



**Cuyahoga County Board of Control Agenda
Monday November 20, 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 – 11/13/2023

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2023-737

Fiscal Office, recommending to amend Board Approval No. BC2022-607 dated 10/17/2022 which made an award and approved an Agreement with State of Ohio, Office of the Auditor, Local Government Services to prepare the Comprehensive Annual Financial Report for Calendar Years 2022 and 2023 to change the amount from \$110,500.00 to \$221,000.00 and to add a time period for the services 1/1/2023 – 12/31/2024.

Funding Source: General Fund

BC2023-738

Department of Information Technology, recommending to amend Board Approval No. BC2023-721 dated 11/13/2023 which approved an RFP Exemption and made an award on Purchase Order No. 23004893 to B & H Foto Electronics Corp. dba B & H Photo Video in the amount not-to-exceed \$49,684.52 to change for the purchase of to a joint cooperative purchase of multimedia video production equipment.

Funding Source: General Fund

BC2023-739

Department of Information Technology on behalf of the Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,041.00 for a state contract purchase of (7) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, extended warranty, HP Absolute Data & Device Security Premium, docking stations and carrying cases.
- b) Recommending an award on Purchase Order No. 23004332 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,041.00 for a state contract purchase of (7) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, extended warranty, HP Absolute Data & Device Security Premium, docking stations and carrying cases.

Funding Source: General Fund

BC2023-740

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in a payment to Nexum, Inc. in the amount not-to-exceed \$155,290.20 for the purchase of various F5 hardware and software subscriptions for the 4-new firewalls located at the Cleveland and Columbus data centers, for various time periods between 10/16/2023 – 10/22/2024.
- b) Recommending a payment on Purchase Order No. 23004478 to Nexum, Inc. in the amount not-to-exceed \$155,290.20 for the purchase of various F5 hardware and software subscriptions for the 4-new firewalls located at the Cleveland and Columbus data centers for various time periods between 10/16/2023 – 10/22/2024.

Funding Source: General Fund

BC2023-741

Department of Human Resources, recommending an award on RQ12553 and enter into Agreement No. 3923 with The MetroHealth System dba Skyway (38-10) in the amount not-to-exceed \$450,000.00 for a Wellness Incentive Programming Platform for County employees for the period 1/1/2024 – 12/31/2025.

Funding Source: Self-Insurance Fund

BC2023-742

Department of Human Resources,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Employment Learning Innovations, Inc. dba Eli and Company in the amount not-to-exceed \$288,000.00 for a customized Civil Treatment® Workplace for Leaders & Employees Training Program, (1) training event and unlimited licenses for access to digital training files for the period 11/20/2023-11/19/2024.

- b) Recommending an award and enter into Contract No. 3939 with Employment Learning Innovations, Inc. dba Eli and Company in the amount not-to-exceed \$288,000.00 for a customized Civil Treatment® Workplace for Leaders & Employees Training Program, (1) training event and unlimited licenses for access to digital training files for the period 11/20/2023-11/19/2024.

Funding Source: General Fund

BC2023-743

Court of Common Pleas/Corrections Planning Board, recommending an award and enter into various Agreements with Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County in the amount not-to-exceed \$615,000.00 for Piloting a Mental Health Docket Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders for the period 9/30/2023 – 10/1/2027 in connection with the FY22 Adult Drug Court Discretionary Grant Program.

- a) Agreement No. 3906 for contracting with Catholic Charities Diocese of Cleveland dba Catholic Charities for dual diagnosis treatment and consulting services for program participants in the amount not-to-exceed \$340,000.00.
- b) Agreement No. 3907 for contracting with Signature Health to provide case management services for program participants in the amount not-to-exceed \$275,000.00.

Funding Source: United States Department of Justice FY22 Adult Drug Court Discretionary Grant Program

BC2023-744

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Agreement No. 2944 with University of Cincinnati Research Institute together with its authorized affiliate, the University of Cincinnati for Cognitive Behavioral Intervention training services for Court staff for the period 8/7/2017-6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$18,000.00.

Funding Source: RECLAIM GRANT

BC2023-745

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Cleveland Peacemakers, Inc. dba Cleveland Peacemakers Alliance in the amount not-to-exceed \$70,312.00 for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023- 6/30/2024.
- b) Recommending an award and enter into Contract No. 3911 with Cleveland Peacemakers, Inc. (dba Cleveland Peacemakers Alliance) in the amount not-to-exceed \$70,312.00 for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023- 6/30/2024.

Funding Source: RECLAIM Grant

BC2023-746

Sheriff's Department, recommending an award and enter into Agreement No. 3917 with Cuyahoga Community College, Public Safety Training Center in the amount not-to-exceed \$66,000.00 for rental of space at the Firearms Range, located at 11000 W. Pleasant Valley Road, Parma, for use by Deputies for the period 1/1/2024-12/31/2025.

Funding Source: General Fund

BC2023-747

Department of Public Safety & Justice Services on behalf of the Cuyahoga County Regional Forensic Science Laboratory ,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$63,130.13 for a joint cooperative purchase of (1) Analytical Balance and (9) Excellence Balance scales for the Drug Chemistry Lab of the Medical Examiner's Office.
- b) Recommending an award on Purchase Order No. 23004824 to Fisher Scientific Company LLC in the amount not-to-exceed \$63,130.13 for a joint cooperative purchase of (1) Analytical Balance and (9) Excellence Balance scales for the Drug Chemistry Lab of the Medical Examiner's Office.

Funding Source: 47% of this purchase will be covered by the FY22 American Rescue Plan Act Crime Lab Backlog Grant and 53% FY22 Paul Coverdell Forensic Sciences Improvement (Formula) Grant

BC2023-748

Department of Public Safety and Justice Services on behalf of the Cuyahoga County Regional Forensic Science Laboratory, recommending an award and enter into Purchase Order No. 23004895 with Promega Corporation in the amount not-to-exceed \$97,793.80 for a sole source purchase of (1) Maxprep Liquid Handler, various accessories, training, and a 2-year standard service agreement.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2023-749

Department of Public Safety and Justice Services on behalf of the Cuyahoga County Regional Forensic Science Laboratory, recommending an award and enter into Purchase Order No. 23004897 with Cybergenetics Corporation in the amount not-to-exceed \$99,300.00 for a sole source purchase of a TrueAllele Casework System Capacity Expansion Module 16 Interpreter Model and (2) server licenses for the TrueAllele Casework System.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

BC2023-750

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Triplog, Inc. in the amount not-to-exceed \$72,450.00 for the purchase of 794 user licenses for the computerized travel mileage reimbursement TripLog APP for the period 11/15/2023 – 11/14/2024 for various departments:
 - 1) Department of Public Works
 - 2) Department of Health and Human Services/Division of Children and Family Services
 - 3) Department of Health and Human Services/Division of Senior and Adult Services

- b) Recommending an award and enter into Contract No. 3892 with to Triplog, Inc. in the amount not-to-exceed \$72,450.00 for the purchase of 794 user licenses for the computerized travel mileage reimbursement TripLog APP for the period 11/15/2023 – 11/14/2024 for various departments:
 - 1) Department of Public Works
 - 2) Department of Health and Human Services/Division of Children and Family Services
 - 3) Department of Health and Human Services/Division of Senior and Adult Services

Funding Source: 91% Health and Human Services Levy and 6.003% Road and Bridge funds and 2.9997% Facilities.

C.- Exemptions

BC2023-751

Department of Public Works, requesting approval to amend Board Approval No. BC2023-261, dated 4/24/2023 which amended Board Approval No. BC2022-797, dated 12/19/2022, which approved an alternative procurement process resulting in award recommendations to various vendors in the amount not-to-exceed \$320,000.00 for the purchase of concrete materials on an as-needed basis for repair and maintenance projects throughout Cuyahoga County for the period 12/19/2022 – 12/18/2024 for additional funds in the amount not-to-exceed \$200,000.00.

Funding Source: County Road and Bridge Fund and General Funds (depending on the project)

C. – Consent Agenda

BC2023-752

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 1749 with The MetroHealth System for therapeutic intervention of trauma-informed recovery services for the Violence Intervention Program Pilot Expansion for the period 10/1/2020 – 9/30/2023 to extend the time period to 9/30/2024 to change the terms, effective 10/1/2023; no additional funds required.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

BC2023-753

Department of Public Safety and Justice Services on behalf of the Sheriff’s Department, submitting a Memorandum of Understanding with The MetroHealth System for the donation of (6) Harris Unity XG-100M Mobile Radios designated as surplus County property no longer needed for public use in accordance with Ohio Revised Code Section 307.12:

Funding Source: Not applicable

BC2023-754

Department of Public Safety and Justice Services, submitting an amendment to Agreement No. 1888 with City of Cleveland for the enforcement of high-risk domestic violence warrants in connection with FY2020 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault and Stalking Grant Program for the period 10/25/2021 – 9/30/2023 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: Department of Justice, Office on Violence Against Women Grant

BC2023-755

Fiscal Department, presenting proposed travel/membership requests for the week of 11/20/2023:

Dept:	County Executive							
Event:	County Executive Roundtable							
Source:	National Association of Counties							
Location:	Miami, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Erik Janas	12/13/2023-12/15/2023	\$0.00	\$80.00	\$1,300.00	\$100.00	\$700.00	\$2,180.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Chief of staff would like to attend the 2023 County Executives Roundtable organized by NACO on behalf of the County Executive. This roundtable is invite only to bring together elected officials and leadership staff to network and learn from peers, think tanks and national experts.

Dept:	Sheriff's Department							
Event:	Command & Staff Leadership Program							
Source:	Orange Beach, AL PD							
Location:	Orange Beach, AL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	01/14/2024-01/26/2024	\$4,400.00	\$650.00	\$1,992.00	\$0.00	\$0.00	\$7,042.00	CPT Funds
Reynaldo Gregory	01/14/2024-01/26/2024	\$4,400.00	\$650.00	\$0.00	\$810.00	\$447.00	\$6,307.00	CPT Funds

*Paid to host

**Staff reimbursement

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

Purpose:

To travel to Orange Beach, AL to attend Command and Staff Leadership Program to enhance leadership skills and create ways to align the staff and the department with mission values. Supervisors should have an ever-growing education and constantly learning better and new ways to be a leader. These traits as positive leaders need to be instilled by continued education and training.

BC2023-756

Department of Purchasing, presenting proposed purchases for the week of 11/20/2023.

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
23004960	Various lumber and drywall materials	Department of Public Works	Cleveland Lumber Company	Not-to-exceed \$30,000.00	Road and Bridge Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
23004979	Out-of-home emergency placement services for the period 10/2/2023 – 10/31/2023*	Division of Children and Family Services	Mimique Homes, Inc. dba A Mother’s Dream	\$5,700.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
23004987	Out-of-home emergency placement services for the period 9/8/2023 – 9/30/2023 and 10/1/2023 – 10/31/2023*	Division of Children and Family Services	Dimensional Phases Group Home	\$40,500.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

*Approval No. BC2023-561, dated 9/5/2023, which amended Approval No. BC2022-767, dated 12/12/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers in the total amount not-to-exceed \$250,000.00 for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$250,000.00 to \$500,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff’s Department, submitting an amendment to a Grant Agreement from the Ohio Department of Rehabilitation and Corrections for FY2023-2025 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: Ohio Department of Rehabilitations and Corrections

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the State of Ohio Emergency Management Agency for FY2022 State Homeland Security Grant Program for the period 9/1/2022 – 12/31/2024 for additional grant funds in the amount of \$125,468.00.

Funding Source: FY2022 State Homeland Security Grant Program

Item No. 3

Department of Public Safety and Justice Services, requesting authority to apply for grant funds to Ohio Department of Youth Services in the amount of \$10,000.00 for the FY2023 Racial and Ethnic Disparities Planning Program for programmatic and fiscal oversight services in connection with the Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2023 to 12/31/2024.

Funding Source: Ohio Department of Youth Services

Item No. 4

Department of Public Safety and Justice Services, requesting authority to apply for grant funds to Ohio Department of Youth Services for youth diversion programming services in the amount of \$190,000.00 for the FY23 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2023 – 6/30/2025.

Funding Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention -Title II Block Grant

Item No. 5

Department of Health and Human Services/Office of the Director, submitting a grant agreement with Ohio Department of Health in the amount not-to-exceed \$78,993.09 for the reimbursement of public health activities associated with the Tuberculosis Control Program for the period 7/1/2023 – 12/31/2023.

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

Item No. 6

Department of Health and Human Services/Office of Child Support Services, submitting a grant award from the Department of Health and Human Services/Administration for Children and Families/Office of Child Support Enforcement for additional funds in the amount of \$31,500.00 to implement and enhance safe services to families in Cuyahoga County, Ohio in connection with the Save Access for Victims' Economic Security (SAVES) demonstration grant program the period 9/1/2022 – 8/31/2027.

Funding Source: Federal Funds

Item No. 7

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

- a) Requesting authority to apply for grant funds from (Grantor) in the amount of \$1,000,000 for Reducing Recidivism and for Achieving Housing, Education, and Employment Advancement Among Restored Citizens in Cuyahoga County in connection with FY 22 Second Chance Act Pay for Success Initiative for the period 10/1/2022 – 3/31/2027.

b) Submitting a grant award from (Grantor) in the amount of \$1,000,000 for Reducing Recidivism and for Achieving Housing, Education, and Employment Advancement Among Restored Citizens in Cuyahoga County in connection with FY 22 Second Chance Act Pay for Success Initiative for the period 10/1/2022 – 3/31/2027.

Funding Source: Bureau of Justice Assistance FY 22 Second Chance Act Pay for Success Initiative

Item No. 8

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 8737	Amend Contract No. 2872	Emerald Development and Economic Network, Inc.	Diversion services in connection with alternative housing and related services and support for COVID recovery	\$-0-	Community Initiatives Division/Office of Homeless Services	1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	11/9/2023
RQ 8737	Amend Contract No. 2873	Joseph's Home	Building rehabilitation and homeless prevention strategies in connection with alternative housing and related services and support for COVID recovery	\$-0-	Community Initiatives Division/Office of Homeless Services	1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	11/9/2023
RQ 8737	Amend Contract No. 3137	Emerald Development and Economic Network, Inc.	Building rehabilitation in connection with alternative housing and related services and support for COVID recovery	\$-0-	Community Initiatives Division/Office of Homeless Services	7/1/2022 – 12/31/2023 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	11/9/2023 (Executive) 11/14/2023 (Law)
No RQ	Amend Contract No. 2939	Golden Ciphers, Inc.	Mentoring, life skills and training services for the Strategic Environmental and Social Assessment (SESA) Rites of	\$2,660.97	Department of Public Safety and Justice Services	10/1/2022 – 3/31/2024	U.S. Department of Justice, Office of Justice Delinquency	11/9/2023 (Executive) 11/8/2023 (Law)

			Passage Program in connection with the FY2022 Title II Formula Juvenile Justice and Delinquency Prevention Grant				and Prevention Block Grant Fund	
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, November 13, 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 11:01 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.)
Councilmember Meredith Turner
Councilmember Dale Miller

II. – REVIEW MINUTES – 11/6/2023

Michael Chambers motioned to approve the minutes from the November 6, 2023, meeting; Meredith Turner 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

BC2023-711

Department of Public Works, recommending to amend Board of Control Approval No. BC2023-689 dated 11/6/2023 which made an award to National Office Services Inc. in the amount not-to-exceed \$129,962.94 for a state contract purchase of additional furniture in connection with the office buildout of various wings at the Jane Edna Hunter Building, to change the funding source from 66% Health and Human Services and 34% Title IV-E to Health and Human Services Levy Fund to Public Assistance Fund.

Funding Source: Public Assistance Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. Item BC2023-711 was approved by unanimous vote as amended.

BC2023-712

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Bob Chapman Ford Inc. in the amount not-to-exceed \$98,202.00 for a state contract purchase of (2) 2025 Utility Police Interceptor Vehicles for the Sheriff's Department.
- b) Recommending an award on Purchase Order No. 23004805 to Bob Chapman Ford Inc. in the amount not-to-exceed \$98,202.00 for a state contract purchase of (2) 2025 Utility Police Interceptor Vehicles for the Sheriff's Department.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-712 was approved by unanimous vote.

BC2023-713

Department of Public Works, submitting an amendment to Contract No. 614 with Independence Excavating, Inc. for replacement of Memphis Road Bridge No. 00.62 over CSXT Railroad in the City of Brooklyn for additional funds in the amount not-to-exceed \$299,299.50.

Funding Source: ~~55% Federal, 20% Ohio Public Works Commission and 25% County~~ **100% \$5.00 Motor Vehicle License Tax Fund**

Nichole English, Department of Public Works, presented. Dale Miller asked for a little bit more details about adjustments when you change certain things more than 25%, asked of the \$299,000 was due to this factor. Dale Miller motioned to approve the item as amended; Meredith Turner seconded. Item BC2023-713 was approved by unanimous vote as amended.

BC2023-714

Department of Public Works, submitting an amendment to Contract No. 2361 (formerly Contract No. 719) with Industrial First, Inc. for roof maintenance services for various County buildings for the period 12/1/2018 - 11/30/2023 to extend the time period to 5/31/2024 and for additional funds in the amount not-to-exceed \$55,000.00.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-714 was approved by unanimous vote.

BC2023-715

Department of Public Works, submitting an amendment to Contract No. 2822 with The Roberts Mechanical Equipment Company for the Juvenile Justice Center boiler replacement project for the period 11/22/2022-11/21/2023 to extend the time period to 3/3/2024 and for additional funds in the amount not-to-exceed \$10,000.00.

Funding Source: Capital Project Funds

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-715 was approved by unanimous vote.

BC2023-716

Department of Public Works, recommending an award and enter into Agreement No. 3811 with U.S. Department of Agriculture/Animal and Plant Health Inspection Services/Wildlife Services in the amount not-to-exceed \$9,685.00 for animal and wildlife control services for the Cuyahoga County Airport for the period 1/1/2024- 12/31/2024.

Funding Source: County Airport Operations Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller asked is the wildlife control services done without harm to the animals; commented we have all those things in our back yards as well. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-716 was approved by unanimous vote.

BC2023-717

Department of Sustainability, submitting an amendment to Contract No. 2745 (~~formerly Contract No. 1871~~) with Bricker & Eckler, LLP for legal services in connection with Cuyahoga County Court of Common Pleas Case No. CV-18-897478, Cleveland Electric Illuminating Company v City of Cleveland et al, for the period 10/7/2022 - 12/31/2023 to extend the time period to 12/31/2024 to change the vendor's name to Bricker Graydon LLP effective 4/1/2023; no additional funds required.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-717 was approved by unanimous vote.

BC2023-718

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an amendment Master Services Agreement No. 2696 with Key Bank National Association for banking and treasury services for the period 4/1/2020 – 3/31/2024 for additional funds for Procurement Card Program Services for various departments in the total amount not-to-exceed \$51,500.00, effective upon signatures of all parties.

1) For additional funds:

- a) Department of Public Works (Road & Bridge) \$2,000.00
- b) Department of Public Works (Sanitary) \$5,000.00
- c) Department of Consumer Affairs \$4,000.00
- d) Department of Information Technology \$5,000.00
- e) Department of Human Resources \$3,000.00
- f) Department of Health and Human Services/Division of Children and Family Services \$7,500.00

2) To add (1) user Department

- a) County Executive's Office \$25,000.00

Funding Source:

- 71.8% General Fund (\$37,000.00)
- 9.7% Sanitary (\$5,000.00)
- 3.9% Road and Bridge (\$2,000.00)
- 4.9% Federal Title IV-E (\$2,500)
- 9.7% Health and Human Services Levy (\$5,000.00)

Paul Porter, Department of Purchasing, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-718 was approved by unanimous vote.

BC2023-719

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$40,123.08 for a state contract purchase of (6) each Galaxy access control panels, card readers, and various equipment, installation, and programming services for upgrades to the Enterprise Network Security Systems at the Justice Center.
- b) Recommending an award on Purchase Order No. 23004876 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$40,123.08 for a state contract purchase of (6) each Galaxy access control panels, card readers, and various equipment, installation, and programming services for upgrades to the Enterprise Network Security Systems at the Justice Center.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Dale Miller motioned to approve the item; Meredith Turner seconded. Item BC2023-719 was approved by unanimous vote.

BC2023-720

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$124,000.00 for a state contract purchase of (1,000) Nitro Pro Business licenses for the period 11/13/2023 – 11/12/2024.
- b) Recommending an award on Purchase Order No. 23004880 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$124,000.00 for a state contract purchase of (1,000) Nitro Pro Business licenses for the period 11/13/2023 – 11/12/2024.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-720 was approved by unanimous vote.

BC2023-721

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to B & H Foto Electronics Corp. dba B & H Photo Video in the amount not-to-exceed \$49,684.52 for the purchase of various multimedia video production equipment.
- b) Recommending an award on Purchase Order No. 23004893 to B & H Foto Electronics Corp. dba B & H Photo Video in the amount not-to-exceed \$49,684.52 for the purchase of various multimedia video production equipment.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-721 was approved by unanimous vote.

BC2023-722

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 \$474,205.45 for a state contract purchase of (155) Microsoft Azure capacity units to expand cloud security services and storage for the period 11/13/2023 – 6/12/2026.
- b) Recommending an award on Purchase Order No. 23004934 to Dell Marketing, LP in the amount not-to-exceed \$474,205.45 for a state contract purchase of (155) Microsoft Azure capacity units to expand cloud security services and storage for the period 11/13/2023 – 6/12/2026.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-722 was approved by unanimous vote.

BC2023-723

County Executive's Office, submitting a Grant Agreement with Spirit of Cleveland (via Contract No. 3880) in the amount not-to-exceed \$400,000.00 to provide funding for conventions and tourism to spur economic growth in Cuyahoga County effective upon contract signatures of all parties for a period of one year.

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

Domonique Tatum, Fiscal Department, presented. Dale Miller asked in response to the advanced question one of the activities they're going to work on is the total Solar Eclipse and since it's the only time it's going to happen for something like 130 years in Cleveland what's the plan how we're going to handle that event. The Presenter will follow up. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-723 was approved by unanimous vote.

BC2023-724

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 1777 with Cleveland Peacemakers Alliance for non-therapeutic intervention and trauma-informed peer mentoring services for the Violence Intervention Program Pilot Expansion for the period 10/1/2020 – 9/30/2023 to extend the time period to 9/30/2024; no additional funds required.

Funding Source: Bureau of Justice Assistance Grant

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-724 was approved by unanimous vote.

BC2023-725

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 3893 (formerly Contract No. 2292) with Summit Psychological Associates, Inc. for sex offender assessment and treatment services for the period 7/1/2021 – 6/30/2023 to extend the time period to 6/30/2025, to change the terms, effective 7/1/2023 and for additional funds in the amount not-to-exceed \$291,390.72.

Funding Source: Community Corrections Act 407 Grant

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Dale Miller asked is the dollar amount for the next 2 years the same amount as the current ; asked since generally sex offenders are considered very difficult to treat, how much evidence is there that this kind of work has positive impacts. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-725 was approved by unanimous vote.

BC2023-726

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2941 (formerly Contract No. 1796) with OhioGuidestone for educational and vocational support services for Court-referred youth for the period 8/1/2021 – 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 not-to-exceed \$30,000.00.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2023-726 was approved by unanimous vote.

BC2023-727

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2945 with Ohio Guidestone for educational and vocational support services to the Promise Team youth population for the period 7/1/2020 - 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 \$60,000.00.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2023-727 was approved by unanimous vote.

BC2023-728

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Project Lift Behavioral Health Services in the amount not-to-exceed \$75,000.00 for the Restorative Justice Diversion Program for the period 7/1/2023 – 6/30/2025.
- b) Recommending an award and enter into Contract No. 3881 with Project Lift Behavioral Health Services in the amount not-to-exceed \$75,000.00 for the Restorative Justice Diversion Program for the period 7/1/2023 – 6/30/2025.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-728 was approved by unanimous vote.

BC2023-729

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$19,468.00 for a state contract purchase of (1) Wasabi Reserved Capacity Cloud Storage.
- b) Recommending an award on Purchase Order No. 23004670 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$19,468.00 for a state contract purchase of (1) Wasabi Reserved Capacity Cloud Storage.

Funding Source: General Fund

Josh Brower, Prosecutor’s Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2023-729 was approved by unanimous vote.

BC2023-730

Sheriff’s Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$21,768.95 for the purchase of (3) replacement Axis Cameras including Express+ video management software licenses, (1) video recording server, miscellaneous equipment, installation and set-up at the Justice Center Parking Garage, Level P-2.
- b) Recommending an award on Purchase Order No. 23004931 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$21,768.95 for the purchase of (3) replacement Axis Cameras including Express+ video management software licenses, (1) video recording server, miscellaneous equipment, installation and set-up at the Justice Center Parking Garage, Level P-2.

Funding Source: General Fund

Karen DiCarlo, Sheriff’s Department, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2023-730 was approved by unanimous vote.

BC2023-731

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to University of South Florida Board of Trustees in the amount not-to-exceed \$37,927.00 for creation, implementation and maintenance of the Just-In-Time Foster Parent/Caregiver Web-Based Training Program for the period 1/1/2024-12/31/2024.

b) Recommending an award and enter into Contract No. 3900 with University of South Florida Board of Trustees in the amount not-to-exceed \$37,927.00 for creation, implementation and maintenance of the Just-In-Time Foster Parent/Caregiver Web-Based Training Program for the period 1/1/2024-12/31/2024.

Funding Source: 66% Health & Human Service Levy and 34% Title IV-E

Christian Tobin, Department of Health and Human Services, presented. Trevor McAleer asked was the other vendor that submitted a proposal, asked how much lower costs were. Trevor McAleer motioned to approve the item; Dale Miller seconded. Item BC2023-731 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Dale Miller motioned to approve Consent Agenda Item No. BC2023-732 through BC2023-736; Trevor McAleer seconded. The Consent Agenda Items were approved by unanimous vote.

BC2023-732

Department of Public Works, submitting an amendment to Contract No. 3150 with Schirmer Construction, LLC for minor rehabilitation of Miles Road Bridge No. 11.00 over Deer Lick Creek and Bridge No. 11.10 over the Chagrin River in the Village of Bentleyville for a decrease in the amount of (\$158.51); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 80% by Federal Funds, 10% \$5.00 Motor Vehicle License Tax Fund and 10% Municipality

BC2023-733

Department of Purchasing, recommending to amend Board Approval No. BC2023-687 dated 10/30/2023 to correct (2) purchase order numbers:

- a) Department of Public Works – Purchase Order No. 23003767 should read Purchase Order No. 23004669
- b) Division of Children and Family Services – Purchase Order No. 23003617 should read Purchase Order No. 23004546

BC2023-734

Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating

BC2023-735

Fiscal Department, presenting proposed travel/membership requests for the week of 11/13/2023:

Dept:	Department of Public Works							
Event:	Water & Wastewater Equipment, Treatment, and Transport Show							
Source:	WWETT Show							
Location:	Indianapolis, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Robert Dietrich	01/23/2024-01/26/2024	\$180.00	\$150.00	\$768.69	\$0.00	\$450.00	\$1,548.69	Sanitary Sewer Fund
Gary Green	01/23/2024-01/26/2024	\$180.00	\$150.00	\$768.69	\$0.00	\$450.00	\$1,548.69	Sanitary Sewer Fund
Brandon Skufca	01/23/2024-01/26/2024	\$180.00	\$150.00	\$768.69	\$0.00	\$450.00	\$1,548.69	Sanitary Sewer Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Water & Wastewater Equipment, Treatment & Transport Show (WWETT) is the world's largest annual trade show for environmental service professionals. The event offers an unmatched educational program, an array of networking opportunities, and an extensive expo floor where buyers and sellers come together to see and experience the latest product innovations and technology.

Dept:	Agency of the Inspector General							
Event:	Young Southeast Asian Leaders Initiative Reciprocal Fellowship-Governance and Society							
Source:	American Councils for International Education/US State Department							
Location:	Phnom Penh, Cambodia							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Kim Seeley	11/24/2023-12/07/2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	US State Department
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*Paid to host- All cost is covered by the host

**Staff reimbursement

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

***** The cost will be paid through the US State Department.

Flight \$2,000.00

Hotel \$1,200.00

Meals \$750.00

Ground Transportation \$0.00

Purpose:

Travel to Cambodia as part of a reciprocal fellowship under the YSEALI (Young Southeast Asian Leaders Initiative) program. This is a reciprocal fellowship occurring after a fellowship where Leaphea Yang was placed with the Agency of Inspector General during Spring 2023 to learn more about the Agency of Inspector General’s processes to prevent and detect fraud, waste, and abuse in local government operations. Leaphea studied our office’s processes and wrote a proposal for the reciprocal fellowship to help improve transparency and government accountability in Cambodia via the disclosure and availability of public records. See attached for supporting details about the YSEALI program overall and the specific itinerary for this project. All expenses are paid by the American Councils for International Education through the United States Department of State YSEALI program, including airfare, lodging, and per diem for expenses.

Dept:	Sheriff’s Department							
Event:	APX CPS Radio Programming							
Source:	Motorola							
Location:	Fort Lauderdale, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	11/27/2023-11/30/2023	\$1,600.00	\$163.00	\$570.00	\$40.00	\$450.00	\$2,823.00	Continued Professional Training Funds
Anthony Eddleman	11/27/2023-11/30/2023	\$1,600.00	\$163.00	\$570.00	\$40.00	\$450.00	\$2,823.00	Continued Professional Training Funds

*Paid to host

**Staff reimbursement

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

Purpose:

To travel to Fort Lauderdale, FL to attend training on radios that are used for communication of law enforcement of the Sheriff's Department. This training is for continuing education of the department's new radios.

BC2023-736

Department of Purchasing, presenting proposed purchases for the week of 11/13/2023:

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
23004680	(3) Subscriptions to Digital Evidence Investigator (DEI) software for the period 11/1/2023 – 10/31/2026	County Prosecutor	Carahsoft Technology Corporation	\$42,027.00	FY2020 Internet Crimes Against Children Task Force Grant Fund
23004881	Annual renewal of 1-year subscription for SmartDraw Enterprise Site License	Department of Information Technology	Above & Beyond Electronics LLC	\$7,490.87	General Fund
23004906	(1) 2019 Ford F250 and (1) 2020 Ford F250 truck bed caps	Department of Consumer Affairs	Richard J. Enterprises Inc. dba A Better Truck Cap & Hitch	\$9,950.00	General Fund
23004914	(980) 50lb bags of ice melt-a-way for 2023-2024	Department of Public Works	Cleveland Charcoal & Salt Supply	\$7,056.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
23004811	Factory Authorized – Loadbank engine tests and generator supplies*	Department of Public Works	Ohio CAT	\$8,089.32	General Fund
23004852	Out-of-home emergency placement services for the period 10/3/2023 – 10/31/2023**	Division of Children and Family Services	A Loving Heart Youth Services, Inc.	\$27,440.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00.

**Approval No. BC2023-561, dated 9/5/2023, which amended Approval No. BC2022-767, dated 12/12/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers in the total amount not-to-exceed \$250,000.00 for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$250,000.00 to \$500,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend User License Agreement (via Contract No. 3005)	Permitium LLC	Sole services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit	\$-0-	Sheriff's Department	1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024	(Original) Revenue Generating	11/2/2023 (Executive) 10/31/2023 (Law)

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
R2023-0227	Resurfacing of Forbes Road from Fair Oaks Road to Richmond Road in the Cities of Bedford, Bedford Heights and Village of Oakwood – Council Districts 6 and 9	\$2,130,000.00		\$1,107,407 Federal (52%), \$379,677 OPWC Grant Funds (18%), \$321,458 County Road and Bridge (15%), \$25,717 Bedford (1%), \$51,433 Bedford Heights (2%) and \$244,308 Oakwood Village (12%).	10/30/2023
R2023-0209	Resurfacing of Snow Road from Ridge Road to State Road in the City of Parma – Council District 4	\$2,429,196.00		1,943,357 Federal (80%), \$242,920 County Road and Bridge (10%), and \$242,919 Parma (10%)	10/30/2023

R2022-0298	Resurfacing of Clague Road from Lorain Road to Marion Road in the City of North Olmsted – Council District 1	\$892,307.00	\$892,307.00	\$250,000.00 – Road and Bridge Fund \$642,307.00 – City of North Olmsted	11/6/2023
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VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Meredith Turner seconded. The motion to adjourn was unanimously approved at 11:32 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2023-737

Title	Fiscal Department; Auditor of the State.; Contract Amendment; January 1, 2024-December 31,2025; Annual Financial Statements	
Department or Agency Name	Financial Reporting	
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	2793	State of Ohio	1/1/23-12/31/23	\$110,500.00	10/17/22	BC2022-607
Amend Resolution to add the dates and funds for 2 nd year of contract			1/1/24-12/31/24	\$110,500.00		

<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. Prepare accrual based financial statements.</p> <p>Requesting to amend Board Approval No. BC2022-607 dated 10/17/2022 which made an award and approved an Agreement with State of Ohio, Office of the Auditor, Local Government Services to prepare the Comprehensive Annual Financial Report for Calendar Years 2022 and 2023 to change the amount from \$110,500.00 to \$221,000.00 and to add a time period for the services 1/1/2023 – 12/31/2024.</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): Prepare statements in accordance with Generally Accepted Accounting Principles Prepare statements in accordance with Statement on Standards for Accounting and Review Services</p>

Comply with AICPA's Code of Professional Conduct
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):
Auditor of State P.O. Box 711825 Cincinnati, OH 45271	Tisha Turner Chief Project Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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 contract is a government purchase between the Cuyahoga & the State of Ohio. Prices are lower than using a private agency. *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>) <i>Sole Source. This amendment is because the original contract was to prepare the financial statements for the years ending Dec 31, 2022 & Dec 31, 2023</i>

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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. General Fund- 100%
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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-738

Title	Multimedia Production Equipment
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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.
	23004893 JCOP	B&H Photo		\$49,684.52		

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

Requesting to amend Board Approval No. BC2023-721 dated 11/13/2023 which approved an RFP Exemption and made an award on Purchase Order No. 23004893 to B & H Foto Electronics Corp. dba B & H Photo Video in the amount not-to-exceed \$49,684.52 to change for the purchase of to a joint cooperative purchase of multimedia video production equipment.

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 Multimedia is requesting the purchase of Multimedia production equipment, including a Lighting Control Console, a drone camera lens, field monitor, and various production accessories.

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: B&H Photo	Owner, executive director, other (specify): Herman Schreiber, CEO
420 9 th Avenue New York, NY 10001	
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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	B&H Photo is able to provide Cuyahoga County joint cooperative purchasing pricing through contract number R201202 with OMNIA Partners, which expires March 31, 2024. A competitive bid process has already been conducted by OMNIA Partners with B&H Photo receiving an award on contract #R201202 based on their RFP response. *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 R201202 with OMNIA Partners, which expires March 31, 2024.
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 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: 10/25/2023
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 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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-739

Title	7 Standard Laptops and Docking Stations
Department or Agency Name	Department of Information Technology on behalf of the County 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.
	23004332 STAC	MNJ Technologies Direct, Inc.		\$13,041.00	PENDING	PENDING

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

The Department of Information Technology on behalf of the County Sheriff plans to contract with MNJ Technologies Direct, Inc., for the purchase of 7 Standard Laptops and Docking Stations in the amount of \$13,041.00.

7 Mobile Workstations including 7 docking stations, 7 carrying cases, 7 security, and 7 hardware support.

For purchases of furniture, computers, vehicles: Additional Replacement
 Age of items being replaced: unknown How will replaced items be disposed of? Per code.

Project Goals, Outcomes or Purpose (list 3):

Mobile workstations to be used in the field and in office.

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):
MNJ Technologies Direct, Inc. 1025 Busch Parkway; Buffalo Grove, IL 6009	Jimmy Lochner
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. MNJ Technologies Direct, Inc. is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534486 expires on December 29,2023. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date . OH STS contract #534486 expires on December 29,2023. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
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 ().

() 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>	
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% 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 Per Departmental Need	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 be made? No Yes (if yes, please explain)

HISTORY (see instructions):

BC2023-740

Title	F5 Hardware and Software Maintenance Subscription	
Department or Agency Name	Department of Information Technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	23004478 EXMT	Nexum, Inc.	One Year, beginning 10/16/2023	\$155,290.20		

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

The Department of Information Technology plans to contract with Nexum, Inc., for the purchase of F5 Hardware and Software Maintenance Subscription in the amount of \$155,290.20.

This request is for a hardware and software maintenance subscription for the 4 new F5 Firewalls located at the two County Data Center locations in Cleveland and Columbus. Subscription term is for one year, beginning October 16, 2023.

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 hardware requires software and hardware maintenance support via authorized channels approved by the manufacturer of the equipment.

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: Nexum, Inc.	Owner, executive director, other (specify): David Potie
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2901 Carlson Drive, Suite 204 Hammond, IN 46323	
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 vendor also maintains the support contract for the County's other firewall platform is preferred from an interoperability perspective regarding technical support and interoperability regarding troubleshooting and future projects. Nexus provided a quote with pricing lower than Ohio State Term, GSA and other joint cooperative pricing contracts. *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 Yes 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% 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The Department of Information Technology was waiting for budget to become available to submit this purchase. The purchase has already been made to keep the subscription current as the term began October 16, 2023.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	July 12, 2023
Date documents were requested from vendor:	July 28, 2023
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Date item was entered and released in Infor:	October 3, 2023 / November 1, 2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: July 12: DoIT Purchasing and Infrastructure begin speaking about renewal July 28: Requested updated quotes from Nexum. Requested ICF and NCBCS from Nexum July 31: Vendor replied they are working on request August 7: DoIT reached out for update August 10: Sent vendor new ICF as it was updated August 11: Vendor replied still working on forms August 14: Vendor submitted updated quotes and forms. Quotes were missing information and DoIT asked for them to be revised. August 24: Revised quotes received. September 6: Vendor follow up September 15: Vendor follow up September 26: Requested quote refresh as quotes were nearing expiration. September 27: Nexum provided refreshed quotes, Budget not in place and quotes expiring soon. October 3: Unable to release PO – overbudget error October 8: Communication with Nexum regarding subscription expiration. Unable to release PO – overbudget error	

October 23: Unable to release – overbudget error
 October 24: PO released
 October 26: DOP returned PO – Quote expired and past start of expiration.
 November 1: Received invoices from Nexum, released PO for approval

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

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

HISTORY (see instructions):

BC2023-741

Title	Human Resources; 2023; Agreement with MetroHealth dba Skyway for Wellness Incentive Program Platform for County Employees for the period 1/1/2024 to 12/31/2025 in the amount NTE \$450,000.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	3923	The MetroHealth System dba Skyway	1/1/2024-12/31/2025	\$450,000.00		PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 The County includes a Wellness Incentive Program as part of the Total Rewards benefits package. The Wellness Incentive Program offers employees an incentive upon meeting various criteria enroute to healthier habits, such as a biometrics screening for their health, physical activities, preventative checkups, among others. This helps employees maintain healthy lifestyles as well as potentially reduce the County’s healthcare costs as a self-insured employer.

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goals of the project are to provide County Employees with a wellness program platform that encourages wellness program participate, tracking progress, and improves employee wellbeing while providing the County data and statistics on employee participation. Increased participation can reduce the County’s healthcare costs due to a healthier workforce.

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 MetroHealth System dba Skyway 2500 MetroHealth Dr. Cleveland, OH 44109	Dr. Airica Steed, 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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$300,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 38 / 10	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (10) SBE (0) MBE (0) 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> <i>While MetroHealth did not meet the specific goal set by DEI, they were ruled to be DEI compliant as a government/political agency.</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 checked="" type="checkbox"/> No, <i>please explain:</i> <i>MetroHealth was not the lowest bidder but was the highest scoring, providing the most attractive incentive program. The lowest cost bidders primarily offered just the software platform while MetroHealth provides support and consulting services to enhance the wellness program, providing the greatest value for the County.</i>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? MetroHealth's platform pricing was in line with other providers that offered more than just the	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input type="checkbox"/> Other Procurement Method, please describe:

software platform. Platform only solutions were approximately half the cost, but with all extra services at an additional cost with little to no consulting. The most expensive solution was about twice MetroHealth's price proposal.	
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% 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. The program has not yet begin, only planning discussions have been had so far until approval is received.	
<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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
Previous contract with Protocol Driven Healthcare (PDHI) as a platform only provider: 11/17/2021-12/31/2023 \$271,366.00

BC2021-632 on 11/8/2021

BC2023-742

Title	Human Resources; 2023; RFP Exemption Resulting in Contract with Employment Learning Innovations, Inc. (ELI) for Civil Treatment Harassment Training Materials for the period 11/20/2023-12/15/2024 in the amount of \$288,000.00
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3939	Employment Learning Innovations, Inc. (ELI)	11/20/2023-11/19/2023	\$288,000.00		PENDING

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

ELI will provide the County with resources to provide Civil Treatment, a harassment training system to County employees. This solution is a train-the-trainer system where ELI trains our Organizational & Employee Development team who then provides this training to County employees. Included is licensing to utilize the Civil Treatment program materials for this training. This training will provide harassment and inclusivity training for leaders and employees.

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

Project Goals, Outcomes or Purpose (list 3):

The goals of this project is to provide harassment training to employees, which has not been conducted in some time; provide harassment training to leaders, giving them the tools to respond to situations; and provide inclusivity training to improve workplace conditions for all employees.

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):
Employment Learning Innovations, Inc. 2675 Paces Ferry Road, Suite 470	Stephen M. Paskoff, Esq. President and CEO

Atlanta, GA 30339	
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	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. Civil Treatment is a comprehensive program that has been used by the County Courts in the recent past and is familiar to the OED team, allowing for quick implementation. There is also a need to provide harassment training quickly as it has not been conducted in recent years and is critical due to the turnover in employment during that period. *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. No work has been conducted beyond initial planning.	
<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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-743 a)

Title	ADAMHS Board MH-ADC Pilot Program (Catholic Charities/Matt Talbot)
Department or Agency Name	Corrections Planning Board/Common Pleas Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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Original	3906	ADAMHS Board	September 30, 2023 to October 1, 2027	\$340,000.00		

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

This is a new contract addressing Community Psychiatric Supportive Treatment (CPST), Case Management and Consulting Services benefitting mental health clients participating in the Cuyahoga County “Piloting a Mental Health Docket Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders” program, also known as the “MH-ADC Pilot Program” (Mental Health-Adult Drug Court Pilot Program”).

With the oversight of the ADAMHS Board, Catholic Charities will provide case management to SUD clients and CPST services to mental health clients participating in the Court’s MH-ADC Pilot Program. Catholic Charities will treat these two focus areas as the same service by using the phrase “CPST” when targeting mental health clients. Clients will be supported to ensure their successful transition into the community once they have completed residential treatment services. Catholic Charities staff is well-versed in delivering behavioral health services and treatment court best practices; hence it will add significant value to the operations of the Court’s MH-ADC Pilot Program by providing recommendations regarding therapeutic adjustments, incentives and sanctions.

Catholic Charities will meet quarterly with the Corrections Planning Board and/or the Common Pleas Court’s Specialty Court Administrator to review monthly MH-ADC Pilot Program client data submitted to the Court. The purpose of the meetings is to ensure program success and sustainability.

Approximately Catholic Charities will serve between 50-65 unduplicated clients/year over the four-year contract period.

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):

Implement a mental health docket incorporating an Adult Drug Court Model to improve outcomes for offenders with co-occurring disorders (e.g., reduce terminations, jail days, recidivism, etc.)

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: Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Cuyahoga County 2012 W. 25 th St., 6 th Floor	Owner, executive director, other (specify): Scott S. Osiecki, Chief Executive Officer
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Cleveland, OH 44113	
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 checked="" 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% funded by Federal Dept of Justice/Bureau of Justice Assistance 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.	
<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: Extra workload caused a delay in processing. Backlog due to grant proposal processing in the winter, trying to catch up.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	June 2023
Date documents were requested from vendor:	June 2023
Date of insurance approval from risk manager:	October 24, 2023
Date Department of Law approved Contract:	October 24, 2023
Date item was entered and released in Infor:	October 25, 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 checked="" type="checkbox"/> No <input 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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
This is a new contract.

BC2023-743 b)

Title	ADAMHS Board MH-ADC Pilot Program (Signature Health)
Department or Agency Name	Corrections Planning Board
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/	Approval No.
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					Council's Journal Date	
Original	3907	ADAMHS Board	September 30, 2023 to October 1, 2027	\$275,000.00		

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

This is a new contract addressing Case Management Services benefitting mental health clients participating in the Cuyahoga County "Piloting a Mental Health Docket Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders" program, also known as the "MH-ADC Pilot Program" (Mental Health-Adult Drug Court Pilot Program").

Signature Health will provide case management services to clients referred for services under the MH-ADC Pilot Program. A Case Manager will provide the following services:

- Attend all court team meetings, hearings and staffings,
- Provide recommendations for therapeutic approaches and interventions while having a firm understanding of treatment court best practices,
- Collaborate with the Court and treatment teams,
- Meet with participants in the community setting at minimum once/month,
- Link participants with needed behavioral health outpatient services,
- Provide clinical services at Signature Health's outpatient centers,
- Attend necessary trainings and partnership meetings,
- Engage and outreach participants, at minimum once per week,
- Liaise with Matt Talbot Inpatient Treatment for discharge planning efforts of those participants exiting treatment, and
- Liaise with other community medical and behavioral health agencies where client may be receiving mental and physical health services.

The Signature Health Case Manager will attend all Docket Team, clinical and court meetings and hearings. Furthermore, the Case Manager, at minimum, will provide ongoing status updates of all participating clients while preparing them for discharge planning efforts regarding community behavioral health linkages, housing, sober living or other ancillary needs.

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): Implement a mental health docket incorporating an Adult Drug Court Model to improve outcomes for offenders with co-occurring disorders (e.g., reduce terminations, jail days, recidivism, etc.)

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): Scott S. Osiecki, Chief Executive Officer
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Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County 2012 W. 25th St. Cleveland, OH 44113	
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 checked="" 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% funded by Federal Dept of Justice/Bureau of Justice Assistance 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.	
<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: Extra workload caused a delay in processing. Backlog due to grant proposal processing in the winter, trying to catch up.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	June 2023
Date documents were requested from vendor:	June 2023
Date of insurance approval from risk manager:	October 24, 2023
Date Department of Law approved Contract:	October 24, 2023
Date item was entered and released in Infor:	October 25, 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) 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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
This is a new contract.

BC2023-744

Title	CBIC COACHING AND TRAINING UNIVERSITY OF CINCINNATI RESEARCH INSTITUTE
Department or Agency Name	Cuyahoga County Court of Common Pleas, Juvenile
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	2944	UCRI	8/7/2017- 6/30/2018	\$31,750.00	8/14/2017	BC2017-600
A-#1	2944	UCRI	6/30/2019	\$18,000.00	4/9/2018	BC2018-218
A-#2	2944	UCRI	6/30/2020	\$18,000.00	10/07/2019	BC2019-727
A-#3	2944	UCRI	6/30/2021	\$9,000.00	11/2/2020	BC2020-588
A-#4	2944	UCRI	6/30/2022	\$9,000.00	10/4/2021	BC2021-545
A-#5	2944	UCRI	6/30/2023	\$18,000.00	12/19/2022	BC2022-783
A-#6	2944	UCRI	6/30/2024	\$18,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The vendor provides training and consultation for Court staff involved in Cognitive Behavioral Interventions- A comprehensive Curriculum.

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):

- Coaching Service to provide process and procedures for Cognitive Behavioral Interventions.
- Develop Fidelity Monitoring method- through Comprehensive Curriculum.
- Support implementation for processes.

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: University of Cincinnati Research Institute Po Box 19614, Cincinnati Ohio 45219	Owner, executive director, other (specify): Patrick Clark/ or Pankhuri Hatfield Executive Director/ Director, Contracts & Compliance
Vendor Council District: n/a	Project Council District: Court Staff
If applicable provide the full address or list the municipality(ies) impacted by the project.	Juvenile Court 9300 Quincy Ave. Cleveland, Ohio 44106

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
RQ # <i>if applicable</i> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ N/A <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> . N/A -	<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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" 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.	
<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: contract amendments are late due to receipt of RECLAIM grant award, resigning all amendments to comply with executive order number EO2023-0003, transferring information to the new Briefing memos document, and vendor delay in resubmitting documents.	
Timeline:	5/31/2023

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	6/5/2023, Documents Received from Vendor 7/14/2023
Date of insurance approval from risk manager:	6/14/2023
Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	8/21/2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: No	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Reoccurring Service.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-745

Title	MENTORING SERVICES with CLEVELAND PEACEMAKERS, INC.
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(O)	3911	Cleveland Peacemakers, Inc. (dba Cleveland Peacemakers Alliance)	7/1/2023- 6/30/2024	\$70,312.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. The court desires to contract with the vendor for a term starting July 1, 2023, until June 30, 2024, for Mentoring Services in the amount of \$ 70,312.00. The design approach is to reduce recidivism and strengthen resiliency through natural community supports and mentors.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?

<p>Project Goals, Outcomes or Purpose (list 3): Youth participants will not incur new delinquency charges while participating in the program and youth admitted to the program will remain in the community and avoid an out of home placement or ODYS commitment at program termination.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" 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: Cleveland Peacemakers, INC. 2816 E. 166th St. Cleveland, Ohio 44120</p>	<p>Owner, executive director, other (specify): Myesha Watkins- Executive Director</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>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:</p>	<p>Provide a short summary for not using competitive bid process. This program and vendor were written into the grant and funded through RECLAIM. *See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input checked="" type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) /</p>	<p><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</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain.</i></p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain:</i></p>	<p><input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p>	<p><input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)</p>

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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 funded.
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 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 RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, transferring information to new briefing memos	
Timeline: Project/Procurement Start Date (date your team started working on this item):	4/10/2023
Date documents were requested from vendor:	9/6/2023
Date of insurance approval from risk manager:	8/29/2023
Date Department of Law approved Contract:	9/6/2023
Date item was entered and released in Infor:	10/27/2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: funding error could not release contract	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-746

Title	Range Rental Contract	
Department or Agency Name	Sheriff	

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3917	Cuyahoga Community College	1/1/2024- 12/31/2025	66,000.00		

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. Range Rental agreement with Cuyahoga County Community College.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Range rental is required for deputies to maintain firearm certification and proficiency. The Sheriff's Department utilizes Cuyahoga County Community College's range due to the proximity to the Sheriff's Department and the availability time for rental.
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: CUYAHOGA COMMUNITY COLLEGE 11000 PLEASANT VALLEY RD. PARMA, OH 44130	Owner, executive director, other (specify): The Coordinator for the contractor/vendor is Carrie Havens
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

HISTORY (see instructions):

BC2023-747

Title	Drug Chemistry Laboratory Balances
Department or Agency Name	Department of Public Safety & Justice Services on behalf of the Cuyahoga County Regional Forensic Science Laboratory (CCRFSL)
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.
		Fisher Scientific Company LLC	Oct. – Dec. 2023	\$63,130.13		

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Purchasing 10 balances (scales) for the Drug Chemistry Lab of the Medical Examiner's Office.

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):

1. Increase the throughput capacity of the CCRFSL Drug Chemistry Laboratory;
2. Increase the equipment automation standards for capacity at the CCRFSL Drug Chemistry Laboratory;
3. Decrease the casework turnaround time for the CCRFSL Drug Chemistry Laboratory.

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):
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FISHER SCIENTIFIC COMPANY LLC 4500 TURNBERRY DRIVE HANOVER PARK IL 60133-5491	Marc Casper is Chairman, President and Chief Executive Officer.
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	The project impacts all Cuyahoga County communities.

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. We were able to make the purchase using a Cooperative Purchasing Agreement. We know the price is competitive because it is lower than a quote received directly from the manufacturer.
The total value of the solicitation: \$63,130.13	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<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 Omnia Partners #2021002889, 6/30/25
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> . There are no participation goals because the selected procurement is via a cooperative purchasing agreement.	<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 checked="" type="checkbox"/> No, <i>please explain</i> : Procurement is via a cooperative purchasing agreement.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A for bids, but price of the cooperative purchasing agreement was better than a quote from the manufacturer.	<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: This procurement is 100% grant-funded under the following grants: <ul style="list-style-type: none"> • 47% of this purchase will be covered by the FY22 ARPA Cuyahoga Crime Lab Backlog Grant Award No. 2022-AR-CLB-1152; • 53% of this purchase will be covered by the FY22 Coverdell Forensic Sciences Improvement (Formula) Grant Award No. 2022-PC-NFS-7807.
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-748

Title	PSJS on behalf of the Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) – Promega Corporation – Purchase Order for DNA Maxprep Liquid Handler Kit
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	23004895	Promega Corporation	N/A	\$97,793.80	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Requesting approval of a purchase order with Promega Corporation for DNA Maxprep Liquid Handler in the amount of \$97,793.80.

The Maxprep Liquid Handler (Complete Package) is being purchased to increase automation and hands-free sample preparation for DNA extraction to work with an existing instrument, the Maxwell 48. The Maxprep Liquid Handler is only made by and can only be purchased from the Promega Corporation, there are no resellers of this equipment.

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):
 1. Increase the DNA sampling process for the Cuyahoga County Regional Forensic Science Laboratory – DNA Unit.

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):
Promega Corporation 2800 Woods Hollow Rd Madison, WI 53711	William Linton Chairman and CEO
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All municipalities of Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. The Maxprep Liquid Handler is only made by and can only be purchased from the Promega Corporation, there are no resellers of this equipment.

	*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 checked="" type="checkbox"/> No, <i>please explain</i> . Procurement is Sole Sourced.	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting: 0.
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i> : Procurement is Sole Sourced.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? No other comparable pricing has been received because this is a sole-source procurement.	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input checked="" type="checkbox"/> Other Procurement Method, please describe: This is a sole-source procurement.

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. ARPA Crime Lab Grant 100%	
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 type="checkbox"/> Quarterly <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-749

Title	PSJS on behalf of the Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) – Purchase Order with Cybergenetics Corporation for TrueAllele Expansion Module Servers and TrueAllele Casework Software User Licenses		
Department or Agency Name	Public Safety & Justice Services		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	23004897	Cybergenetics Corporation	N/A	\$99,300.00	Pending	Pending

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

Requesting approval of a purchase order with Cybergenetics Corporation for TrueAllele Expansion Module Servers and TrueAllele Casework Software User Licenses (qty 2) in the amount of \$99,300.00.

TrueAllele Casework System is a tool for the deconvolution of complex DNA mixtures, as encountered in forensic DNA casework. TrueAllele represents a quantitative data analysis approach based on data modeling and probabilistic processes. This purchase includes the TrueAllele Casework System Capacity Expansion Module 16 interpreter model scientific software for DNA mixture deconvolution that includes a 3-year manufacturer's warranty and two (2) TrueAllele Access Licenses to access the TrueAllele server and adds the ability for two more concurrent access to the server.

The Cuyahoga County Medical Examiner's Office (CCMEO) and its Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) currently utilize the TrueAllele® Casework Technology System and this purchase expands the system capacity for the DNA Laboratory.

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):

1. Increase the throughput capacity of the CCRFSL DNA Laboratory;
2. Increase the automation capacity of the current existing TrueAllele Casework System;
3. Provides validation to a point where the probabilistic outcomes from mathematical models are defensible and acceptable in judicial proceedings.

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):
Cybergenetics Corporation 160 North Craig Street Pittsburgh, PA 15213	Dr. Ria David President, Cybergenetics Corp.
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All municipalities of Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. CCRFSL currently utilize the TrueAllele® Casework Technology System and this purchase expands the system capacity for the DNA Laboratory. The TrueAllele Casework System is only made by and can only be purchased from the Cybergenetics Corporation, there are no resellers of this system. *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 checked="" type="checkbox"/> No, <i>please explain</i> . Procurement is Sole Sourced.	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting: 0.
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain</i> : Procurement is Sole Sourced.	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? No other comparable pricing has been received because this is a sole-source procurement.	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: This is a sole-source procurement.

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: Administrative approval on 11/1/23
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. ARPA Crime Lab Backlog Grant 100%	
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 type="checkbox"/> Quarterly <input checked="" 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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2023-750

Title	Triplog Inc Remote milage entry, approval and submission for staff
Department or Agency Name	Division of Children and Family Services, and Division of Senior and Adult Services, Department of Public Works,
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3892	Triplog, Inc.	November 15, 2023 - November 14, 2024	\$72,450.00	pending	

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

TripLog will provide access to their automated mileage capture app that will reside on each user's smartphone or tablet, coupled with a centrally administered Webportal or Dashboard.

Through this portal managers will be able to easily monitor, approve and report usage of each user.

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):

1. Receive weekly/monthly summary emails
2. Fleet and workforce management with ability to lock-down drivers
3. Expense approval management
4. Location-based time tracking reports

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):
Triplog, Inc. 22525 SE 64 th Place Suite 2268 Issaquah, WA 98027	Tianji He
Vendor Council District: n/a	Project Council District: n/a
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 10.12.2023 (2023-PW-016)
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.

91% Health and Human Services Levy

9% Public Works (66.7% Road and Bridge funds and 33.3% Facilities)

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 be made? No Yes (if yes, please explain)

HISTORY (see instructions):

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	EMRP-20- 049	Triplog, Inc	11/15/20 – 11/14/21	\$50,000	5/29/2020	EMRP-20-049
A-1	788	Triplog, Inc	11/15/21 – 11/14/23	\$150,000	11/15/21	BC2021-663
A-3	788	Triplog, Inc	11/15/2021- 11/14/2023	\$20,000	11/29/2023	BC2023-734
A-3	788	Triplog, Inc	11/15/21	\$5,000	11/28/22	BC2022-434

C.- Exemptions

BC2023-751

Scope of Work Summary

The Department of Public Works is requesting to amend a previously approved Alternative Procurement process that resulted in as-needed Purchase Orders to various concrete vendors.

This is being amended to add additional allowable funds in the amount of \$200,000.00 to be distributed to various, as-needed purchase orders to previously approved vendors.

The original Alternative Procurement allows the Road & Bridge Division and Facilities Division to access vendors on an as-needed basis for those concrete services in a timely manner that meets the needs of the County. The County's Road & Bridge Division provides maintenance and repair of critical infrastructure within the County and the Communities that we service, providing concrete services to bridges, culverts, sidewalks and streets. The County's Facilities Division also utilizes concrete materials for in-house projects that are critical to overall building maintenance and capital projects.

Procurement

The original procurement method requested was an Alternative Procurement that stemmed from an informal bid that was released, resulting in as-needed purchase orders for three vendors, for a period of two-years, in the amount of not-to-exceed \$320,000.00.

The first amendment was requested to amend the original alternative procurement to reflect a name change with one of the original vendors. The original approval number is BC2022-797, approved 12/19/22.

This request is amendment number two, to add additional funds in the amount of \$200,000.00 bringing the total value of allowable funds to \$520,000.00.

Contractor and Project Information

Contractors Choice Ready Mix (Formerly Campbell Concrete & Supply)
5225 Warner Road
Garfield Heights, Ohio 44125

Carr Bros
7177 Northfield Road
Bedford, Ohio 44146

Rockport Ready Mix
3092 Rockefeller Avenue
Cleveland, Ohio 44115

Project Status and Planning

This is for as-needed concrete materials where the business need is ongoing throughout multiple divisions of Public Works.

Funding

The project is funded by the County Road & Bridge Fund and General Funds.

The schedule of payments is by invoice.

D. - Consent Agenda

BC2023-752

Title	The MetroHealth System – VIP Pilot Expansion
Department or Agency Name	Corrections Planning Board/Common Pleas Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
Original	1749	The MetroHealth System	October 1, 2020 to September 30, 2023	\$225,000.00	9/7/2021	BC2021-490
A-1 First Amendment (no cost extension of time)	1749	The MetroHealth System	October 1, 2023 to September 30, 2024			

<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 Cuyahoga County Common Pleas Court (“Court”) Violence Intervention Program (“VIP”) Pilot Expansion is a comprehensive initiative aimed at reducing gun-related crime, violence and recidivism in Northeast Ohio. The MetroHealth System collaborates with the Court and its Adult Probation Department to provide trauma-informed recovery services to participants of the VIP. They will have access to MetroHealth’s Trauma Recovery Center and its trauma-focused recovery coaching, care coordination and other crisis stabilization supports. These supports will help offenders who were victimized in the past, resulting in criminal behavior—hence the need for trauma counseling. MetroHealth’s trauma-focused recovery coaching and related supports will be delivered to thirty-five (35) to fifty (50) new VIP participants during the final year of the program.</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):	
The primary goal of the Court-MetroHealth partnership is to allow VIP participants to heal from trauma by making healthy community connections, addressing one's most basic needs to support collective goals, and participating and engaging in the requirements of probation or sentencing alternatives.	
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: The MetroHealth System 2500 MetroHealth Dr. Cleveland, OH 44109	Owner, executive director, other (specify): Michael L. Stern, EVP and Chief Operating Officer
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. Contract Amendment *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:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Significant delay in receiving documents from MetroHealth, including the COI (and approval of insurance language).	
Timeline: Project/Procurement Start Date (date your team started working on this item):	June 16, 2023.
Date documents were requested from vendor:	June 16, 2023, and August 10, 2023
Date of insurance approval from risk manager:	October 18, 2023 (delay due to provider COI issues)
Date Department of Law approved Contract:	October 5, 2023
Date item was entered and released in Infor:	October 26, 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) 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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2023-753

Scope of Work Summary

Public Safety and Justice Services and behalf of the Sheriff’s Department requesting approval of a memorandum of understanding with the MetroHealth System for the anticipated cost of \$0.00.

The MOU is to asset transfer old mobile radios that are no longer needed by the Sheriff’s Department to other public safety agencies in the county that are able to use them. The anticipated start-completion dates are 11/20/2023 – upon receiving the radios.

The primary goal of the project is to transfer old assets that are no longer needed by the county to other public safety agencies. Without the MOUs these assets would be scrapped.

Contractor and Project Information

The MetroHealth System
 2500 Metrohealth Dr.
 Cleveland, OH 44109

The President of MetroHealth is Olusegun Ishmael, MD

BC2023-754

Title	2023; Amendment 1; City of Cleveland for Victim Services; Office on Violence Against Women-Improving Criminal Justice Responses.
Department or Agency Name	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.
O	1888	The City of Cleveland	10/26/2021 – 9/30/2023	\$415,125.00.	10/25/21	BC2021-602
A	1888	The City of Cleveland	10/26/2021 – 9/30/2025	N/A	TBD	TBD

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 With this action, Public Safety and Justice Services is requesting an amendment of contract 1888 with subrecipient The City of Cleveland to extend time through 9/30/2025 at no additional cost.
 Cleveland Police will be responsible for enforcing warrants prioritized by the High-Risk Team (HRT) and submitted to them by the High-Risk Team Captain.

Public Safety and Justice Services received a time extension to it's OVWFY 2020 Improving Criminal Justice Response to Domestic Violence, Dating violence, Sexual Assault and Stalking Grant.

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

Project Goals, Outcomes or Purpose (list 3):

1. Maintain the domestic violence detective bureau.
2. Continued collaboration with Witness Victim Service Center and the Journey Center for Safety and Healing for law enforcement officers who work on the Domestic Violence High Risk Team.
3. Ensure that Law Enforcement continues the use of the DA-LE (Danger Assessment for Law Enforcement).

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:	If applicable provide the full address or list the municipality(ies) impacted by the project.
The City of Cleveland 601 Lakeside Avenue East Cleveland, Ohio 44114	Council Districts 2, 3, 7, 8, 9, 10.
Vendor Council District:	Owner, executive director, other (specify):
Council Districts 2, 3, 7, 8, 9, 10.	The Mayor of Cleveland is Justin Bibb

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. The application submitted to the Department of Justice Office of Violence Against Women required the inclusion of collaborative partners as part of the submission process. The City of Cleveland, in collaboration with Witness Victim Service Center was named as one of the partners who will provide services to victims of domestic violence through their Domestic Violence High Risk Team. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) Original Contract was an Exemption <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: N/A	
<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 checked="" 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 (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% by grant funding awarded through the Department of Justice Office on Violence Against Women 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 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: Documents from vendor were not received until 10/4/2023,	
Timeline:	9/8/2023

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	9/12/2023
Date of insurance approval from risk manager:	10/13/2023
Date Department of Law approved Contract:	9/7/2023
Date item was entered and released in Infor:	10/26/2023
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Corrections Needed on 10/31/2023, re released with correction on 11/2/2023	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A – This is an amendment to Contract CM1888

BC2023-755

(See related items for proposed travel/memberships for the week of 11/20/2023 in Section D above).

BC2023-756

(See related items for proposed purchases for the week of 11/20/2023 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Title	ADDENDUM - Contract Amendment (FY 2024-2025) - Ohio Department of Rehabilitation and Correction (ODRC), Division of Parole and Community Services, Bureau of Community Sanctions to the FY2024-2025 Local Incarceration Program (LIP) Grant Agreement with the Cuyahoga County Sheriff's Department	
Department or Agency Name	Cuyahoga County Sheriff's Department	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input 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 Rehabilitatio	FY 2024-2025 (July 2023 – June 2025	Old Amount: \$400,008.00		Consent Item Approval No. CON2023-83

		n and Correction				
Amendment		Ohio Department of Rehabilitation and Correction	FY 2024-2025 (July 2023 – June 2025)	New Amount: \$420,008.00 (an increase of \$20,000.00 in funds).		Consent Item Approval No. CON2023-99
Addendum		Ohio Department of Rehabilitation and Correction	FY 2024-2025 (July 2023 – June 2025)	Same amount of \$420,008.00.		

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

The County Executive needs to sign the Addendum which now provides previously missing paragraphs 27. Liability and 28. Civil Rights Assurance language.

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):

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. 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: 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 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 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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Item No. 2

Scope of Work Summary

Public Safety & Justice Services is requesting acceptance and approval of a First Amendment to the FY22 State Homeland Security Grant Program (SHSP) grant award with Ohio Emergency Management Agency (OEMA) for the additional amount of \$125,468.00.

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

Describe the exact services being provided. Submitting an Amendment to the FY22 State Homeland Security Grant Program award, increasing the award by \$125,468.00, for Cuyahoga County HazMat Teams Sustainment of Response Capabilities. PSJS submitted this application to OEMA in September, 2022. It was initially not awarded by OEMA. OEMA subsequently has made the award available for HazMat Sustainment.

The primary goals of the project is to provide funds to build response capabilities at the state and local level though planning, equipment, training and exercise activities, and to implement the goals and objectives included in the State Investment Justification and State Homeland Security Strategy.

Procurement

Cuyahoga County accepted the initial FY22 SHSP award – CON2022-107. This is the first Amendment to the grant award. Ohio EMA makes the final decision on qualified projects, as all projects at the county/regional level must line up with the SHSP application submitted by Ohio EMA approved by FEMA. OEMA additional funding for which they chose the Cuyahoga HazMat as the award recipient.

Contractor and Project Information

Ohio Emergency Management Agency
2855 W. Dublin-Granville Road

Columbus, Ohio 43235
Council District NA

The Executive Director of Ohio EMA is Sima Merick.

The project is located in Council District – All Districts

Project Status and Planning

The grant award reoccurs annually based on federal prioritization and funding by the Executive Branch. The FY2022 State Homeland Security Grant Program is a competitive grant by OEMA, which originally awarded Cuyahoga County funding for two (2) of eight (8) projects submitted. This Amendment makes three (3) funded projects.

The project's term began on 9.1.2022. The timeline for the grant award is 9.1.2022 – 12.31.2024. This Amendment is submitted late due to Ohio EMA providing the County with Amendment on 11.3.2023.

Funding

The project is funded 100% by the Grant.

Item No. 3

Scope of Work Summary

The Department of Public Safety and Justice Services is requesting authority to apply for the Title II Juvenile Justice and Delinquency Prevention Act Grant Administrative funds in the amount of \$10,000.00 for the time period of 10/1/2023 to 12/31/2024.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number.
CON2022-79

Describe the exact services being provided. The service is FY23 JJDP Administrative Grant. The anticipated start-completion dates are 10/1/2023 – 12/31/2024.

The primary goal of the funding for this grant is to manage the JJDP 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 three (3) projects that will be awarded funding through the JJDP block grant.

The Ohio Department of Youth Services is the State issuing 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

The funds for this grant are 100% funded through the Ohio Department of Youth Services.

The schedule of payments is monthly.

Item No. 4

Scope of Work Summary

The Department of Public Safety and Justice Services is requesting authority to apply for the FY23 Title II Juvenile Justice and Delinquency Prevention Act Grant (JJDP) Block grant funds in the amount of \$190,000.00, for the time period of 10/1/2023 to 6/30/2025.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number.
CON2022-80

Describe the exact services being provided. The funds are to enter into contract with the subrecipients recommended by the JJDP Allocation Committee for FY23 JJDP funding. The anticipated start-completion dates are 10/1/2023 – 3/31/2025.

The primary goal of the funding for this grant is to allocate funding to the projects selected by the JJDP Allocation Committee. The subgrant programs provide crucial support for state programs that assist communities to take a comprehensive approach to juvenile crime prevention and to address the needs of vulnerable youth in the area of Racial and Ethnic Disparities planning program.

Procurement

The block funding is allocated by the Ohio Department of Youth 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 August 3, 2023 – 10/30/2023.

Contractor and Project Information

Project location and service delivery will occur throughout Cuyahoga County. Oversight will occur for the three (3) projects that will be awarded funding through the JJDP block grant.

The Ohio Department of Youth Services is the State issuing the Block award.

Project Status and Planning

There are three projects that were recommended for funding by the JJDP Allocation Committee. Project start and end dates are 10/1/2023 3/31/2025. Funding recurs annually if funding is available from the awarding agency. The projects which were chosen are:

Golden Ciphers Inc. (\$71,416.00)
Cleveland Rape Crisis Center (\$72,745.50)
Shaker Heights Police Department (\$45,838.50)

Funding

The funds for this grant are funded through an award for the Title II Juvenile Justice and Delinquency Prevention Grant through the Ohio Department of Youth. Subrecipients are reimbursed by Cuyahoga County for services provided through monthly invoices.

The schedule of payments is monthly.

Item No. 5

Title	HHS: Office of the Director 2023; Tuberculosis/Healthcare-Associated Infections Program supplemental (Grant) for Ukrainian Humanitarian Parolees.
Department or Agency Name	Health and Human Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Grant

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
2020 Grant	N/A	Ohio Department of Health	10/19/2020 – 12/31/2020	\$76,000.00	11/30/2020	ION #3
2021 Grant	N/A	Ohio Department of Health	9/1/2021 – 12/31/2021	\$60,750.00	11/22/2021	CON2021-120
2022 Grant	N/A	Ohio Department of Health	5/21/2022 – 12/31/2022	\$40,000.00	9/27/2022	CON2022-72
2023 Grant	N/A	Ohio Department of Health	8/21/2023 – 9/30/2023	\$150,000.00	8/21/2023	CON2023-90

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

On April 21, 2022, President Biden announced [Uniting for Ukraine](#) (U4U), which provides a safe and orderly process for displaced Ukrainians who have been impacted by Russia’s invasion to come to the United States. All people two years of age or older will need to be screened for potential TB infection or disease by getting an interferon-gamma release assay (IGRA) test within 90 days after arrival to the United States. In support of U4U, the Centers for Disease Control and Prevention (CDC) created a supplement to the Tuberculosis (TB) Elimination and Laboratory Cooperative Agreement and awarded the Ohio Department of Health (ODH)

This is a supplemental grant award to local tuberculosis (TB) control units to support activities related to screening, evaluation, and treatment of latent TB infection and TB disease for Ukrainian Humanitarian Parolees to reduce morbidity and mortality caused by TB.

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): a. The primary goal of this grant is to reduce morbidity and mortality caused by Tuberculosis among Ukrainian Humanitarian Parolees b. provide reimbursement for the cost of public health activities associated with reporting, investigation, and case management of tuberculosis
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: Ohio Department of Health	Owner, executive director, other (specify): Sarah Mitchell
246 N. High Street Columbus, OH 43215	
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 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: Grant Agreement

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 project is funded 100% by the Ohio Department of Health
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Item No. 6

Department of Health and Human Services/Office of Child Support Services Grant Award Acceptance from the U.S. Department of Health and Human Services Administration for Children and Families to operate year 2 of the Safe Access for Victims’ Economic Security (SAVES) demonstration grant.

Scope of Work Summary

Office of Child Support Services requesting approval to accept the year 2 grant award for the Safe Access for Victims’ Economic Security (SAVES) Demonstration HHS-2022-ACF-OCSE-FD-0017 in the anticipated amount of \$31,500.00. The Safe Access for Victims’ Economic Security Demonstration Grant award has a 5-year project period from September 1, 2022 through August 31, 2027.

The Safe Access for Victims’ Economic Security Demonstration Grant is not new to the County. Prior Board Approval Number or Resolution Numbers are below:

- BC2023-19 1/09/2023
- BC2023-484 7/31/2023

Describe the exact services being provided.

Safe Access for Victims’ Economic Security Demonstration will expand on Ohio’s current domestic violence (DV) initiative that focuses on providing education, awareness, and policy and procedure advancement to all child support enforcement agencies (CSEA) throughout the state. The SAVES project will provide opportunities to further develop and implement consistent and enhanced safe services to families in Cuyahoga County, Ohio. The Office of Child Support (OCS) will partner with the Ohio Domestic Violence Network (ODVN) as their primary partner in strengthening the Ohio child support program’s response to domestic violence.

The anticipated start-completion dates are 09/01/2022-08/31/2027.

The primary goals of the project are (list 2 to 3 goals).

Increased awareness of domestic violence.

Provide increased safe access to child support and parenting time services to domestic violence victims/survivors who are currently receiving child support and to those who are not receiving child support and need it.

To establish partnerships with programs who serve domestic violence victims/survivors to develop and implement a cross system, coordinated response to their needs.

The services will be provided to all Cuyahoga County residents, as appropriate.

Procurement

The procurement method for this project was grant agreement with funding awarded under the federal SAVES demonstration grant. The total value of year 2 of the funding to Cuyahoga County is estimated to be \$31,500.00.

Contractor and Project Information

Grant provided by U.S. Department of Health and Huma Services Administration for Children and Families
330 C Street SW
Washington, DC 20201
Council District (N/A)

Federal Grant award from the Administration for Children and Families.

The project will provide services to all Cuyahoga County residents, as appropriate.

The project is located in Council District (all districts are included).

Project Status and Planning

The project is a 5-year demonstration grant renewable annually for the budget annual periods 09/01/2022- 08/31/2027. We are seeking approval to accept year-2 grant award.

Funding

The project is 100% federally funded. The estimated budget for Cuyahoga County is \$31,500 for the second year of the grant project. Of this amount, the 66% in Federal Financial Participation (FFP) is \$20,790, and the 34% in federal grant funds is \$10,710.

The schedule of payments is twice annually.

Item No. 7

Title	BJA FY22 – Second Chance Act Pay for Success Initiative Grant Award
Department or Agency Name	Office of Reentry
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Grant Award

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
0	N/A	Cuyahoga County	10/1/2022 – 3/31/2027	\$1,000,000.00	Pending	Pending

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

Cuyahoga County Office of Reentry will expand and enhance its reentry services to at least 450 citizens, of moderate to high risk of re-offending, returning from incarceration to Cuyahoga County, Ohio. Transition specialists will meet, conduct needs assessments, and work with program participants who are within 90 days of their expected release.

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 goal of the program is reducing recidivism and achieving housing, education, and employment advancement among restored citizens in Cuyahoga County

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: Cuyahoga County	Owner, executive director, other (specify): Fred Bolotin, Grant Award Administrator
9830 Lorain Ave Cleveland, OH 44102	
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 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: Grant Award

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 (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% - BJA 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 type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): \$1,000,000.00 Grant Award to Cuyahoga County, Office of Reentry

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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A

Item No. 8

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 11/17/2023 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT