training, Inc. – The Center for Strength Based Strategies for motivational interviewing training services for the period 12/1/2022 – 6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$60,000.00.

Funding Source: RECLAIM Grant

Thomas Pipkin, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; James Boyle seconded. Item BC2023-640 was approved by unanimous vote.

BC2023-641

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$17,228.99 for a state contract purchase of (1) each Forensic Password Accelerator and Forensic Passware Kit for use by the Internet Crimes Against Children Unit.
- b) Recommending an award on Purchase Order No. 23004341 to SHI International Corp. in the amount not-to-exceed \$17,228.99 for a state contract purchase of (1) each Forensic Password Accelerator and Forensic Passware Kit for use by the Internet Crimes Against Children Unit.

Funding Source: FY2020 U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention Grant

David Frattare, Prosecutor's Office Internet Crimes Task Force, presented. James Boyle asked do you need warrants and stuff to do this. Michael Chambers motioned to approve the item; Nichole English seconded. Item BC2023-641 was approved by unanimous vote.

BC2023-642

Prosecutor's Office, submitting an amendment to Contract No. 1342 with Gene-By-Gene, Ltd. for Forensic Genetic Genealogy DNA Analysis and Searching services including research and analysis for unsolved sexual assault and homicide cases in connection with the FY2019 Bureau of Justice Assistance Sexual Assault Kit Initiative and FY21 Prosecuting Cold Cases Grant Programs for the period 8/17/2020 – 8/16/2023 to extend the time period to 8/16/2025 and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: Department of Justice, Bureau of Justice Assistance - FY21 Prosecuting Cold Cases using DNA

Mary Weston, Prosecutor's Office, presented. Dale Miller asked how genealogy information would be useful in homicide cases. James Boyle asked did the grant specify that it can only be used for sexual assault cases or is that why you're here on a kind of different twist, DNA is DNA. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-642 was approved by unanimous vote.

BC2023-643

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexstar Broadcasting in the amount not-to-exceed \$12,600.00 for professional video shoots and television advertisement services with Fox8 News for recruitment of Sheriff Deputies for the period 9/1/2023 – 10/31/2023.
- b) Recommending an award on Purchase Order No. 23003874 to Nexstar Broadcasting in the amount not-to-exceed \$12,600.00 for professional video shoots and television advertisement services with Fox8 News for recruitment of Sheriff Deputies for the period 9/1/2023 – 10/31/2023.

Funding Source: Office of Criminal Justice Services (OCJS) – Recruitment and Retention Initiative

Chris Costin and Latanya Jackson-Williams presented. James Boyle asked how FOX8 was chosen. Commented it is not a lot of money I'm just curious; asked did you contacted the other broadcasters. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-643 was approved by unanimous vote.

BC2023-644

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3667 (fka Contract No. 938) with Catholic Charities Corporation for pre-employment screening services for Ohio Works First applicants for the period 7/1/2020 - 12/31/2023, to extend the time period to 6/30/2024 to amend the terms of Exhibit II budget, effective 1/1/2024 and for additional funds in the amount not-to-exceed \$241,123.00.

Funding Source: Temporary Assistance to Needy Families Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-644 was approved by unanimous vote.

BC2023-645

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3106 (fka Contract No. 2139) with The Bridge Foundation for fiscal agent and management services for the Identification Documentation Crisis Collaborative Program for the period 9/1/2021 – 8/31/2023 to extend the time period to 8/31/2024, to change the terms of

Exhibit "II" Budget, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$170,000.00.

Funding Source: Health and Human Services Levy Fund

Erin Rearden, Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-645 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2023-646 through BC2023-650; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

BC2023-646

Department of Public Works, submitting an amendment to Contract No. 1520 (fka Contract No. 20001856) with Robert P. Madison International, Inc. for general architectural engineering services for the period 8/5/2020 – 8/4/2023 to extend the time period to 12/31/2024; no additional funds required.

Funding Source: General Fund

BC2023-647

Court of Common Pleas/Domestic Relations Court Division, submitting an amendment to Contract No. 2650 with Ohio Legal Help for implementation of the Cuyahoga County Domestic Relations Virtual Self-Help Center project for the period 9/20/2022 – 9/30/2023 to extend the time period to 12/31/2023; no additional funds required.

Funding Source: Ohio Supreme Court Tech Grant

BC2023-648

Department of Public Safety and Justice Services, submitting a grant agreement with State of Ohio/Office of the Attorney General in the amount of \$261,181.00 for various FY2024 grant program activities for the period 10/1/2023 – 9/30/2024:

- a) Victims of Crime Act Defending Childhood Initiative Intake, Assessment and Treatment services in the amount of \$246,151.00.
- b) Juvenile Court Advocacy Project in connection with the State Victims Assistance Act Grant Program in the amount of \$15,030.00.

Funding Source: Victims of Crime Act Defending Childhood – 80% Federal grant funds passed through Ohio Attorney General's Office with a 20% In-Kind Match provided through services rendered in the Children Who Witness Violence contract funded by Health and Human Services Levy Funds

BC2023-649

Fiscal Department, presenting proposed travel/membership requests for the week of 10/16/2023:

Dept:	Department of Public Safety and Justice Services							
Event:	International Associate of Emergency Manager Conference							
Source:	IAEM Annual Conference 2023							
Location:	Long Beach, California							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Samuel Hudik	11/4/2023-11/10/2023	\$675.00	\$260.00	\$0.00	\$134.00	\$234.91	\$1,303.91	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The IAEM conference seeks to improve Emergency managers’ knowledge, competency level and collaborative skills by attracting relevant high-profile speakers to address current topics and solutions. This event is held tandem with IAEM’S emergency management & homeland security expo which draws a myriad of exhibitors who are the top suppliers in the fields of disaster preparedness and homeland security.

Dept:	Office of Innovation and Performance							
Event:	NDIA Net Inclusion 2024							
Source:	National Digital Inclusion Alliance							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dale Armbruster	02/12/2024-02/15/2024	\$395.00	\$128.00	\$764.55	\$100.00	\$500.00	\$1,887.55	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

NDIA Net Inclusion brings together digital inclusion practitioners, internet service providers, and policymakers to discuss local, state, and federal policies, digital inclusion programs, and industry best practices. This conference will support continued education for the Office of Innovation and Performance as we continue to manage the County's digital inclusion efforts.

Dept:	Department of Development							
Event:	2024 NACCED Legislative Conference							
Source:	National Association for County Community and Economic Development							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	02/9/2024-02/11/2024	\$0.00	\$116.00	\$480.30	\$49.65	\$347.81	\$993.76	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Cuyahoga County is a member of the National Association for County Community and Economic Development (NACCED) which is an affiliate of the National Association of Counties (NACO). Attending the 2024 NACCED Legislative Conference will provide direct in-person interaction with key federal officials from departments funding economic development activity in Cuyahoga County, on issues of critical strategic importance including workforce development, contaminated land remediation and development site preparation, and innovation.

BC2023-650

Department of Purchasing, presenting proposed purchases for the week of 10/16/2023:

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
23004140	(4) Propane specialty kits and (1) propane hose for the Cuyahoga Local Emergency Planning Committee (LEPC)	Department of Public Safety and Justice Services	Responder Training Enterprises, LLC	\$16,902.00	FY2024 State Emergency Response Commission Grant Fund

23004083	Installation of (1) replacement cashier booth for use at Courthouse Square	Department of Public Works	PSx, Inc.	\$31,038.00	General Fund
23004189	(4,000 lbs.) 50/50 grass seed mixture	Department of Public Works	SiteOne Landscape Supply	\$9,472.96	Sanitary Operating Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services/Witness Victim Service Center, submitting an amendment to a grant award from U.S. Department of Justice, Office on Violence Against Women for the Domestic Violence Homicide Prevention Demonstration Initiative in connection with the FY2020 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program for the period 10/1/2020 – 9/30/2023, to extend the time period to 9/30/2025; no additional funds required.

Funding Source: FY2020 U.S. Department of Justice, Office on Violence Against Women

Item No. 2

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office,

- a) Requesting authority to apply for grant funds from U.S. Department of Justice, Bureau of Justice Assistance in the amount of \$1,600,000.00 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the 10/1/2023 -9/30/2026.
- b) Submitting a grant award from U.S. Department of Justice, Bureau of Justice Assistance in the amount of \$1,600,000.00 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the 10/1/2023 -9/30/2026.

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

Item No. 3

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 7877	Amend Contract No. 2370	Kenmore Construction Company, Inc.	Replacement of Old Rockside Road Bridge No. 00.42 over the Cuyahoga	\$-0-	Department of Public Works	N/A	(Original) 34% Federal Fund, 24% Ohio Public	10/2/2023 (Executive) 10/3/2023 (Law)

			River in the City of Independence and Village of Valley View				Works Commission and 42% County Motor Vehicle \$5.00 Fund	
--	--	--	--	--	--	--	---	--

Agreements related to public convenience and welfare projects – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2021-0013	Rehabilitation of Garfield Boulevard from Warner Road to Turney Road in the City of Garfield Heights – Council District 8	\$1,900,000.00	N/A	N/A	10/2/2023 (Executive)

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 11:29.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2023-651

Title	Public Works / APG Office Furnishings / Purchase Order / RQ #none /Office furnishings for Office Build-out at Harvard	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	23003847	APG Office Furnishings		\$9,416.69	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

Public Works is requesting approval of a purchase order, per the chart above, to secure office furnishings for an office buildout at Harvard.

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

Project Goals, Outcomes or Purpose (list 3):
 To set up an office space at Harvard for engineer

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

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

Vendor Name and address:	Owner, executive director, other (specify):
APG Office Furnishings 12075 northwest Blvd., Suite 100	Joe Moran, Sales

Cincinnati, Ohio 45246	
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 # <i>if applicable</i> <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 furniture is being purchased via a Joint Cooperation procurement 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 checked="" 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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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.
Sanitary Sewer Funds – PW715200

Is funding for this included in the approved budget? Yes No (if “no” please explain):
Payment Schedule: Invoiced Monthly Quarterly One-time Other (please explain):

Provide status of project.

New Service or purchase Recurring service or purchase

Is contract 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:

Date item was entered and released in Infor:

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):

BC2023-652

Title	Hardware Security Modules		
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 Approved/ Council’s Journal Date	Approval No.
O	23004169	SHI International Corp	11/1/2023 – 10/31/2024	\$154,950.72	pending	

--	--	--	--	--	--	--

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Information Technology plans to contract with SHI, for Hardware Security Modules in the amount of \$154,950.00.

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): DoIT is purchasing Hardware Security Modules (HSMs) for County-wide encryption and disaster recovery continuity. This includes all mission critical county applications such as VoIP, financials, internal websites, code signing, and database encryptions. This is being purchased to assist with the enhancement of our security footprint and increase efficiency in management of cryptographic keys.

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

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

Vendor Name and address: SHI International Corp	Owner, executive director, other (specify): Rob Ciarroca Account Representative
290 Davidson Avenue Somerset, NJ 08873	
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 # <i>if applicable</i> <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. SHI was recommended to provide the Hardware Security Modules for this environment and can provide the County with discounted cooperative purchasing pricing via OMNIA Partners. *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. Contract #2018011-02 expires February 28, 2025.
Participation/Goals (%): () DBE () SBE	<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"/>) MBE (<input type="checkbox"/>) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. <i>100% General Fund</i>	
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 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:	
Date item was entered and released in Infor:	
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):

BC2023-653

Title	Access Control Wiring Cables
Department or Agency Name	Department of Information Technology on behalf of the Fiscal Office
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 Approved/ Council's Journal Date	Approval No.
	23004404 STAC	Integrated Precision Systems		\$21,360.00		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Information Technology on behalf of the Fiscal Office plans to contract with Integrated Precision Systems, for the purchase of Access Control Wiring in the amount of \$21,360.00.

This request is for 12,000 ft of access control cabling to be used in replacing the wiring at the Old Brooklyn site that houses HHS and the Fiscal Office Reappraisal staff.

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

Project Goals, Outcomes or Purpose (list 3):

This purchase is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc.

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

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

Vendor Name and address: Integrated Precision Systems	Owner, executive director, other (specify): Rob Jackson
--	--

8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	
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 # <i>if applicable</i> <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 in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor provide network supplies that will support the system maintained by a different vendor. 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. STS # 10018, effective through 01/31/2025. *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 STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)

	<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 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 <i>(No acronyms i.e. HHS Levy, CDBG, etc.)</i> . Include % if more than one source. 100% Real Estate Assessment 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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase As Needed by Department Request/Project	Is contract 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:	
Date item was entered and released in Infor:	
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):

BC2023-654

Title	Fifteen Uninterruptable Power Sources for the JJC Security System	
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23004405 STAC	Integrated Precision Systems		\$13,679.10		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Information Technology on behalf of the Department of Public Works plans to contract with Integrated Precision Systems, for the purchase of Fifteen Uninterruptable Power Sources for the JJC Security System in the amount of \$13,679.10.

This request is for the procurement of fifteen (15) uninterruptable power sources (UPS) to be used at the Juvenile Justice Center in support of the network equipment as part of the upgraded security system project.

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

Project Goals, Outcomes or Purpose (list 3):

This request is for the procurement of fifteen (15) uninterruptable power sources (UPS) to be used at the Juvenile Justice Center in support of the network equipment as part of the upgraded security system project. This network is an extension of the existing surveillance system that is supported by Integrated Precision Systems, INC under a service contract.

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

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

Vendor Name and address: Integrated Precision Systems	Owner, executive director, other (specify): Rob Jackson
8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	

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 # <i>if applicable</i> <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 in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor provide network supplies that will support the system maintained by a different vendor. 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. STS # 10018, effective through 01/31/2025. *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 # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% Capital Projects
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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase As needed by project/department request	Is contract 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:	
Date item was entered and released in Infor:	
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):

BC2023-655

Title	Microsoft W365
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 Approved/ Council's Journal Date	Approval No.
	23004532 STAC	Dell Marketing, LP		\$122,692.00		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Information Technology plans to contract with Dell Marketing, LP, for the purchase of Microsoft W365 in the amount of \$122,692.00. This request is for an 8-month prorated subscription beginning October 28 and includes 100 users.

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

Project Goals, Outcomes or Purpose (list 3):

This purchase will add 100 Windows Cloud PC subscriptions to assist in various improvements for County Operations such as Disaster Recovery, workstation management, and emergency remote access needs.

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

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

Vendor Name and address: Dell Marketing, LP	Owner, executive director, other (specify): Matt Lauer
One Dell Way Round Rock, Texas 78682	
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 # <i>if applicable</i> <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. Microsoft W365 is a subscription available to the County via our Enterprise Agreement with Dell Marketing LP. Dell is able to provide the County with cost effective Ohio State term schedule contract pricing under Contract #0A1252-01 which expires on June 30, 2025.

	*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 Contract #0A1252-01 expires on June 30, 2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
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 (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). 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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase Subscription Based	Is contract 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:	
Date item was entered and released in Infor:	
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):

BC2023-656

Title	TeamMate Plus Implementation
Department or Agency Name	Department of Internal Audit
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> 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 Approved/ Council's Journal Date	Approval No.
O	23004364	Carahsoft Technologies	10/17/23 – 5/6/24	28,284.15	TBD	TBD

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
This will provide implementation of an upgraded audit management software. DIA is required by the County to follow the professional standards prescribed by the Government Accountability Office (GAGAS) or the IIA (IPPF). Those professional standards require management and sufficient documentation of the entire audit workflow. Audit management software allows for effective and efficient management of the audit workflow.

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

Project Goals, Outcomes or Purpose (list 3):

- Upgrade our current audit management software (TeamMate AM) which, per the vendor, is scheduled to sunset soon. The upgrade will include hosting and maintenance services through May 6, 2024.
- Data Migration – Transfer and maintain work paper data from TeamMate AM to the upgraded system, TeamMate Plus.
- Provide implementation and training of the DIA team for TeamMate Plus use.

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

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):
Carahsoft Technologies	Jazmine Fitts, Account Representative
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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. TeamMate Plus is available with special pricing on the GSA Schedule and will allow for migration of prior engagement work papers into the new system. DIA attended a presentation of TeamMate Plus and included review of key business requirements to ensure the software would meet the needs of the department. However, research was conducted on costs of competing software. TeamMate Plus was also determined to be the most cost effective. *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
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, <i>please explain.</i>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 09/14/2023 (wasn't aware it was on the Standard List until presentation at the TAC meeting)
Is the item ERP related? <input checked="" 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 checked="" type="checkbox"/> No, please explain. This is not meant to be an ERP product.	
Are the purchases compatible with the new ERP system? <input checked="" 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 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):	January 2023
Date documents were requested from vendor:	August 21, 2023
Date of insurance approval from risk manager:	September 07, 2023
Date Department of Law approved Contract:	N/A
Date item was entered and released in Infor:	RQ – September 11, 2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): Purchase Order No. 23002103 - Wolters Kluwer Financial Services \$15,799.20 (6) TeamMate Audit Management Software User Licenses 5/7/2023 – 5/6/2024.
--

BC2023-657

Title	2023-2024 Contract Amendment for Yoga and Meditation Services
Department or Agency Name	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/ Council's Journal Date	Approval No.
O	3169	Prison Yoga Project, Inc.	12/1/21- 6/30/23	\$15,000.00	3/14/2022	BC2022-154
A-1	3169	Prison Yoga Project, Inc.	7/1/2023- 6/30/2024	\$15,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

Cuyahoga County, Juvenile Court requesting approval of a contract amendment, with Prison Yoga Project-Ohio. To extend the time period of the contract from June 30, 2023, to June 30, 2024, increase the funds in the amount of \$15,000. This changes the not-to-exceed value of the contract from \$15,000.00 to \$30,000.00.

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):
- Engage youth in yoga physical movements, breathing exercises, and mindfulness practices.
 - Provide Behavioral Health project services through meditation.
 - Focus on Cognitive behavioral therapy model to provide Intensive based treatment services.

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

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

Vendor Name and address: The Prison Project 4269 Pearl Road, Suite 104 Cleveland, Ohio 44109 216-200-6438	Owner, executive director, other (specify): The Executive Director of The Prison Project is Bill Brown.
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 # <i>if applicable</i> <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. n/a *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" 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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% RECLAIM GRANT
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The project is an extension of an existing project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The grant award and budget allocations were not approved and available to get the contract into INFOR prior to the contract start date, resigning of all amendments to comply with the Executive order number E02023-003, transferring information to the new briefing memo, late documents received from vendors.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	5/31/2023
Date documents were requested from vendor:	6/9/2023
Date documents were received from vendor:	9/28/2023
Dated amendment was resigned:	10/3/2023
Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	10/3/2023
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) This is an extension of an existing project.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-658

Title	Cuyahoga County, Juvenile Court- 2023-2025 Contract with Monford Dent Consulting & Psychological Services, LLC for Sex Offender Assessment Services.
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): RFP RQ 12469 Event #4338

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)	3625	Monford Dent Consulting & Psychological Services, LLC.	7/1/2023-6/30/2025	\$15,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Court desires to contract with Monford Dent Consulting & Psychological Services, LLC for a term starting July 1, 2023, until June 30, 2025. The vendor will provide sex offender assessments and treatment services for youth the anticipated cost is \$15,000.00 for the term of the contract.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The main purpose of this project is to engage families into treatment as soon as a problematic sexualized behavior is identified.</p> <p>The secondary goal of the program is to provide families with a safe space to address offending behaviors while still protecting the victim.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>	
<p>Vendor Name and address: Montford Dent Consulting and Psychological Services, LLC 6415 Valley Ranch Maple Heights, Ohio 44137</p>	<p>Owner, executive director, other (specify): President of Montford Dent Consulting and Psychological Services, LLC is Tiffany Montford Dent.</p>
<p>Vendor Council District:</p>	<p>Project Council District: Cuyahoga County</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 6/7/2023 at 11:00 AM</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / 167 vendors / 2 proposals received.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i> . There were no Diversity Goals on this RFP	<input type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). RFP issued to 50 vendors. Number of Responses 2.
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The vendor above contract is for two years not to exceed \$15,000.00.	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% funded through RECLAIM grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. This vendor is currently	
<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: The delay is due to the RECLAIM grant award and notification, updating all amendments to comply with Executive order number EO2023-0003, and late documents submitted by vendors.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	4/17/2023
Date documents were requested from vendor:	7/26/2023
Date of insurance approval from risk manager:	4/17/2023
Date Department of Law approved Contract:	9/18/2023
Date items started being entered in INFOR:	7/19/2023
Date items were released in INFOR	10/5/2023

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) This is a reoccurring contract written into the RECLAIM Grant.

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

HISTORY (see instructions):						
Prior 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)	1805	Monford Dent Consulting & Psychological Services, LLC.	7/1/2021-6/30/2023	\$15,000.00	10/4/2021	BC2021-547
A-1	2953	Monford Dent Consulting & Psychological Services, LLC.	7/1/2021-6/30/2023	\$15,000.00	12/19/2022	BC2022-784

BC2023-659

Title	2023 GEAUGA COUNTY; EXEMPTION FOR NOT-TO-EXCEED PURCHASE ORDER FOR PRISONER BOARD AND CARE SERVICES
Department or Agency Name	SHERIFF'S- CORRECTIONS
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 Approved/ Council's Journal Date	Approval No.
O	23004222	GEAUGA COUNTY	1/1/23 – 12/31/23	\$125,000.00	pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 The Cuyahoga County Sheriff's Department (CCSD) is requesting approval for a Not-To-Exceed (NTE) purchase order (PO) exemption to Geauga County Sheriff's Department through December 31, 2023. The NTE PO will be for prisoner board and care (PB&C) services provided to the Cuyahoga County inmates on an as needed basis when the Cuyahoga County jail's Average Daily Population (ADP) needs to be reduced. The amount will not exceed a total of \$125,000.00.

For purchases of furniture, computers, vehicles: Additional Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to continue offsite prisoner board and care services provided by Geauga County Sheriff's Department pursuant to Ohio Revised Code (ORC) 341.12 through December 31, 2023. The daily rate per inmate shall not exceed rates established by ORC 341.12.	
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" 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:	Owner, executive director, other (specify):
Geauga County Sheriff's Department 12450 Merritt Drive Chardon, Ohio 44024	Kathy Rose, Jail Administrator
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 # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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):	9/7/23
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	9/18/23
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 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):

BC2023-660

Title	Boat Fuel for 2023 Boating Season
Department or Agency Name	Sheriff
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 Approved/ Council's Journal Date	Approval No.
	23004490 EXMT	FDL Marine, Inc. dba Edgewater Marina	BOC approval through 12/31/2023	\$9,851.45	pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
The Sheriff's Department is requesting approval of an RFP Exemption which will result in a not-to-exceed purchase order with FDL Marine, Inc. dba Edgewater Marina for the anticipated not-to-exceed cost of \$9,851.45.

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

Project Goals, Outcomes or Purpose (list 3):
This will result in a standing purchase order for the purchase of marine fuel for the 2023 Sheriff's Marine Patrol boating season. This is necessary for the operation of the Sheriff's patrol boat for patrols of Lake Erie, Cuyahoga County ports, rivers, as well as operations during emergencies. The start and end dates are upon Board of Control Approval to 12/31/2023.

The primary goal of the project will be to continue operations of Lake Erie and port patrols, as well as fulfill our commitments for the Operation Stonegarden (OPSG) Grants.

Patrol boat operations are part of the County's commitments to Operation Stonegarden.

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

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

Vendor Name and address: FDL Marine, Inc. dba Edgewater Marina 6500 Memorial Shoreway Cleveland, OH 44142	Owner, executive director, other (specify): Joseph M Anderson, 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 # <i>if applicable</i> <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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% FY2021 Operation Stonegarden Grant (OPSG) provided by FEMA	
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 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:	
Date item was entered and released in Infor:	
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: 4/24/2023 BC2023-253: FDL Marine, Inc. dba Edgewater Marina 4/24/2023 – 12/31/2023 \$13,914.18

BC2023-661

Public Safety and Justice Services, 2023 requesting authority to apply for the STOP Violence Against Women Act (VAWA) administrative grant funds in the amount of \$19,225.26.

Public Safety and Justice Services is the Regional Planning Unit (RPU) that is responsible for the administration of the VAWA block grant in Cuyahoga County. There is on Senior Grants Coordinator and on Fiscal Specialist who will be responsible for the programmatic and fiscal oversight of the 2023 VAWA block grant .

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number. BC2021-570

Describe the exact services being provided. The service is FY23 VAWA Administrative Grant. The anticipated start-completion dates are 1/1/2024 – 3/31/2025.

The primary goals of the funding for this grant is to manage the VAWA block funding through programmatic oversight of subrecipients and fiscal management of subrecipients by requiring monthly reporting, conducting monitoring visits and preparing monthly and yearly reports to submit to the State.

Procurement

There is no procurement for this funding as it is awarded to manage the block grant award.

Contractor and Project Information

Oversight will occur for the seven (7) projects that will be awarded funding through the VAWA block grant.

The Ohio Department of Public Safety/Office of Criminal Justice Services is the State issuing the administrative award.

No projects will be procured from the administrative award.

Project Status and Planning

The project reoccurs annually if funding is available from the awarding agency. Services will begin upon the execution of the Administrative Award.

Funding

There is a 25% match on the administrative funding. The Ohio Department of Public Safety/Office of Criminal Justice Services provides 75% and Cuyahoga County Public Safety and Justice Services will provide the 25% from their general fund

The schedule of payments is quarterly.

BC2023-662

Title	HHS Health Policy: Children’s Hospital Medical Center-Contract-Drug and Poison Information Center 2024-2025	
Department or Agency Name	Health and Human Services-Health Policy	
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	3797	Children’s Hospital	1/1/24 – 12/31/25	\$257,400.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Health and Human Services is requesting approval of a two-year termed contract with Children’s Hospital Medical Center to provide information only and physician referral services in appropriate cases to all Cuyahoga County citizens, regardless of income or ability to pay, concerning drug and poison related calls for the anticipated amount of \$257,400.00 for the time period of 1/1/2024 – 12/31/2025.

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

Project Goals, Outcomes or Purpose (list 3):

- Children’s Hospital Medical Center will provide 24 hours-a-day emergency information telephone service during calendar years 2024 and 2025.

<ul style="list-style-type: none"> • Children’s Hospital Medical Center will provide physicians with drug information regarding the interaction of specific drug and/or clinical impact of drugs on patients (professional toxicology consultation), upon request. • Provider will maintain records on all calls received and referrals made.
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:	Owner, executive director, other (specify):
Cincinnati Children’s Hospital Medical Center 3333 Burnett Avenue, MLC 9004 Cincinnati, OH 45229	Jonathan Colvin, Managing Director
Vendor Council District:	Project Council District:
Serving County Wide	Serving County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> : N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)

N/A	<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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% Health and Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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:	
Date item was entered and released in Infor:	
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):			
O	BC2021-764	01/01/2022 – 12/31/2023	\$257,400.00
O	BC2019	01/01/2024 - 12/31/2025	\$257,400.00

BC2023-663

Title	HHS Health Policy; The Center for Community Solutions; Contract; AIDS Funding Collaborative 2024-2025
Department or Agency Name	Health and Human Services- Health Policy
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	3798	The Center for Community Solutions	1/1/24-12/31/25	\$300,000.00	Pending	Pending
PRIOR	2094	The Center for Community Solutions	1/1/22-12/31/23	\$300,000.00	12/20/2021	BC2021-762

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

The Department of Health and Human Services is requesting approval of a two-year contract with The Center for Community Solutions for the support of the AIDS Funding Collaborative in the amount of \$300,000.00 for the time period of 1/1/2024 - 12/31/2025.

The Center for Community Solutions distribute and account for AIDS Funding Collaborative (AFC) partner funds. This is a unique public-private partnership that was created to address gaps in service for people living with HIV/AIDS in a collaborative manner.

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

Project Goals, Outcomes or Purpose (list 3):

1. The Center for Community Solutions is the fiscal sponsor of the AIDS Funding Collaborative (AFC). The AFC provides coordination of and dissemination of public/private funds to fill service gaps in HIV prevention and care in Cuyahoga County.
2. Support of the AIDS Funding Collaborative serves to meet the maintenance of effort requirement of the U.S. Dept. of Health and Human Services Ryan White Part A HIV/AIDS Emergency Services grant.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
--------------------------	---

The Center for Community Solutions 1300 E. 9th Street, Suite 1703 Cleveland, Ohio 44114	John R. Corlett, President and Executive Director
Vendor Council District:	Project Council District:
District 7	Serving County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> N/A <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The competitive process would disrupt The Center for Community Solutions' ongoing work as the fiscal sponsor of the AIDS Funding Collaborative (AFC). The AFC is the only established public-private partnership that addresses issues regarding service and funding gaps of people living with HIV/AIDS in this region. Cuyahoga County is one of the founding partners. *See Justification for additional information.
The total value of the solicitation: N/A	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> : N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related Yes 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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% Health and Human Services Levy Funds
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 checked="" type="checkbox"/> Other (please explain): Billed annually.

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
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):
O 12/9/2019 BC2019-911

BC2023-664

Title	HHS Health Policy; - The Cleveland Hearing and Speech Center Contract for The Audiology Patient Assistance Program--2024/25
Department or Agency Name	Department of Health and Human Services - Health Policy

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	CM3800	Cleveland Hearing and Speech Center	1/1/2024 – 12/31/2025	\$208,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

CHSC provides the professional audiology services that accompany a hearing aid/ALD fitting including a diagnostic hearing evaluation (when needed), the dispensing of product, subjective and objective verification of proper fit, and on-going follow up visits throughout the warranty period (typically 3 years). These services are provided to the patient on a sliding fee scale. The average patient contribution is \$125 for one hearing aid or \$175 for 2 hearing aids. The actual product (hearing aid/ALD) is provided at no charge to the patient. County support of the program pays for a portion of the professional services and the purchase of the hearing aid, ALD or repair not covered through warranty.

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

Project Goals, Outcomes or Purpose (list 3):

- To provide professional audiology diagnostic services.
- To provide hearing aids, assistive listening devices (ALD) and hearing aid repairs to low-income, qualified individuals at a reduced cost.

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

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: Cleveland Hearing and Speech Center 11635 Euclid Avenue Cleveland, Ohio 44106	Owner, executive director, other (specify): Jennell C. Vick, Executive Director
Vendor Council District: 07	Project Council District: Countywide

If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide
---	------------

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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.
N/A – RFP EXEMPTION	
The total value of the solicitation: \$208,000.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A – RFP Exemption	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> . N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> : N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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. N/A	If item is not on IT Standard List state date of TAC approval: N/A
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions. N/A	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). <i>Include % if more than one source.</i> This project is funded 100% by Health and Human Services Levy funds.
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 checked="" type="checkbox"/> Other (please explain): Paid annually

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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:	
Date item was entered and released in Infor:	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
O – BC2021-761 – 12/20/2021

BC2023-665

Title	Cuyahoga Job and Family Services-2023-2026 – Amendment Ohio Attorney General – WebCheck/Fingerprinting Service
Department or Agency Name	Human Resources Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
A-1	3482	Ohio Attorney General	Effective upon signature- 5/31/2026	\$60,500	Pending	Pending
O	3482	Ohio Attorney General	6/1/2023- 5/31/2026	\$230,700	6/12/2023	BC2023-378

--	--	--	--	--	--	--

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

Human Resources Department is requesting approval of a contract amendment with Ohio Attorney General-WebCheck/Fingerprinting Service in the amount not-to-exceed \$60,500 for the time period effective upon signature-5/31/2026.

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

Project Goals, Outcomes or Purpose (list 3):

- To conduct FBI and/or BCI checks for OWF Work Experience Participants being assigned to worksites requiring completion of these checks.
- To conduct FBI and/or BCI checks for hiring individuals into the county through human resources.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
The Ohio Attorney General Bureau of Criminal Investigations BCI Attn: Civilian Quality Assurance PO Box 365 London, OH 43140	Dave Yost, Attorney General
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____ N/A	Provide a short summary for not using competitive bid process. The State of Ohio Attorney General’s Office Bureau of Criminal Investigations (BCI) is the sole source to process fingerprints for BCI and FBI checks in the state of Ohio. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input 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? N/A	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% General Funding	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	

Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

BC2023-666

Title	DCFS Amendment 1 Hospital Services Contract – Bluestone Psychiatric Hospital
Department or Agency Name	Division of Children and Family 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 Approved/ Council’s Journal Date	Approval No.
O	3606	Bluestone Child and Adolescent Psychiatric Hospital	6/19/2023 – 6/18/2024	\$31,800.00	7/31/2023	BC2023-483
A-1	3606	Bluestone Child and Adolescent Psychiatric Hospital	6/19/2023 – 6/18/2024	\$75,600.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Bluestone Child and Adolescent Psychiatric Hospital agrees to provide psychiatric hospital services to children who meet its admission criteria.

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

Project Goals, Outcomes or Purpose (list 3): provide stabilization, assessment and treatment services to children who require a hospital level of care; provide psychiatric hospital services to children who meet admission criteria.

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

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

Vendor Name and address: Bluestone Child and Adolescent Psychiatric Hospital 2575 S. Belvoir Avenue University Heights, OH 44118	Owner, executive director, other (specify): Pam Budak, Executive Director
Vendor Council District: 10	Project Council District: 10
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related Yes No. If yes, complete section below:

<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
--	--

Is the item ERP related? No Yes, answer the below questions.

Are 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. 66% Health and Human Services Levy, 34% Title IV-E
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 type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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:	
Date item was entered and released in Infor:	
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):
Details provided on page 1

BC2023-667

Title	20323-2024 Contract Amendment with Case Western Reserve University
Department or Agency Name	Office of Early Childhood/Invest in Children
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/ Council's Journal Date	Approval No.
O	1979	Case Western Reserve University	1.1.2022- 12.31.2023	\$200,000.00	1.31.2023	BC2022-65
A	1979		Effective upon signature – 6.30.2024	\$55,000.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. CWRU's work can be classified into three broad and interrelated categories: 1) maintaining their integrated data system, which was designed to evaluate IIC's programs; 2) evaluation design and implementation; 3) data reporting to support IIC program development.

Contract amendment to extend the time to 6.30.2024 and to add funds in the amount of \$55,000.00.

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

Project Goals, Outcomes or Purpose (list 3):

The outcome of this work will be a base of evidence that will allow our office to continue the program components that work well and make improvements where the data show they are needed.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	Eric W. Kaler, President
Vendor Council District:	Project Council District:
7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
-------------------------	-----------------------------

<p>RQ # <i>if applicable</i></p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process. CWRU's Poverty Center has been a partner of Invest in Children for 20 years. We have worked with them since our office's beginning to implement one of our core goals: evaluation of the programs we fund.</p> <p>*See Justification for additional information.</p>
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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <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.	

<p>FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source.</p> <p>Lena Grant - \$5,000 (9%) and \$50,000 – (91%) Health and Human Services Levy</p>	
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 type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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:		
Date item was entered and released in Infor:		
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):		
BC2022-65 – Approved 1.1.2022		

C.- Exemptions

BC2023-668

The Cuyahoga County Sheriff’s Department (CCSD) is requesting an alternate procurement approval resulting in a not-to-exceed (NTE) purchase order (PO) to Cuyahoga Community College from January 1, 2024 through December 31, 2024. The NTE amount is for Police Academy Training for current eligible Employees that will not exceed a total of \$48,000.00.

The Cadet Program will provide a pathway to eligible Employees who wish to become a sworn peace officer without having to sacrifice their employment, receipt of County benefits, and/or incur tuition debt. We believe that the Cadet Program will serve to incorporate the demographic diversity of other Divisions within the CCSD to the Law Enforcement Division.

This Alternate Procurement grants approval to the CCSD to:

1. Create a NTE PO to Cuyahoga Community College for Police Academy Training.
2. Process a 2024 PO to Cuyahoga Community College with no additional Board of Control approval.
3. Follow County Accounts Payable procedures for paying all invoices.

D. - Consent Agenda

BC2023-669

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org

1814 E. 40th Street
Cleveland, Ohio 44103
Kenny Kovach-Director

BC2023-669 a)

Board of Elections for October 5, 2023

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>CCBOE Barcode #</u>	<u>Device Type</u>
HP	LaserjetP2015dn	CNBJL69482>PET<	63621	printer
Toshiba		M1356	IS51113	printer
Dell	OPTIPLEX330	FBYX4H1	63371	harddrive
Dell	optiplexgx110	8QPWN01	33354	harddrive
HP	Compaq6000	MXL137	75866	monitor
HP	9100	3CR1120Q6X	76251	MONITOR
Toshiba		USBGB00150	33354	harddrive
DELL	2000 PROFESSIONAL 12	5CB3200NK1	78989	LAPTOP
HP	Compaq8000slim	MXL02712QB	71385	harddrive
HP	Compaq6005	MXL2033SP5	76450	harddrive
Dell	DHP	1D8Q611	38747	harddrive
WINDOWS	HP COMPAQ DX2400	MXM83305G1	64235	harddrive
Dell	9100	3CR1120Q8G	72458	harddrive
Dell	1901FP	CNT933V1N3	75871	monitor
HP	COMPAQLE1911	CNKO20018W	71439	monitor
DELL	LCD MONITOR	0G422H	63360	MONITOR
DELL	FLAT PANNEL MONITOR	CN-0FP182-71618-792- ADMD	58634	MONITOR
Dell	1901FP	CN05Y2327161845PBAL V	41744	monitor
DELL	LCD MONITOR	CN0G422H72872	63342	MONITOR
HP	compaq 6000 proAiO	MXL13718C2	75871	monitor
HP	PRODISPLAY P221	3CQ4211THQ	85952	monitor

DELL	FLAT PANNEL MONITOR	CN0FP182716187A6RJY S	58820	monitor
DELL	FLAT PANNEL MONITOR	60600830627	51057	monitor
DELL	FLAT PANNEL MONITOR	CN0DC3237161866MBN YZ	49260	monitor
Dell	FLAT PANNEL MONITOR	CN05Y2327161845PBA5 0	41678	monitor
Dell	OPTIPLEX790	188021481975	75832	harddrive
Dell	LATITUDE E6520	25357082113	76488	LAPTOP
DELL	LATITUDE E6520	17489760769	76492	LAPTOP
Dell	LATITUDE E6520	29650180609	76489	LAPTOP
DELL	INSPIRON7500	57274855	33693	LAPTOP
HP	WINDOWS7PRO0A	186064951243	58555	harddrive
HP	COMPAQ6005PRO USDT	186064951212	58539	harddrive
HP	COMPAQ6005PRO USDT	MXL0320LJL	55052	harddrive
HP	COMPAQ6000PRO AIO	MXL13718J2	75849	monitor
HP	COMPAQ6005PRO USDT	MXL0320LJZ	55051	harddrive
HP	WINDOWS7PRO0A	MXL0320LJT	58541	harddrive
HP	Z220 WORKSTATION- SFF	2UA2501H1N	85919	harddrive
HP	COMPAQ DX2400 MICROTOWER	MXM83305H9	63593	harddrive
Dell	LCD MONITOR	0G422H	63349	MONITOR
Dell	LCD MONITOR	0CN084	NONE	MONITOR
HP	LCD MONITOR	CNK020019W	71444	MONITOR
Dell	FLAT PANNEL MONITOR	CN05Y2327161847SA74 4	42294	monitor
Dell	FLAT PANNEL MONITOR	CN0DC3237161866MBQ QT	50586	MONITOR
Dell	COMPUTER TOWER	9NKSLB1	NONE	COMPUTER TOWER
Dell	XPS LAPTOP	0T7570	53019	LAPTOP
Dell	LATITUDE E6510	31103/7DZNZN1	NONE	LAPTOP
Dell	OPTIPLEX 330	FVWX4HI	63370	COMPUTER TOWER
Dell	OPTIPLEX 360	FJXRFK1	68660	COMPUTER TOWER
HP	7230 SFF WORKSTATION	2UA429IVLY	IS51209	COMPUTER

HP	COMPAQ 6005 PRO SMALL FORM FACTOR	MXL2033SPQ	76451	COMPUTER
HP	COMPAQ 8000 ELITE SMALL FORM FACTOR	MXL02712Q3	71395	COMPUTER

BC2023-669 b)

R.E.T.3 Marked for Disposal - 9/26/2023

<u>Asset Tag</u>	<u>Serial Number</u>	<u>Manufacturer</u>	<u>Model/Device</u>
In Basement Cage:			
84093	2UA5471L5Z	HP	Z230 SFF Workstation
79715	2UA4351M5S	HP	Z230 SFF Workstation
78759	2UA2501KNP	HP	Z220 SFF Workstation
80444	2UA5471L51	HP	Z230 SFF Workstation
77916	2UA2501H4W	HP	Z220 SFF Workstation
80433	2UA5471L2J	HP	Z230 SFF Workstation
90482	2UA8232QXG	HP	Z240 SFF Workstation
82883	2UA53929TH	HP	Z230 SFF Workstation
No Tag	25W6L02	Dell	OptiPlex 9020 Desktop
80435	2UA5471L5V	HP	Z220 SFF Workstation
84095	2UA5471L52	HP	Z220 SFF Workstation
80450	2UA5471L5G	HP	Z220 SFF Workstation
80436	2UA5471L55	HP	Z220 SFF Workstation
80441	2UA5471L5Q	HP	Z220 SFF Workstation
78877	2UA30207CC	HP	Z220 SFF Workstation
82797	2UA6101VYV	HP	Z220 SFF Workstation
82174	2UA4131L2N	HP	Z220 SFF Workstation
55734	CVS8VC1	Dell	OptiPlex 740 Desktop
58534	SPH3000158	Microboards	DVD-R/CD-R Duplicator
84091	2UA4131L2J	HP	Z220 SFF Workstation
83333	2UA44317XV	HP	Z220 SFF Workstation
83337	2UA44317YH	HP	Z220 SFF Workstation
83346	2UA44317LF	HP	Z220 SFF Workstation
84094	2UA5471L5B	HP	Z220 SFF Workstation
59626	GTP16F1	Dell	OptiPlex 780 Desktop
No Tag	2UA4221M4L	HP	Z220 SFF Workstation

76423	2UA1450WRB	HP	Z600 Workstation
No Tag	CNB2R05937	HP	Printer
70967	VND3912762	HP	Printer
83584	5CG5161T2F	HP	ProBook 650 G1 Laptop
78415	5CB3200V2Z	HP	ProBook 650 G1 Laptop
79884	5CG51910H7	HP	ProBook 650 G1 Laptop
84580	5CG54651FL	HP	ProBook 650 G1 Laptop
71412	517591-001	HP	Desktop Mini
71409	N/A	HP	Desktop Mini
70445	N/A	HP	Desktop Mini
70448	N/A	HP	Desktop Mini
71403	N/A	HP	Desktop Mini
70440	N/A	HP	Desktop Mini
70441	N/A	HP	Desktop Mini
71411	N/A	HP	Desktop Mini
71406	N/A	HP	Desktop Mini
70443	N/A	HP	Desktop Mini
70444	N/A	HP	Desktop Mini
71407	N/A	HP	Desktop Mini
84882	5CG6133HBJ	HP	EliteBook 850 G3 Laptop
51576	1H0CB81	Dell	OptiPlex GX520 Desktop
80445	2UA5471L4R	HP	Z220 SFF Workstation
76424	2UA1450WRJ	HP	Z600 Workstation
77302	XR402350E5066	Cisco	Wireless Access Point
77301	XR402350E50DC	Cisco	Wireless Access Point
59164	BE750BB	Dell	OptiPlex 760 Desktop
66145	1970801023	HP	Fax Machine
84724	6CM5330VMD	HP	Monitor
No Tag	53851156142	HP	Monitor
From IT Workroom:			
84624	2UA5471L2K	HP	Z230 SFF Workstation
68759	3P9NHK1	Dell	OptiPlex 360
78888	2UA3020798	HP	Z220 SFF Workstation
90733	2UA8081LYM	HP	Z240 SFF Workstation- Manufacturer warranty has expired, Expiration date: Wednesday, March 31, 2021

No Tag	2UA4131L25	HP	Z230 SFF Workstation
80106	2UA5351C55	HP	Z230 SFF Workstation
84623	2UA5471L2H	HP	Z230 SFF Workstation
84656	2UA5471L2V	HP	Z230 SFF Workstation
88455	2UA5471L1D	HP	Z230 SFF Workstation
44284	CN347PB956	HP	2025 Monitor
87057	CNU419ZZWK	HP	Docking Station
88460	2UA5471L06	HP	Z230 SFF Workstation
80002	2UA4351M99	HP	Z230 SFF Workstation
84663	2UA5471L0D	HP	Z230 SFF Workstation
84653	2UA5471L3K	HP	Z230 SFF Workstation
84625	2UA5471L35	HP	Z230 SFF Workstation
84621	2UA5471L0Q	HP	Z230 SFF Workstation
79134	2UA4351MDR	HP	Z230 SFF Workstation
83604	2UA51623ZR	HP	Z230 SFF Workstation
79607	2UA4351MGF	HP	Z230 SFF Workstation
44391	32909590	Gateway	450ROG 15" Notebook
80315	5CG5465114	HP	ProBook 650 G1 Laptop
77332	CN425003M8	HP	ZR2240w Monitor
No Tag	MMLYWAA00360409DAE4208	Acer	V236HL Monitor
78826	5CB3200NHJ	HP	EliteBook 8570p Laptop
87292	5887745153	Microsoft	Surface Pro Tablet
86072	27384452652	Microsoft	Surface Pro Tablet
No Tag	MMLYWAA00360409DAF4208	Acer	V236HL Monitor
No Tag	MMLYWAA0035387CE504200	Acer	V236HL Monitor

R.E.T.3 Marked for Disposal - 10/2/2023

Asset Tag Serial Number Manufacturer Model/Device

From IT Workroom:

83629	MXQ51403K8	HP	DL360P Gen8 Server
79545	2UA4351MKF	HP	Z230 SFF Workstation

84891	5CG6133HDN	HP	EliteBook 850 G3 Laptop
90559	5CG8453LGS	HP	EliteBook 850 G3 Laptop
87473	5CG634387L	HP	ProBook 650 G2 Laptop
88689	5CG7290XBY	HP	ProBook 650 G2 Laptop
90537	5CG823618B	HP	ProBook 650 G2 Laptop
76840	CNU2331RC2	HP	EliteBook 8470p Laptop
80331	5CG54650ZD	HP	ProBook 650 G1 Laptop
80412	5CG54651DM	HP	ProBook 650 G1 Laptop
80408	5CG546519K	HP	ProBook 650 G1 Laptop
86181	5CG50445SX	HP	ProBook 650 G1 Laptop
86485	5CG5150GGT	HP	ProBook 650 G1 Laptop
80307	5CG54651BX	HP	ProBook 650 G1 Laptop
80513	5CG54651DB	HP	ProBook 650 G1 Laptop
86477	5CG5150GD9	HP	ProBook 650 G1 Laptop
87291	440254253252	Microsoft	Surface Pro Tablet
85247	152523343553	Microsoft	Surface Pro Tablet
92332	000544190753	Microsoft	Surface Pro Tablet
87475	5CG634386J	HP	ProBook 650 G2 Laptop
88837	14750474653	Microsoft	Surface Pro Tablet
88836	15000174653	Microsoft	Surface Pro Tablet
88409	10819253352	Microsoft	Surface Pro Tablet
86071	440086653252	Microsoft	Surface Pro Tablet
85249	157001743553	Microsoft	Surface Pro Tablet
88838	14637774653	Microsoft	Surface Pro Tablet

BC2023-669 c)

IT Equipment to Be Returned - 5th Floor Juvenile Justice Center
Public Defender 9-26-2023

ISC TAG #	Model	Type	ISC TAG #	Model	Type
44387	HP 2300n	Printer	72337	HP 6550b	Laptop
46104	Dell E173FPf	Monitor	75908	HP 6550b	Laptop
46108	Dell	Monitor	75909	HP 6550b	Laptop
46647	Gateway E4100	PC	75911	HP 6550b	Laptop
52022	Gateway	Monitor	75918	HP 6550b	Laptop
52357	Toshiba Tecra	Laptop	75925	HP 6550b	Laptop
52407	Gateway 700G	Monitor	75930	HP 6550b	Laptop
52409	Gateway 700G	Monitor	75935	HP 6550b	Laptop
52416	Gateway 700G	Monitor	75948	HP 6550b	Laptop
52418	Gateway 700G	Monitor	75950	HP 6550b	Laptop
52426	Gateway 700G	Monitor	79386	HP z230	PC

52429	Gateway 700G	Monitor	79387 HP z230	PC
52434	Gateway 700G	Monitor	79390 HP z230	PC
52441	Gateway	Monitor	79396 HP z230	PC
52443	Gateway E4300	PC	86907 HP P221	Monitor
52446	Gateway E4300	PC	Panasonic KX-FL541 FAX	
52457	Gateway E4300	PC		
52458	Gateway E4300	PC		
52459	Gateway E4300	PC		
52529	Gateway E4300	PC		
52530	Gateway E4300	PC		
52531	Gateway E4300	PC		
55232	Dell GX320	PC		
55245	Dell 1707 FPf	Monitor		
55246	Dell 1707 FPf	Monitor		
55247	Dell 1707 FPf	Monitor		
55248	Dell 1707 FPf	Monitor		
55249	Dell GX320	PC		
55255	Dell GX320	PC		
55258	Dell GX320	PC		
55259	Dell GX320	PC		
55269	Dell 1707 FPf	Monitor		
55272	Dell 1707 FPf	Monitor		
55324	Toshiba Tecra	Laptop		
55567	Toshiba Tecra	Laptop		
68411	Lexmark E460dn	Printer		
68646	HP 6000 Pro	Desktop		
68647	HP 6000 Pro	Desktop		
68650	HP 6000 Pro	PC		
68652	HP 6000 Pro	Desktop		
68653	HP 6000 Pro	Desktop		
68654	HP 6000 Pro	Desktop		
69251	Toshiba Satellite	Laptop		
72321	HP 6005 Pro	PC		

BC2023-670

Title	Human Resources; 2023; 1st Amendment with Medical Mutual of Ohio for Third Party Administration of Employee Healthcare Benefits to change contract terms for no additional funds.
Department or Agency Name	Human Resources
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/ Council's Journal Date	Approval No.
O	1977	Medical Mutual of Ohio	1/1/2022- 12/31/2024	\$285,376,490.00	1/25/2022	R2022-0010
A-1	2290	Medical Mutual of Ohio	1/1/2024	\$0.00		PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

Medical Mutual administers the County's employee healthcare benefits. The County is a self-insured employer, requiring Medical Mutual to serve as the administrator between the County and providers that County employee utilize. As such, Medical Mutual collects the weekly claims costs and pays the providers on behalf of the County for a monthly fee.

This amendment includes two changes to the contract. The first is updating the privacy terms for employee medical data, effective 1/1/2022. This is standard compliance language that is being added for compliance per Medical Mutual. This language ensures the contract is in compliance with newer federal regulations including the Federal No Surprises Act and HIPAA notice regulations, which have already been in effect. The second is approving the plan changes (renewal) for the 2023 plan year, which is an annual required approval effective 1/1/2023 but was not processed sooner due to leadership changes.

These services resulted from an RFP conducted in 2021 and will be again solicited in 2024.

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

Project Goals, Outcomes or Purpose (list 3):
This contract provides administration of the County's healthcare benefits for employees, coordinates healthcare, provides customer services for employees, and provides an expert partner for healthcare.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Medical Mutual of Ohio 100 American Rd, Brooklyn, OH 44115	Steven C. Glass President & CEO
Vendor Council District:	Project Council District:
03	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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 amendment is making required changes to our current contract. These changes update the privacy language and renew the County's benefits for 2023. *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, <i>please explain.</i>	<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, <i>please explain:</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement RFP in 2021</i>) <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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. No additional funding (100% Self-Insurance 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 type="checkbox"/> New Service or purchase <input checked="" 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: The privacy language change and renewal were not approved until well into 2023 due to communication issues between the County and Medical Mutual. The renewal did not receive internal approval until spring 2023. Both pieces were originally separate amendments that were combined in late summer into this combined amendment. These issues were further delayed by continued poor communication that is currently being addressed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2/15/2023
Date documents were requested from vendor:	5/25/2023
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	9/13/2023
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Services have continued under the terms of the new renewal and privacy language.	

HISTORY (see instructions):

BC2023-671

Title	1 st Amendment to Extend the Agreement with the City of Pepper Pike for Regional Command Vehicle
Department or Agency Name	Cuyahoga County Department of Public Safety and Justice 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 Approved/ Council's Journal Date	Approval No.
Agreement (O)	2087	City of Pepper Pike	12/20/2021 – 9/30/2023	\$45,450.00	12/10/2021	BC2021-753
A-1		City of Pepper Pike	09/30/2023- 04/30/2024	\$0.00	Pending	

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Cuyahoga County Department of Public Safety and Justice Services is requesting approval of the 1st Amendment to extend the Agreement with the City of Pepper Pike Fire Department through April 30, 2024. The City of Pepper Pike is acting as the regional fiduciary agent for the FY20 AFG Award acquisition of the selected Regional Command Vehicle at the anticipated not-to-exceed cost of \$45,450.00 in required local cash match funds to be provided by the Cuyahoga County Department of Public Safety and Justice Services. The 1st Amendment extends the original Agreement through April 30, 2024.</p>	
<p>For purchases of furniture, computers, vehicles: <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>	
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. Secure a regional command vehicle for area first responders; 2. Make the command vehicle available to all communities regardless of participation in the FY20 AFG Award; 3. Encourage regional projects by alleviating burdens related to the local cash match requirement. 	
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</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>	
<p>Vendor Name and address: City of Pepper Pike, Ohio c/o: John Frazier, Fire Chief</p>	<p>Owner, executive director, other (specify): Richard Bain, Mayor</p>
<p>28000 Shaker Boulevard, Pepper Pike, OH 44124</p>	
<p>Vendor Council District: 9</p>	<p>Project Council District: All</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>Participating communities include: Bay Village, Beachwood, Berea, Brecksville, Brooklyn, Brooklyn Heights, Chagrin Valley, Euclid, Gates Mills, Highland Heights, Independence, Lyndhurst, Mayfield Heights, Mayfield Village, Middleburg Heights, North Royalton, Oakwood Village, Olmsted Falls, Olmsted Township, Parma, Pepper Pike, Richmond Heights, Rocky River, Seven Hills, Shaker Heights, Solon, South Euclid, Strongsville, University Heights, Valley View, Woodmere</p>

<p>COMPETITIVE PROCUREMENT</p> <p>RQ # <i>if applicable</i></p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>Exemption per County Code §501.19(E)(1)</p> <p>*See Justification for additional information.</p>
--	---

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 checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) The 1st Amendment to extend the Agreement aligns with the funder's award extension for the project through April 30, 2024 at the original anticipated not-to-exceed cost of \$45,450.00 in required local cash match funds to be provided by the Cuyahoga County Department of Public Safety and Justice Services and payable to the City of Pepper Pike. <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 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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. The local match funding source is 100% from the 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. The project is scheduled for completion during the 1 st quarter of 2024.

<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: The 1st Amendment to extend the contract with the City of Pepper Pike was partially executed and received prior to the expiration of the original Agreement on September 29, 2023, and erroneously submitted for approval the same day to the wrong approval platform. The 1st Amendment thereafter is being re-submitted to the correct Infor approval platform, herein.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	08/02/2023
Date documents were requested from vendor:	09/12/2023
Date of insurance approval from risk manager:	N/A
Date Department of Law received the request:	08/24/2023
Date Department of Law approved Contract:	09/11/2023
Date item was entered and released in Infor:	10/05/2023
An initial email, a follow-up email, and two or more phone inquiries resulted in the 09/29/2023 receipt of the vendor-signed documents. Upon receipt, the 1 st Amendment was erroneously submitted for approval the same day to the wrong approval platform. The 1 st Amendment thereafter is being re-submitted to the correct Infor approval platform, herein.	
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):
The original Agreement was approved on 12/20/2021 under Board of Control Approval No. BC2021-753 for the period 12/20/2021 – 9/30/2023.
The 1 st Amendment extends the original Agreement through 04/30/2024.

BC2023-672

Title	Contract Termination – Effective 9/25/2023 – Precision Mobile Laundry Service, LLC
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 type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Contract Termination

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	2679	Precision Mobile Laundry	2/13/2023 – 12/31/2023	\$20,000.00	2/6/2023	BC2023-87

A-1	2679	Precision Mobile Laundry	7/18/2023 – 12/31/2023	\$10,000.00	7/17/2023	BC2023-451

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.

This contract provides laundry services to DSAS Options clients allowing these individuals to continue to live independently. The provider will pick up client’s laundry from their home, wash fold and pack the laundry and then deliver it back to the individual’s home

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

Project Goals, Outcomes or Purpose (list 3):
This project provides seniors and adults with additional support that allows them to continue to live independently in their homes. It also supports caregivers and family members.

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

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

Vendor Name and address: Precision Mobile Laundry Service	Owner, executive director, other (specify):
4090 E. 176 th Street Cleveland, OH 44128	
Vendor Council District: Varies - Travel	Project Council District: varies - travel
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Contract Termination

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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). 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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Contract termination effective 9/25/2023	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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:	

Date item was entered and released in Infor:	
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):

BC2023-673

(See related items for proposed travel/memberships for the week of 10/23/2023 in Section D above).

BC2023-674

(See related items for proposed purchases for the week of 10/23/2023 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Scope of Work Summary

Department of Housing and Community Development is seeking approval to apply for and accept a grant from the U.S. Department of Housing and Urban Development for the Pathways to Removing Obstacles to Housing (PRO Housing) Grant Program in the amount of \$10,000,000.00 for the grant period of January 1, 2024 – September 30, 2029. The deadline to apply for the grant is October 30, 2023.

Grant Information

Grant Purpose: Identification and removal of barriers to affordable housing production and preservation

Eligible Applicants: States and local governments, metropolitan planning organizations (MPOs), and multijurisdictional entities

Eligible Uses: Activities that further develop, evaluate, and implement housing policy plans, improve housing strategies, and facilitate affordable housing production and preservation.

Cuyahoga County Request: \$10,000,000.00

Through competitive grants, Pathways to Removing Obstacles to Housing (PRO Housing) will provide \$85 million in funding for communities across the country to identify and remove barriers to affordable housing production and preservation.

Recognizing that every community has unique housing needs and community development challenges, HUD requires jurisdictions who receive annual formula grant funding to identify barriers to affordable

housing as part of their Consolidated Plan. Barriers might include restrictive regulatory, zoning, or land use policies; outdated procedures or permitting processes; inadequate or deteriorating infrastructure; lack of financial resources, capacity, or economic investment; threats from environmental or natural hazards; or other impediments to affordable housing. PRO Housing provides funding explicitly for addressing these types of barriers and advancing local housing strategies.

Item No. 2

Title	ADDENDUM - Contract Amendment (FY 2024-2025) - Ohio Department of Rehabilitation and Correction (ODRC) - Community Corrections Act Agreement with the Cuyahoga County Common Pleas Court
Department or Agency Name	Corrections Planning Board
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 checked="" type="checkbox"/> Other (please specify): COUNTY EXECUTIVE SIGNATURE NEEDED on ADDENDUM to Amendment

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
Original Agreement		Ohio Department of Rehabilitation and Correction	FY 2024-2025 (July 2023 – June 2025) 7/1/2023–6/30/2025	Old Amount: \$17,181,032.00	6/26/2023	Consent Item Approval No. CON2023-71
Amendment		Ohio Department of Rehabilitation and Correction	FY 2024-2025 (July 2023 – June 2025) 7/1/2023–6/30/2025	New Amount: \$17,815,082.00 (an increase of \$634,050.00 in funds).	9/18/2023	Consent Item Approval No. CON2023-95
Addendum		Ohio Department of Rehabilitation and Correction	FY 2024-2025 (July 2023 – June 2025)	Same amount of \$17,815,082.00.	pending	

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The County Executive needs to sign the Addendum which now provides previously missing paragraphs addressing Liability and Civil Rights Assurance.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p>

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):	
CCA Goal: Divert defendants/offenders associated with the Cuyahoga County Common Pleas Court into community-based supervision to benefit the offender, the criminal justice system and the public by providing a more cost-effective sanction than jail or prison, a chance for behavior change and a safer community.	
T-CAP Goal: Provide funds to local communities to effectively supervise, provide treatment services and hold accountable low-level, non-violent offenders in the community and at the same time reduce Ohio's prison population.	
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: N/A	Owner, executive director, other (specify): N/A
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) - ADDENDUM
	<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 (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% funded by ODRC CCA Grant Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" 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: N/A	
Timeline: Project/Procurement Start Date (date your team started working on this item):	We recently received the Addendum for processing/signature.
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
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) Continued services to support offender treatment. Provider has been contacted before deadline of the original agreement regarding the delay in processing Amended contract	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Item No. 3

Common Pleas Court/Corrections Planning Board TASC is requesting authority to accept and spend payroll subsidy funds from Ohio Department of Mental Health and Addictions Services in the amount of \$210,000 for an allocation that provides funding for salaries and related payroll expenses for Supervisors or Assessment Specialists assigned to any of the four Drug Court Specialized Dockets (Adult Drug Court, MAT, Recovery Court and Veterans Treatment Court) for the period July 1, 2023 through June 30, 2024.

The subsidy was awarded through the ADAMHS Board of Cuyahoga County resolution approved on 7/23/2023. The entire board document is attached and the relevant information for this item is found on page 1, Paragraph A, 2, b.

Funding Source: Ohio Department of Mental Health and Addiction Services (OMHAS)

History – CONS2022-90; CONS2021-78, BC2019-733 (Doc Handle 45185757); BC2020 517

Does this Grant require a match – No match required

Are vendors written into the grant - No

Title: SFY2024 OMHAS Specialized Docket Support Payroll Subsidy

Scope of Work Summary

Common Pleas Court/Corrections Planning Board TASC is requesting authority to accept and spend funds from Ohio Department of Mental Health and Addictions Services in the amount of \$210,000 for a grant that provides funding for salaries and related payroll expenses for Supervisors or Assessment Specialists. In addition, other support personnel – Fiscal Officer, Program Officer III and Billing Specialist – provide indirect services for these dockets such as the application process and reporting.

Funding for the Subsidy is allocated to the dockets as follows:

- Adult Drug Court Docket - \$75,000
- Recovery Court Docket - \$55,000
- MAT Docket - \$45,000
- Veterans Treatment Court Docket - \$35,000

Scope of Services

TASC employs at least one full time Assessment Specialist in each docket who perform Assessments, Case Management, and Individual Counseling services to clients in the criminal justice system for the period July 1, 2023 through June 30, 2024 even though the amounts of each allocation does not cover all personnel costs for that Assessment Specialist. Support services are provided by Supervisors and the Administrative Assistant and services such as the application process and reporting are provided by the TASC Fiscal Officer, Program Officer III and Billing Specialist.

Procurement

There is no procurement required for this grant.

Contractor and Project Information

There are no outside contractors for this project.

Project Status and Planning

The approval process is in the final stages of review. The notice of award will be forwarded once received. Per grantor requirement, the grant will be managed and accounted for in accordance with OMHAS directives.

Funding

\$210,000.00

Item No. 4

Scope of Work Summary

Public Defender Office requesting approval to exercise the option to extend a Grant Agreement with the Supreme Court of Ohio for the anticipated cost not-to-exceed \$119,600.00.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number. Consent Item Approval No. CON2022-86

History: The first year of the Pre-Petition Pilot Program/Legal Representation Grant was for \$136,451.00, for the time period of September 2, 2021 – September 30, 2022. It was then increased to \$149,250.00 and renewed through September 30, 2023.

Purposes: Please see below (Scope of Work Summary):

The Office of the Public Defender requests a renewal and decreased appropriation to the amount of \$119,600.00 for the purpose of continuing the Pre-Petition Pilot Program Year 3 grant award. Grant funds will be used to eliminate the need for emergency court intervention by providing, in conjunction with community-based agencies, necessary and immediate supportive services for families facing imminent removal of their children. This grant is funded by the U.S. Department of Health and Human Services (2302OHSCIP), passed through the Supreme Court of Ohio, and covers the performance period of October 2, 2023, to September 30, 2024. This grant will be paid on a reimbursable basis and requires no cash match.

The anticipated start-completion dates are 10/02/2023 thru 09/30/2024.

The primary goals of the project are:

Eliminate the need for emergency court intervention by providing, in conjunction with community-based agencies.

Provide immediate supportive services for families facing imminent removal of their children.

Funding

The project is funded by the General Fund and is 100% reimbursable.

The schedule of payments is monthly.

Item No. 5

Public Safety and Justice Services, 2023 requesting authority to apply for the STOP Violence Against Women Act (VAWA) Block grant funds in the amount of \$770,632.73, from January 1, 2024, to March 31, 2025.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number. CON2022-32, CON2023-33

Describe the exact services being provided. The funds are to enter into contract with the subrecipients recommended for by the VAWA Allocation Committee for FY23 VAWA funding. The anticipated start-completion dates are 1/1/2024 – 12/31/2025.

The primary goal of the funding for this grant is to allocate funding to the projects selected by the VAWA Allocation Committee. The subgrant programs emphasizes coordinated community approaches to reduce violence against women and to create mutually respectful partnerships between the justice system and victim services.

Procurement

The block funding allocated by Ohio Department of Public Safety/Office of Criminal Justice Services. Funding allocated to the subrecipients was done through the release of an RFP that was posted on the Public Safety and Justice Services website from July 18, 2023 – October 5, 2023.

Contractor and Project Information

Project location and service delivery will occur throughout Cuyahoga County. Oversight will occur for the seven (7) projects that will be awarded funding through the VAWA block grant.

The Ohio Department of Public Safety/Office of Criminal Justice Services is the State issuing the Block award.

Oversight will occur for the seven (7) projects that will be awarded funding through the VAWA block grant.

Project Status and Planning

There are seven projects that were recommended for funding by the VAWA Allocation Committee. Project start and end dates are 1/1/2023 through 12/31/2023 Funding reoccurs annually if funding is available from the awarding agency. The projects which were chosen are:

1. Bedford Municipal Court (\$38,531.64)
2. City of Cleveland (3 project)
 - a. Prosecution (\$192,658.18)
 - b. Law Enforcement Sexual Assault (\$56,552.41)
 - c. Law Enforcement DV (\$136,105.77)
3. Cleveland Rape Crisis Center (\$154,388.65)
4. Jewish Family Services Association of Cleveland (\$64,445.97)

5. Journey Center for Safety and Healing (\$127,950.11)

Funding

The funds for this grant are funded through an award for the FY23 STOP Violence Against Women Act Block Grant from the Ohio Department of Public Safety/Office of Criminal Justice Services. Subrecipients are reimbursed by Cuyahoga County for services provided through monthly invoices.

The schedule of payments is monthly.

Item No. 6 – b) 1.

Submitting an amendment to a grant award, previously approved by CON2023-40, approved 4/17/23.

Office of Homeless Services received a grant from the U.S. Department of Housing and Urban Development in the amount of \$3,977,869.00 for the development and implementation of a coordinated community approach to preventing and ending youth homelessness in connection with the Youth Homelessness Demonstration Project. The original grant term was 10/1/2023 – 9/30/25. The new grant term is 1/1/2024 – 12/31/2025. The funding remains the same but has been split into two awards, both under the scope of YHDP:

OH0748Y5E022100	\$ 869,320.00*
OH0747Y5E022100	<u>\$3,108,549.00</u>
	\$3,977,869.00

Submitting grant agreement OH0748Y5E022100 for signature.

Scope of Work Summary

This award will fund a Supportive Services Only project that outreach and housing navigation services for young adults (YYA) facing homelessness.

The primary goals of the project are to:

Provide support to YYA experiencing homelessness or housing instability and assist them with resources towards a productive future.

Ensure YYA receive adequate & equitable services as they navigate systems resources.

Improve system coordination and continuity of care and strengthen community awareness.

Procurement

As the lead and collaborative applicant for the Cuyahoga County CoC, OHS was awarded funding through the HUD FY2021 Youth Homelessness Demonstration Project Competition.

Contractor and Project Information

US Department of Housing and Urban Development
Office of Community Planning and Development
200 North High Street 7th Floor
Columbus, OH 43215

The address or location of the project is countywide.

Project Status and Planning
This funding is new to the county.

Funding
The project is funded by the FY2021 US Department of Housing and Urban Development FY2021 Youth Homelessness Demonstration Project grant.

Item No. 6 – b) 2.

Submitting an amendment to a grant award, previously approved by CON2023-40, approved 4/17/23.

Office of Homeless Services received a grant from the U.S. Department of Housing and Urban Development in the amount of \$3,977,869.00 for the development and implementation of a coordinated community approach to preventing and ending youth homelessness in connection with the Youth Homelessness Demonstration Project. The original grant term was 10/1/2023 – 9/30/25. The new grant term is 1/1/2024 – 12/31/2025. The funding remains the same but has been split into two awards, both under the scope of YHDP:

OH0748Y5E022100	\$ 869,320.00
OH0747Y5E022100	<u>\$3,108,549.00*</u>
	\$3,977,869.00

Submitting grant agreement OH0747Y5E022100 for signature.

Scope of Work Summary

This award will fund a Rapid Rehousing – Transitional Housing project that provides short-term transitional housing and longer-term rental assistance through Rapid Rehousing for young adults (YYA) facing homelessness.

The primary goals of the project are to:

Provide and sustain housing for young adults ages 18 to 24 who are experiencing or at imminent risk of homelessness.

Provide access to transitional housing and permanent housing and support young people in maintaining housing.

Procurement

As the lead and collaborative applicant for the Cuyahoga County CoC, OHS was awarded funding through the HUD FY2021 Youth Homelessness Demonstration Project Competition.

Contractor and Project Information

US Department of Housing and Urban Development
Office of Community Planning and Development
200 North High Street 7th Floor
Columbus, OH 43215

The address or location of the project is countywide.

Project Status and Planning
This funding is new to the county.

Funding
The project is funded by the FY2021 US Department of Housing and Urban Development FY2021 Youth Homelessness Demonstration Project grant.

Item No. 7

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 10/23/2023 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT