



**Cuyahoga County Board of Control Agenda
Monday, April 29, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:
<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 4/22/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-309

Department of Public Works, submitting an amendment to a Loan Agreement with Ohio Department of Transportation/State Infrastructure Bank for the Royalton Road Widening Project in the City of North Royalton to replace the terms of Section 1.2 Final Disbursement Date and Article III, Section 3.9 Completion Date; no additional funds required effective upon contract signature of all parties.

Funding Source: Northeast Ohio Areawide Coordinating Agency (NOACA) 100% of the Principal Amount and 80% of the interest and administrative fees and 20% Cuyahoga County.

BC2024-310

Department of Public Works, submitting an amendment to Contract No. 2762 with Schirmer Construction, LLC for replacement of Crestwood Lane Culvert No. C-00.24 over a creek to the West Branch of Rocky River and Eastwood Lane Culvert No. C-00.08 over a creek to the West Branch of Rocky River in Olmsted Township for additional funds in the amount not-to-exceed \$170,964.55.

Funding Source: County Motor Vehicle \$7.50 License Tax Funds

BC2024-311

Department of Public Works, submitting an amendment to Contract No. 3957 (formerly Contract No. 1226) with W. B. Mason Company, Inc. for furnishing and delivery of reprographic paper to various County

departments and agencies for the period 5/1/2021 – 4/30/2024 to extend the time period to 8/31/2024 and for additional funds in the amount not-to-exceed \$46,000.00.

Funding Source: General Fund

BC2024-312

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Johnson Controls, Inc. in the amount not-to-exceed \$30,000.00 for a state contract purchase of fire suppression system parts and maintenance services for the period 4/29/2024 - 4/28/2026.
- b) Recommending an award and enter into Contract No. 4033 with Johnson Controls, Inc. in the amount not-to-exceed \$30,000.00 for a state contract purchase of fire suppression system parts and maintenance services for the period 4/29/2024 - 4/28/2026.

Funding Source: General Fund

BC2024-313

Department of Workforce Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to EHA Solutions in the amount not-to-exceed \$5,000.00 for human resources and operational supportive services for organizational restructuring effective upon contract signatures of all parties through 7/31/2024.
- b) Recommending an award and enter into Contract No. 4324 with EHA Solutions in the amount not-to-exceed \$5,000.00 for human resources and operational supportive services for organizational restructuring effective upon contract signatures of all parties through 7/31/2024.

Funding Source: Workforce Innovation and Opportunity Act

BC2024-314

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 \$11,002.27 for a state contract purchase of (1) each Galaxy access control panel and Dual Reader Module, (4) card readers, and various equipment, installation, and programming services for upgrades to the Enterprise Network Security Systems at the Virgil E. Brown Building for the Department of Health and Human Services/Office of Child Support Services.
- b) Recommending an award on Purchase Order No. 24001568 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$11,002.27 for a state contract purchase of (1) each Galaxy access control panel and Dual Reader Module, (4) card readers, and various equipment, installation, and

programming services for upgrades to the Enterprise Network Security Systems at the Virgil E. Brown Building for the Department of Health and Human Services/Office of Child Support Services.

Funding Source: 66% Title IV-D and 34% Health and Human Services Levy Fund

BC2024-315

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$62,457.29 for a state contract purchase of various equipment, installation, and programming services (1) video recording server, (16) surveillance cameras, including licensing and support for upgrades to surveillance equipment located at 1642 Lakeside Avenue, Cleveland.
- b) Recommending an award on Purchase Order No. 24001573 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$62,457.29 for a state contract purchase of various equipment, installation, and programming services (1) video recording server, (16) surveillance cameras, including licensing and support for upgrades to surveillance equipment located at 1642 Lakeside Avenue, Cleveland.

Funding Source: General Fund

BC2024-316

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 \$24,737.57 for a state contract purchase of (1) each Fortinet FortiGate firewall and Arista Switch, (4) Axis transceivers, related accessories, installation, and programming services, and (12) 1-Month A-Care Software replacement services for the Cuyahoga County Corrections Center.
- b) Recommending an award on Purchase Order No. 24001578 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$24,737.57 for a state contract purchase of (1) each Fortinet FortiGate firewall and Arista Switch, (4) Axis transceivers, related accessories, installation, and programming services, and (12) 1-Month A-Care Software replacement services for the Cuyahoga County Corrections Center.

Funding Source: General Fund

BC2024-317

Department of Information Technology on behalf of the Fiscal Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Spatialest, Inc. in the amount not-to-exceed \$238,500.00 for the purchase of annual support and maintenance on AppraisalEst GIS software toolset and ComperPro software hosting services, data updates, support, and maintenance for the period 9/28/2023 – 9/27/2026.

b) Recommending an award and enter into Contract No. 4360 with Spatalest, Inc. in the amount not-to-exceed \$238,500.00 for the purchase of annual support and maintenance on AppraisalEst GIS software toolset and ComperPro software hosting services, data updates, support, and maintenance for the period 9/28/2023 – 9/27/2026.

Funding Source: Real Estate Assessment Fund

BC2024-318

Department of Human Resources, recommending an award and enter into Purchase Order No. 24001696 with Cleveland State University in the amount not-to-exceed \$32,000.00 for Leadership Training for (10) employees for the period 5/3/2024 – 4/11/2025.

Funding Source: 90% General Fund and 10% Health and Human Services Levy Fund

BC2024-319

Department of Law, submitting an amendment to Contract No. 1472 (formerly Contract No. CE1400416) with Matrix Pointe Software, LLC for maintenance and support on the Matrix Civil Electronic Document and Records Management System for the period 3/1/2014 - 2/28/2024 to extend the time period to 2/28/2025 and for additional funds in the amount not-to-exceed \$23,700.00.

Funding Source: General Fund

BC2024-320

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3226 (formerly Contract No. 265 and CE1700028) with UKG Kronos Systems, LLC (formerly known as Kronos Incorporated) for maintenance and software support services on the Comprehensive Human Resources Management System for the period 4/1/2017 – 3/31/2024, to extend the time period to 3/31/2025 and for additional funds in the amount not-to-exceed \$48,056.78.

Funding Source: General Fund

BC2024-321

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 4376 with City of Bedford Heights in the amount not-to-exceed \$2,700.00 for Community Diversion Program services for the period 1/1/2024-12/31/2024.

Funding Source: Health and Human Services Levy Fund

BC2024-322

Sheriff's Department,

a) Submitting an RFP exemption, which will result in an award recommendation to Trinity Services Group, Inc. in the amount not-to-exceed \$12,711.83 for purchase of food and related services for 2024 National Correctional Officer's Week.

- b) Recommending an award on Purchase Order No. 24001075 to Trinity Services Group, Inc. in the amount not-to-exceed \$12,711.83 for purchase of food and related services for 2024 National Correctional Officer's Week.

Funding Source: General Fund

BC2024-323

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to BRM OH MGMT, LLC dba The Family Pet Clinic in the amount not-to-exceed \$15,000.00 for emergency and routine veterinary services for the Correction Officers' K-9 unit 4/29/2024 - 12/31/2024.
- b) Recommending an award on Purchase Order No. 24001695 to BRM OH MGMT, LLC dba The Family Pet Clinic in the amount not-to-exceed \$15,000.00 for emergency and routine veterinary services for the Correction Officers' K-9 unit 4/29/2024 - 12/31/2024.

Funding Source: General Fund

BC2024-324

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to SymbolArts LLC in the amount not-to-exceed \$5,731.70 for the purchase of (710) See Something Say Something coins for the Northeast Ohio Regional Fusion Center to promote suspicious activity reporting.
- b) Recommending an award on Purchase Order No. 24001364 to SymbolArts LLC in the amount not-to-exceed \$5,731.70 for the purchase of (710) See Something Say Something coins for the Northeast Ohio Regional Fusion Center to promote suspicious activity reporting.

Funding Source: State Homeland Security Program – Law Enforcement Grant FY21

BC2024-325

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to a Master Contract with various providers for the Teen Pregnancy Prevention Program for the period 1/1/2024-12/31/2025, to amend the terms of Exhibit II Budget, effective upon contract signatures of all parties and for additional funds in the total amount not-to-exceed \$164,000.00.

- a) Contract No. 4173 (formerly Contract No. 3942) with Planned Parenthood of Greater Ohio in the anticipated amount of \$110,000.00.
- b) Contract No. 3944 with Beech Brook in the anticipated amount of \$54,000.00.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-326

Medical Examiner’s Office, recommending to amend Board Approval No. BC2021-333, dated July 6, 2021, which authorized an alternative procurement process, which resulted in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 for outside toxicology testing services for the period 6/1/2021 - 5/31/2024 to extend the time period to 5/31/2027 and to add (1) new provider, no additional funds required.

Current providers

- a) Axis Forensic Toxicology, Inc.
- b) Cleveland Clinic
- c) National Medical Services dba NMS Labs
- d) The MetroHealth System
- e) University Hospital

New provider, effective 4/29/2024

- a) Ambry Genetics Corporation

Funding Source: Medical Examiner’s Office Crime Lab Fund

D. – Consent Agenda

BC2024-327

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount not-to-exceed \$1.00 for the month of April 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-328

Fiscal Department, presenting proposed travel/membership requests for the week of 4/29/2024:

Dept:	Department of Regional Collaboration							
Event:	City Nation Place Americas 2024							
Source:	City Nation Place Ltd							
Location:	Houston, Tx							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Christopher Alvarado	5/14/2024-5/15/2024	\$699.00	\$100.00	\$375.00	\$80.00	\$400.00	\$1,654.00	General Fund
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*Paid to host

**Staff reimbursement

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

Purpose:

The City Nation Place Americas conference brings together place leaders from across the USA and Canada to join the dots between economic development, tourism, and quality of life for their communities, with an emphasis on learning from practical examples of collaborative approaches, building more successful place economies, and focusing on the challenges and opportunities that early adopters are exploring.

Dept:	County Executive’s Office							
Event:	Global Ambassadors 2023-2024 Cohort							
Source:	Cleveland Council on World Affairs							
Location:	Helsinki, Finland and Madrid, Spain							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Annie Pease	5/1/2024 – 5/15/2024	\$300.00	\$0	\$0	\$0	\$0	\$300.00	General Fund

*Paid to host

**Staff reimbursement

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

**** All expenses will be paid by the Cleveland Council on World Affairs except for the Registration.

- Registration-\$0.00
 - Meals-\$600.00
 - Lodging-\$2,700
 - Ground TRN/Mileage- \$900.00
 - Airfare -\$2,500.00
- Total: \$6,700.00

Purpose:

The Global Ambassadors program through the Cleveland Council on World Affairs is a leadership development and international study tour program. The program includes an 8-month leadership development program and a trip to Helsinki, Finland and Madrid, Spain. This opportunity allows Annie to network and share more about the County’s work towards a more connected, sustainable housing and transportation network – and to learn from professionals abroad.

BC2024-329

Department of Purchasing, presenting proposed purchases for the week of 4/29/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001651	(6) New all-in-one video bars and (1) all-in-one video controller kit	Department of Health and Human Services	MNJ Technologies Direct	\$33,340.00	American Rescue Plan Act (ARPA) Fund
24001678	1-year subscription renewal of (8) Redgate SQL Toolbelt Essentials licenses	Department of Information Technology	Brown Enterprise Solutions	\$9,627.04	General Fund
24001603	(4) Safety resistant TV enclosures for use by the Metzenbaum Project	Department of Public Works	Behavioral Safety Products, LLC	\$8,716.88	General Fund
24001607	Various automotive parts for use by Fleet Services	Department of Public Works	Ken Ganley Ford West	Not-to-exceed \$30,000.00	General Fund
24001626	ProQuest Annual Subscription Renewal for County Archives	Department of Public Works	ProQuest LLC	\$5,618.55	General Fund
24001663	Various replacement auto parts	Department of Public Works	NAPA Auto Parts	Not-to-exceed \$49,999.00	50% Sanitary Fund, 20% Road and Bridge Fund and 30% General Fund
24001677	On-site build-out of (1) Ford F-150 Lightning truck for the Sheriff's Department with light and siren package	Department of Public Works	Hall Public Safety Upfitters	\$16,915.55	Federal Equitable Sharing Account (FESA) Fund
24001687	On-site build-out of (10) Chevy Equinox vehicles for the Sheriff's Department with K9 cage packages	Department of Public Works	Hall Public Safety Upfitters	\$18,839.80	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001664	Factory Authorized – Various O-rings, pumps and miscellaneous parts*	Department of Public Works	The Craun-Liebing Company	\$7,821.40	Sanitary Fund
24001618	Out-of-home emergency placement services for the period 3/1/2024 – 3/31/2024**	Division of Children and Family Services	Blended Family Home, LLC	\$27,900.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24001708	Out-of-home emergency placement services for the period 1/1/2024 – 1/31/2024 and 2/1/2024 – 2/29/2024**	Division of Children and Family Services	Blended Family Home, LLC	\$35,100.00	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

Department of Public Works, submitting an amendment to a grant agreement Ohio Department of Public Safety, Emergency Management Agency in the amount of \$2,400,000.00 for the Cuyahoga County Shoreline Erosion Mitigation Plan for the period 7/27/2022 – 7/27/2024, to extend the time period to 7/27/2025; no additional funds required.

Funding Source: The \$2.4 million grant award includes \$2,160,000 in federal funding from the U.S. Department of Homeland Security, Federal Emergency Management Agency, passed through the Ohio Department of Public Safety, Ohio Emergency Management Agency. A local cost share of \$240,000 is required per the grant agreement. The funding source of the cost share is General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services.

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with State of Ohio Emergency Management Agency for the FY2021 State Homeland Security Law Enforcement Grant Program for the period 9/1/2021 – 6/30/2024 to extend the time period to 12/31/2024; effective upon signature of all parties; no additional funds required.

Funding Source: State Homeland Security Program Law Enforcement Fund

Item No. 3

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the State of Ohio Emergency Management Agency for the FY2021 State Homeland Security Grant Program for the period 9/1/2021 – 6/30/2024 to extend the time period to 12/31/2024; effective upon signature of all parties; no additional funds required.

Funding Source: State Homeland Security Grant Program

Item No. 4

Cuyahoga County Law Library, submitting a grant agreement with Statewide Consortium of County Law Library Resources Boards in the amount not-to-exceed \$3,168.11 for the purchase of (5) Cisco 8851 VoIP Phones; (2) Full HD Webcams; (6) headphones; various software, (1) ONYX Postage and shipping Scale and (2) Professional Memberships in the American Association of Law Libraries effective upon signatures of all parties through 12/31/2024.

Funding Source: Statewide Consortium of County Law Library Resources Board

Item No. 5

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
R2020-0100	Resurfacing of Rockside Road from East 141 st Street to Sector Drive in the City of Maple Heights – Council District 8	\$2,180,000.00	N/A	\$2,352,000.00 – Federal Fund \$294,000.00 – Road and Bridge Fund \$294,000.00 – City of North Olmsted	4/22/2024 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, April 22, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:02 a.m.

Attending:

Zoe Toscos, Special Projects Manager (Alternate for Chris Ronayne, County Executive)
Lisa Rocco, Director of Operations, Fiscal Office (Alternate for Michael Chambers)
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 4/15/2024

Dale Miller motioned to approve the minutes from the April 15, 2024, meeting; Trevor McAleer seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-301

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to DLAJ, Inc. for operation of a limited beverage and food service Kiosk on the lower level of the Galleria in the Justice Center Complex located at 1200 Ontario Street, Cleveland for the period 1/1/2024 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 4301 with DLAJ, Inc. for operation of a limited beverage and food service Kiosk on the lower level of the Galleria in the Justice Center Complex located at 1200 Ontario Street, Cleveland for the period 1/1/2024 – 12/31/2024.

Funding Source: Not applicable

Thomas Pavich, Department of Public Works, presented. Dale Miller asked can you provide me with a little more information about the vendor and who they are; asked is the County making money from this. Lisa Rocco motioned to approve the item; Paul Porter seconded. Item BC2024-301 was approved by unanimous vote.

BC2024-302

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2962 (formerly Contract No. 848 and CE1900374) with Case Western Reserve University for high-fidelity wrap around monitoring services for the period 11/1/2019-6/30/2023 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$15,000.00.

Funding Source: RECLAIM Grant

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Lisa Rocco motioned to approve the item; Trevor McAleer seconded. Item BC2024-302 was approved by unanimous vote.

BC2024-303

Clerk of Courts, recommending an award on Purchase Order No. 24001390 to the United States Postal Service in the amount not-to-exceed \$475,000.00 for the purchase of refill postage for the period 5/1/2024 – 8/31/2024, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

Angela Williamson, Clerk of Courts. There were no questions. Dale Miller motioned to approve the item; Levine Ross seconded. Item BC2024-303 was approved by unanimous vote.

BC2024-304

Department of Public Safety and Justice Services on behalf of the County Executive’s Office, recommending an award and enter into Agreement No. 4361 with City of Shaker Heights in the amount not-to-exceed \$275,000.00 for the First Call Cuyahoga Mental Health Response Team Program (MHRT) effective upon contract signatures of all parties through 5/31/2025.

Funding Source: 73% The George Gund Foundation \$200,000.00 and 27% General Fund \$75,000.00

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Dale Miller motioned to approve the item; Trevor McAleer seconded. Item BC2024-304 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Lisa Rocco motioned to approve Consent Agenda Item No. BC2024-305 through BC2024-308; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-305

Department of Information Technology, on behalf of the Department of Health and Human Services/Division of Children and Family Services recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount not-to-exceed \$1.00 for the month of April 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-306

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3673 (formerly Contract No. 1031) with Americab Transportation, Inc. for nonemergency transportation services for ambulatory Medicaid-eligible individuals in Cuyahoga County for the period of 3/1/2021 – 2/28/2025 to change the terms, effective 4/1/2024; no additional funds required.

Funding Source: Federal/Medicaid Funds

BC2024-307

Fiscal Department, presenting proposed travel/membership requests for the week of 4/22/2024:

Dept:	Department of Development							
Event:	49 th NACCED Annual Educational Conference and Training							
Source:	National Association for County Community and Economic Development							
Location:	Tulsa, OK							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	9/16/2024 – 9/19/2024	\$635.00	\$141.00	\$520.84	\$92.00	\$569.20	\$1,958.04	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attend the 2024 National Association for County Community and Economic Development conference.

BC2024-308

Department of Purchasing, presenting proposed purchases for the week of 4/22/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24000945	Various Ford-brand parts to service County vehicles	Department of Public Works	Valley Ford Truck	Not-to-exceed \$49,000.00	69% Sanitary Fund and 31% Road and Bridge Fund
24000979	Various sheet metal materials and supplies for use by the Facilities Division	Department of Public Works	Mussun Sales, Inc.	Not-to-exceed \$20,000.00	General Fund
24001322	(1) Replacement, new, never titled, white 2023 Chevrolet Transit Connect Cargo Van	Department of Public Works	Sarchione Ford of Alliance	\$38,035.00	General Fund
24001486	Various replacement brushes for the broom vehicle at the County Airport	Department of Public Works	United Rotary Brush Corporation	\$10,377.50	General Fund
24001615	Purchase of various hydraulic and truck parts on an as needed basis	Department of Public Works	Abel Truck Parts	Not-to-exceed \$35,000.00	71% Sanitary Fund and 29% Road and Bridge Funds

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a License Agreement with Cleveland Superior, LLC (via Contract No. 4333) for the County's preparation of 1801 Superior Avenue, Cleveland for use by the Board of Elections as an early voting facility for the November 2024 general election, effective upon contract signatures of all parties through project completion.

Funding Source: Not applicable

Item No. 2

Department of Public Works, submitting a Revocable License Agreement to Olmsted Township to construct and maintain a sign, landscaping, lighting, and lighting conduit, attachments, and appurtenances within the public right-of-way of Bagley Road and Fitch Road intersections in Olmsted Township.

Funding Source: Not applicable

Item No. 3

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
R2020-0100	Resurfacing of Rockside Road from East 141 st Street to Sector Drive in the City of Maple Heights – Council District 8	\$2,180,000.00	\$2,940,000.00	\$2,352,000.00 – Federal Fund \$294,000.00 – Road and Bridge Fund \$294,000.00 – City of North Olmsted	4/12/2024 (Executive)
R2023-0197	Rehabilitation of North Marginal Road Connector from East 9th Street to East 55th Street in the City of Cleveland – Council District 7	\$12,084,048.00	\$11,514,048	\$5,684,048.00 - Federal Northeast Ohio Area Coordination Agency (4CD7) \$5,000,000.00 - Cleveland Metroparks \$700,000.00 County Road and Bridge \$130,000.00 from City of Cleveland	4/10/2024 (Executive) 4/15/2024 (Law)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Lisa Rocco motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:10 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-309

Public Works Requests Approval of an Amendment to a Loan Agreement with NOACA and ODOT for the widening of Royalton Road SR 82 in the City of North Royalton

Scope of Work Summary

The Public Works Department is requesting approval of an Amendment to a Loan Agreement with NOACA and ODOT for the widening of Royalton Road SR 82 in the City of North Royalton. The Amendment will make a change to the Final Disbursement Date and Completion Date. The primary goal of this request is approval of the Loan Agreement Amendment.

District 5

Procurement – N/A

Contractor and Project Information

The location of the project is Royalton Road in the City of North Royalton. The project is located in Council District 5.

Project Status and Planning

The project is not new to the County.
N/A.
Funding
N/A.

BC2024-310

Title	Crestwood-Eastwood Culverts AMD #1 (FINAL)	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/	Approval No.
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					Council's Journal Date	
O	2762	Schirmer Construction	N/A	\$ 1,598,700.00	October 25 th , 2022	R2022-0369
A-1	2762	Schirmer Construction		\$170,964.55	PENDING	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Replacement of the two existing deficient corrugated steel arch culverts carrying Crestwood Lane and Eastwood Lane over a creek to the west branch of the Rocky River. The existing arches will be replaced by precast or cast-in-place concrete box culverts, with gabion wall, concrete slope protection or rock channel protection.

11/1/2022 with design work, construction beginning 5/1/2023 and completion on 11/1/2023. Moved back to June, 2024.

For purchases of furniture, computers, vehicles: Additional Replacement
 Age of items being replaced: _____ How will replaced items be disposed of?
 Project Goals, Outcomes or Purpose (list 3): See above.

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):
Schirmer Construction, LLC 31350 Industrial Parkway North Olmsted, OH 44070	Nick Iagfigliola
Vendor Council District: 1	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input checked="" 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: \$1,500,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 6 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE (17%) MBE (6%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SBE SET ASIDE	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Only Bid Submitted	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? We Accepted the Only/Lowest Bid	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. The project is funded 100% by county funds. \$7.50 tax fund.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: N/A	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	

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

HISTORY (see instructions): See chart above

BC2024-311

Title	Public Works /WB Mason Company, Inc. / Contract Amendment/ RQ #5017 / Furnish and Delivery of Reprographic Paper to Various County Agencies
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CM3957	WB Mason Company, Inc.	5.25.2021 – 4.30.2024	\$870,000.00	5.25.2021	R2021-0118
A	CM3957	WB Mason Company, Inc.	5.1.2024 8.31.2024	\$46,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Public Works is requesting approval of a contract, per the chart above, to add \$46,000 to this contract and to extend it 4 months. This contract is to furnish and deliver reprographic paper to various county agencies.</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3): This amendment will add an additional \$46,000.00 to the contract and extend it for an additional 4 months to furnish and deliver reprographic paper to various county agencies. This amendment will allow time for Public Works to repost this RFP out for the next contract.</p> <p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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)

WB Mason Company, Inc. 59 Center Street Brockton, MA 02303	Owner, executive director, other (specify): Daniel Orr, Jr. – Senior Vice President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <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 still active was previously competitively bid. Public Works is requesting authorization to amend the contract by adding an additional \$46,000 and extending the term until August 31, 2024, (4 months). *See Justification for additional information.
The total value of the solicitation: \$46,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<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 Formal Bid</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. General Funds – PW780100 / 52050
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): see chart above

BC2024-312

Title	Public Works /Johnson Controls, Inc. / Contract / RQ #none /2 year contract for Fire Protection Maintenance and Parts for various County buildings for the Facilities Division of Public Works
Department or Agency Name	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	CM4033	Johnson Controls, Inc.	4.29.2024 – 4.28.2026	\$30,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Public Works is requesting approval of a contract, per the chart above, to secure a 2 year contract for Fire Protection Maintenance and Parts for various County buildings.

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

Project Goals, Outcomes or Purpose (list 3):
To secure a 2 year contract for Fire Protection Maintenance and Parts for various County buildings.

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: Johnson Controls, Inc. 9797 Midwest Avenue Cleveland, Ohio 44125	Owner, executive director, other (specify): Christopher Wheaton, Account Executive - Sales
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. These products and services are being procured through a State Contract, which has already been competitively bid. *See Justification for additional information.
The total value of the solicitation: \$30,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS008863

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. General Funds – PW750100 / 55130
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input 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: There were no issues with Infor	
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):						
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	CM2172	Johnson Controls, Inc	2.14.2022 – 2.13.2024	\$40,000.00	2.14.2022	BC2022.85

BC2024-313

Title	2024 - Workforce Development/EHA Solutions – Contract 4324 for Consulting Services that will assist Workforce Development staff in navigating the transition into a non-profit.
Department or Agency Name	Workforce Development
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	CM # 4324	EHA Solutions	3/13/24 – 7/31/24	\$5,000	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
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? _____ N/A
Project Goals, Outcomes or Purpose (list 3): Consultant will Provide the following services; <ul style="list-style-type: none"> • Provide Clients with HR Expertise • Help create policies for new business structure

- Staff training on new procedures and applications

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):
EHA Solutions LTD 23920 Lake Rd Bay Village, Ohio	Elise Hara
Vendor Council District:	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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	3/14/24
Date documents were requested from vendor:	3/10/24
Date of insurance approval from risk manager:	3/18/24
Date Department of Law approved Contract:	3/25/24
Date item was entered and released in Infor:	3/18/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Our department is undergoing a transition into becoming a non profit organization. In order to give the all the affected employees access to important information the consultant started offering services to them right away.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-314

Title	Access Control Devices for Virgil E. Brown Building Office of Child Support Enforcement
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.
	24001568 STAC	Integrated Precision Systems		\$11,002.27	PENDING	PENDING

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
The Department of Information Technology plans to contract with Integrated Precision Systems, Inc., for the purchase of Access Control Devices for Virgil E. Brown Building Office of Child Support Enforcement in the amount of \$11,002.27.

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

Project Goals, Outcomes or Purpose (list 3):
This request is for the procurement, installation, and programming of access control devices to be installed at the Virgil E. Brown Building, Office of Child Support Enforcement, in order to comply with federal regulations for the safe keeping of personal identifying information and records.

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):
Integrated Precision Systems, Inc. 8555 Sweet Valley drive, Suite B Valley View, Ohio 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair

	and reasonable prices. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 66% Title IV-D and 34% Health and Human Services Levy Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
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 checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. This is an approved IT Standard which is used in various County locations on an as-needed basis.

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):

BC2024-315

Title	Replacement Surveillance System located at 1642 Lakeside Avenue		
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	24001573 STAC	Integrated Precision Systems		\$62,457.29	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 Department of Public Works plans to contract with Integrated Precision Systems, Inc., for the purchase of a Replacement Surveillance System located at 1642 Lakeside Avenue in the amount of \$62,457.29.

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

Project Goals, Outcomes or Purpose (list 3):
 This request is for the procurement, installation, and programming of a replacement/upgrade to the surveillance system located at the Public Works Building at 1642 Lakeside Avenue. The equipment includes cameras and a video storage/management server, all in compliance with standards set forth by the 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:	Owner, executive director, other (specify):
Integrated Precision Systems, Inc. 8555 Sweet Valley drive, Suite B Valley View, Ohio 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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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 (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% General Fund PW750100 70000
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 checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. This is an approved IT Standard which is used in various County locations on an as-needed basis.	
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):

BC2024-316

Title	Corrections Center Security Network Firewall and Switch	
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	24001578 STAC	Integrated Precision Systems		\$24,737.57	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. The Department of Information Technology on behalf of the Department of Public Works plans to contract with Integrated Precision Systems, Inc., for the purchase of a Corrections Center Security Network Firewall and Switch in the amount of \$24,737.57.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): This request is for the procurement, installation, and programming of a firewall and network switch as part of the separate security network for the Corrections Center.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Integrated Precision Systems, Inc. 8555 Sweet Valley drive, Suite B Valley View, Ohio 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p>	<p>Provide a short summary for not using competitive bid process.</p>

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% Capital PW600100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

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

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. This is an approved IT Standard which is used in various County locations on an as-needed basis.		
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):

BC2024-317

Title	AppraisalEst by SpacialEst
Department or Agency Name	Department of Information Technology on behalf of the Fiscal Office
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.
Original	CM4360	SpatialEst, Inc.	09/28/2023 – 09/27/2026	\$238,500.00	pending	pending

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

AppraisalEst by Spacialest is a commercial off the shelf (COTS) toolset comprising a wealth of statistical, investigative, analytical and reporting functionality all presented within a spatial framework. The solution is provided as a desktop installation via a site license agreement.

AppraisalEst is a location based appraisal toolset providing functionality for data cleansing, data analysis, regression modelling, mass comp selection & valuation and ratio analysis. AppraisalEst's Patented algorithm uses comparable sales information, property characteristics, and location to produce estimates of value. It combines statistical analysis within the power of a map interface enabling both novice and advanced users to generate high quality accurate appraisal analysis.

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):
 Spacialest can demonstrably perform several functions. Primarily it is software created for mass appraisers to execute certain statistical analyst exercises. Spacialest can run sales ratio reports used to undertake statistical updates, contains a statistical model which allows County Appraisers and Appraiser Analysts to perform sales comparison on any parcel, and is also used as a multiple regression tool.

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):
Spacialest, Inc. 15720 Brixhan Hill Avenue, Suite 300 Charlotte, NC 28277	Helen McNulty
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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Advised by the Department of Purchasing to submit this as an exemption as the contract is being submitted late. Spacialest is a sole source proprietary software. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. FS305100 54020 Real Estate Assessment Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	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: Waiting on vendor contract signatures, working with surety companies to meet insurance certificate requirements, vendor's internal staff rearrangements, vendor and County contract redline negotiations over T&Cs.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	06/27/2023
Date documents were requested from vendor:	07/24/2023
Date of insurance approval from risk manager:	03/11/2024
Date Department of Law approved Contract:	03/11/2024
Date item was entered and released in Infor:	04/10/2024, 04/15/2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: 04/11/2024 DOP returned the sole source contract and stated DoIT must resubmit as an exemption due to the late start of the sole source contract. Received CTO signature on justification 04/15/2024.

If late, have services begun? No Yes (if yes, please explain) The vendor did not disrupt services as we went through the negotiation and obtaining of contract docs.

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.
Original	PO#20002541	Spatialest, Inc.	09/28/2020 - 09/27/2023	\$160,500.00	09/28/2020	BC2020-545
A-1	982 (fka 20002541)	Spatialest, Inc.	09/28/2020 - 09/27/2023	\$78,915.00	10/04/2021	BC2021-541

BC2024-318

Title	Human Resources; 2024; Purchase Order with Cleveland State University for the 35th Leadership Academy in the Amount Not-To-Exceed \$32,000.00
Department or Agency Name	Human Resources
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	24001696 QUOT	Cleveland State University		\$32,000.00		PENDING

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

The County has restarted participation in the CSU Ohio Certified Public Manager (OCPM) Program. This program consists of two courses that must be completed through CSU, Leadership Academy and the Public Manager Academy. This certification is only available through CSU at this time. This purchase order will allow the County to send ten (10) staff to the 35th Leadership Academy to begin May 3rd.

The Leadership Academy is a public sector training program with 12 classes (online and in-person) to provide public sector employees tools for leadership including organization and personal development. The

participating employees would then be able to disseminate the information learned to their peers within the County.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The goals of the project are to provide County leaders with the tools needed to succeed, enable those leaders to share the information learned with peers, and to provide the basis for some to complete the second course, allowing them to become Ohio Certified Public Managers.
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):
Cleveland State University 2121 Euclid Avenue Cleveland, OH 44115	Dr. Laura Bloomberg, President
Vendor Council District:	Project Council District:
District 07	District 04 On-site courses will be held at the Cuyahoga County Public Library (Parma-Snow Branch).
If applicable provide the full address or list the municipality(ies) impacted by the project.	County-wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a government-government purchase as Cleveland State is a Public University. CSU has been the County's partner for previous Leadership Academy courses and is the only Ohio institution that can provide these courses at this time. *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 checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 checked="" 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.
90% General Fund and 10% Health and Human Services Levy Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain):
Funding was not specifically earmarked for this course, and it was not planned to participate when the budget was established. Funding is available in the existing budget for this cost.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<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? 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.
Original	23004021 QUOT	Cleveland State University	9/15/2023- 8/16/2024	\$15,360.00	9/11/2023	BC2023-568

BC2024-319

Title	Matrix Pointe Software Amendment
Department or Agency Name	Law Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CE1400416	Matrix Pointe Software, LLC	3/1/14 – 2/28/19	\$225,261.00	10/14/2014	BC2014-256
A-1	CE1400416	Matrix Pointe Software, LLC	Additional 5 years through 2/28/24	\$172,200.00	5/20/2019	BC2019-380
A-2	1472	Matrix	To extend the agreement through 2/28/25	\$23,700.00		

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

Maintenance and Support and Data Hosting for Law Department's software management system.

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):

Maintain the Law Department's software management system.
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: Matrix Pointe Software 30400 Detroit Road, Suite 400 Westlake, OH 44145	Owner, executive director, other (specify): Thomas Coury – Chairman and Chief Software Architect
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 # if applicable <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Law Department is currently using Matrix. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:
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<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. LW100100-55130 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 Law Department has been corresponding with provider and it took longer to confirm than originally thought.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2/13/24
Date documents were requested from vendor:	2/19/24
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	3/5/24
Date item was entered and released in Infor:	3/6/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services have continued through amendment process.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-320

Title	Juvenile Court HR and Payroll System Maintenance Services
Department or Agency Name	Juvenile Court

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	CE1700028	UKG Kronos	4/1/2017 – 3/31/2018	\$41,656.36	2.27.17	BC2017-170
A1	CE1700028	UKG Kronos	3/31/2019	\$43,630.06	4/2/2018	BC2018-202
A2	CE1700028	UKG Kronos	3/31/2020	\$45,239.09	11/19/2018	BC2018-813
A3	CE1700028	UKG Kronos	3/31/2020	\$52,890.00	5/28/2019	BC2019-403
A4	265	UKG Kronos	3/31/2021	\$47,132.23	5/20/2020	BC2020-276
A5	265	UKG Kronos	3/31/2021	\$6,030.95	7/20/2020	BC2020-414
A6	265	UKG Kronos	3/31/2022	\$39,541.74	7/12/2021	BC2021-342
A7	3226	UKG Kronos	3/31/2023	\$41,771.33	3/7/2022	BC2021-134
A8	3226	UKG Kronos	3/31/2024	\$44,055.32	4/3.23	BC2023-192
A9	3226	UKG Kronos	3/31/2025	\$48,056.78	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To provide HR Management Resources To provide Payroll Management Resources To provide ongoing system maintenance
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: UKG Kronos Systems	Owner, executive director, other (specify): John O'Brien, Chief Revenue Officer
900 Chelmsford Street, Massachusetts 01851	
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
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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. 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>) RFP <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input 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 checked="" 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. 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 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 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: Extended negotiations	
Timeline: Project/Procurement Start Date (date your team started working on this item):	05/01/2023
Date documents were requested from vendor:	3/8/2024
Date of insurance approval from risk manager:	3/8/2024
Date Department of Law approved Contract:	not review until after release
Date item was entered and released in Infor:	3/26/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain). The item will expired by the time it receives BOC approval. We hope not to have an interruption in services.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) This amendment is to pay the pending invoice.	

HISTORY (see instructions): see chart above

BC2024-321

Title	CCJC CY24 Community Diversion Program contract with the City of Bedford Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4376	City of Bedford Heights	1/1/24- 12/31/24	\$2,700.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

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

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

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: City of Bedford Heights	Owner, executive director, other (specify): Det. Frank Reed (Programmatic Contact)
5661 Perkins Road Bedford Heights, Ohio 44146	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Bedford Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Government Purchase *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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:
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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. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	3/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

O	2055	City of Bedford Heights	01/01/2022-12/31/2023	\$4,000.00	BC2021-727	12/13/2021
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BC2024-322

Title	TRINITY NOT-TO-EXCEED PURCHASE ORDER
Department or Agency Name	SHERIFFS'S
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	24001075	TRINITY	UPON APPROVAL – 12/31/2024	\$12,711.83	pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Provide meals to Correctional Officers during National Correctional Officers Week, which is held from 5/5/2024 – 5/11/2024t cannot be paid through the current contract for similar services.

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):
 Process payment to the already contracted vendor for services not covered under said contract (CM# 402).

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: Trinity Services Group, Inc. 477 Commerce Blvd. Oldsmar, Florida 34677	Owner, executive director, other (specify): DAVID MILLER, COO
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
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RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Vendor is already under contract for similar services and onsite in the Corrections Center. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase	<input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: n/a		
Timeline: Project/Procurement Start Date (date your team started working on this item):	1/31/24	
Date documents were requested from vendor:	2/16/24	
Date of insurance approval from risk manager:	2/29/24	
Date Department of Law approved Contract:	n/a	
Date item was entered and released in Infor:	2/29/24	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input 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):

BC2024-323

Title	2024- NTE PO- CORRECTIONS DEPT VETERINARY SERVICES
Department or Agency Name	SHERIFF'S
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	24001695	THE FAMILY PET CLINIC	UPON APPROVAL- 12/31/24	15,000.00		

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

The Cuyahoga County Sheriff's Department (CCSD) is seeking to establish Not-to-Exceed (NTE) Purchase Order to cover charges for veterinarian services provided by The Family Pet Clinic for the Corrections Department K-9s. The time for these services is based upon approval through December 31, 2024. The estimated NTE total of \$15,000.00 is based upon research of previously incurred expenses.

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

<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>There are several vendors which provide veterinarian care to the Sheriff's K-9s. The CCSD is seeking to establish NTE purchase order with The Family Pet Clinic for the period of upon approval through December 31, 2024, based on service history, care, and location.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
The Family Pet Clinic 5151 TURNEY RD., GARFIELD HTS., OH 44125	Carrie Wozniak
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ # if applicable</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>The Sheriff's K-9s' medical history, location, and type of care and services provided by the vendors are the primary reasons they were selected.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)

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

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: N/A	
Timeline: Project/Procurement Start Date (date your team started working on this item):	1/4/24
Date documents were requested from vendor:	1/4/24
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:	1/4/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	24000099	THE FAMILY PET CLINIC	UPON APPROVAL-12/31/24	10,000.00	January 29, 2024	BC2024-71

BC2024-324

Title	PSJS; Symbol Arts, LLC; Purchase Order for See Something Say Something Coins for the Northeast Ohio Regional Fusion Center	
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	24001364	Symbol Arts, LLC	n/a	\$5,731.70	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Requesting approval of a purchase order as indicated in the chart above with Symbol Arts, LLC in the amount of \$5,731.70.

“See Something, Say Something” is a national DHS initiative that helps the Fusion Center promote suspicious activity reporting as it looks to prevent terrorist activity and attacks. Fusion regularly goes out to meet with public and private sector partners to discuss the NEORFC and promote the work that it does along with the importance of suspicious activity reporting.

These coins will also be utilized to promote training that Fusion gives to community partners such as with the Behavioral Threat Assessment and Management (BTAM) Toolkit, which is part of a national DHS initiative through their National Threat Evaluation and Reporting Office (NTER).

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):

- Promote Fusion Center trainings to the community.
- Promote suspicious activity reporting.

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):
Symbol Arts, LLC 6083 South 1550 East Ogden, UT 84405	Maile Burnett Account Manager

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. State Homeland Security Program – Law Enforcement Grant FY21 – 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: Invoiced Monthly Quarterly One-time 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):

BC2024-325

Title	Planned Parenthood– Teen Pregnancy Prevention Program
Department or Agency Name	Family and Children First Council
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	Master Contract	Various providers	1/01/2024-12/31/2025	\$164,000.00	1/2/2024	BC2024-22
	3942	Planned Parenthood of Greater Ohio (PPGO)		\$110,000.00		

	3944	Beech Brook		\$54,000.00		
A-1	Master Contract	Various providers	1/01/2024-12/31/2025	\$164,000.00	Pending	Pending
	4173 (fka 3942)	Planned Parenthood of Greater Ohio (PPGO)		\$110,000.00		
	3944	Beech Brook		\$54,000.00		

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

Requesting approval of an amendment with Planned Parenthood of Greater Ohio (in the amount of \$164,000.00 or not-to-exceed \$328,000.00) for the period 01/01/2024-12/31/2025 for the Teen Pregnancy Prevention Programming.

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

Project Goals, Outcomes or Purpose (list 3):

- In collaboration with FCFC, the selected school districts, community partners and the external evaluator, develop effective measures to meet the goals of the program and prevent Out-of-Wedlock births among teens in Cuyahoga County
- Ensure program development of services is geared toward school age youth of both genders, with primary emphasis on the target population of youth ages grades 5th through 12th.

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: Planned Parenthood of Greater Ohio 444 W. Exchange Street Akron, Ohio 44302	Owner, executive director, other (specify): President & CEO Erica Wilson Domer
Vendor Council District: N/A	Project Council District: Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

Vendor Name and address: Beech Brook 3737 Lander Road Cleveland, Ohio 44124	Owner, executive director, other (specify): Executive Director Thomas P. Royer
Vendor Council District: 11	Project Council District: 11

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 13207 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/23/23	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: The total value of the solicitation was \$164,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 25 / 2 Originally, there were twenty-five (25) proposals submitted for review, and two (2) proposals approved.	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA) , list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? : <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. NA	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: NA	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<input checked="" type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> 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(S): (No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source Health and Human Services Levy 100%.
Is this approved in the biennial 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 and if late, include timeline for lateness:	
<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: It was discovered the original contract had the incorrect total dollar amount on February 1,2024. FCFC staff have been working on the amendment since the error was discovered. Vendor turned in documents late. It was explained to the vendor the short time frame for receiving the documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	2/1/24
Date documents were requested from vendor:	2/21/24; 3/1/24; 3/1/24; 3/28/24
Date of insurance approval from risk manager:	3/18/24
Date Department of Law approved Contract:	3/18/24
Date item was entered and released in Infor:	3/18/24 and 4/9/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction.	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Current contract is effective as of 1/1/24	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) No invoices for 2024 have been paid yet	

HISTORY (see instructions): see chart above

C.- Exemptions

BC2024-326

Title	Medical Examiner’s Office request an Amendment to Alternative Procurement Process BC2021-333 (approved at the BOC meeting 7/6/2021) for an additional 3 years, from 6/1/2024 thru 5/31/2027; and add Ambry Genetics Corporation (vendor no. 32760) to the list of providers for outside toxicology testing services for the Medical Examiner's Office. No additional funds required.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O-Alt Procurement	n/a	a) Axis Forensic Toxicology, Inc. b) Cleveland Clinic c) National Medical Services dba NMS Labs d) The MetroHealth System e) University Hospital	6/1/2021 - 5/31/2024	total amount not-to-exceed \$375,000.00	7/6/2021	BC2021-333
A-1	n/a	Add Ambry Genetics Corporation	Effective 4/29/2024		pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The current Alternative Procurement will expire 5/31/2024. The amendment will extend time period thru 5/31/2027, is being requested as the funds have not been exhausted, and request to add vendor Ambry Genetics Corps.to the current list of approved vendors. The complete list of providers are:

- 1) Ambry Genetics Corporation
- 2) Axis Forensic Toxicology, Inc.
- 3) Cleveland Clinic
- 4) National Medical Services DBA NMS Labs
- 5) The Metro Health System
- 6) University Hospital

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

Project Goals, Outcomes or Purpose (list 3):
To process outside toxicology testing as needed for Medical Examiner's labs.

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):
*Adding Vendor: Ambry Genetics Corp. One Enterprise Aliso Viejo, CA 92656	Charles Dunlop, President

Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	
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 checked="" type="checkbox"/> Alternative Procurement Process BC2021-333 (approved at the BOC meeting 7/6/2021)
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. Medical Examiner's Office Crime Lab Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): NA
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 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):

D. - Consent Agenda

BC2024-327

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

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org
 1814 E. 40th Street
 Cleveland, Ohio 44103
 Kenny Kovach-Director

R.E.T.3 Marked for Disposal - 4/15/2024

From IT Workroom:

Asset Tag	Serial Number	Manufacturer	Model/Device
77475	2UA2501KKC	HP	z220 SFF Workstation

78722	2UA30207G1	HP	z220 SFF Workstation
77438	3CQ2371JJ6	HP	LE2202x Monitor
60117	1101838429	Gateway	TFT19W80PS Monitor
81451	CNU314XBWZ	HP	Docking Station
No Tag	CNU419ZZWT	HP	Docking Station
87461	5CG616ZP6Z	HP	Docking Station
88388	CNU419ZZVZ	HP	Docking Station
77504	2UA2501KPF	HP	z220 SFF Workstation
No Tag	DQ4A2204002909	j5 Create	USB-C Docking Station
71941	CN-0GRNWX-72872-0AN-AFNI	Dell	1908FPf Monitor
71919	CN-0GRNWX-72872-0AN-CMVI	Dell	1908FPf Monitor
71944	CN-0GRNWX-72872-0AN-CMJI	Dell	1908FPf Monitor
59734	CNC729RQPW	HP	L1940T Monitor
86074	5CG7070TM3	HP	ProBook 650 G2 Laptop
80411	5CG5465161	HP	ProBook 650 G1 Laptop
80305	5CG54651J9	HP	ProBook 650 G1 Laptop
87608	5CG639655C	HP	ProBook 650 G2 Laptop
80402	5CG54651CC	HP	ProBook 650 G1 Laptop
79009	5CB3200NC7	HP	EliteBook 8570P Laptop
No Tag	5CB3200NJJ	HP	EliteBook 8570P Laptop
84118	5CB40905CV	HP	EliteBook 8570P Laptop
76837	CNU2331YBV	HP	EliteBook 8470P Laptop
88910	14719674653	Microsoft	Surface Pro 1807 LTE
89936	30427581253	Microsoft	Surface Pro Tablet
90200	6996581353	Microsoft	Surface Pro Tablet
		HP	EliteBook xxxxP Laptop
		HP	z22x SFF Workstation
		HP	z23x SFF Workstation

BC2024-328

(See related items for proposed travel/memberships for the week of 4/29/2024 in Section D above).

BC2024-329

(See related items for proposed purchases for the week of 4/29/2024 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Scope of Work Summary

The Department of Public Works requests approval to submit a grant extension request to the Ohio Department of Public Safety, Emergency Management Agency for a previously signed agreement and to modify the performance period by one year, from July 27, 2022, to July 27, 2024, to now July 27, 2022, to July 27, 2025.

The Department of Public Works is submitting a grant award from the Ohio Department of Public Safety, Emergency Management Agency in the amount of \$2,400,000 for the Cuyahoga County Shoreline Erosion Mitigation Plan for the period July 27, 2022, to July 27, 2025.

Grant funds will be used to complete the Cuyahoga County Shoreline Erosion Mitigation Plan, a project to advance the Cuyahoga County Lakefront Public Access Plan. The Cuyahoga County Shoreline Erosion Mitigation Plan project will focus on erosion and mitigation in four project sites across Cuyahoga County. The final sites will be selected as part of the plan development process. Fundable activities include project coordination, data collection, shoreline assessment and coastal analysis, benefits cost analysis development, alternatives development, and project recommendations.

Contractor Information

The grantor is:

Ohio Department of Public Safety, Emergency Management Agency
2855 W Dublin Granville Rd
Columbus, OH 43235

Project locations may expand, but currently are:

Highland Bluffs (fka the Gold Coast, located on Edgewater Drive, from Nicholson Avenue east to W. 117th Street) (Lakewood, OH);
Beulah Park (located from Lakeside Place east to E. 156th Street) (North Collinwood, Cleveland, OH);
Villa Beach/Shore Acres, (located directly west of Beulah Park, Cleveland, OH);
East Shore, (located between Neff Road east to E. 185th Street, north of Lakeshore Boulevard) (North Collinwood, Cleveland, OH);

Project activities may occur in any Cuyahoga County Council District that abuts Lake Erie.

Project Status

This grant was new to the County.

The grant performance period has already begun. This is a modification to extend the grant period by one year.

The grant agreement needs a signature in ink.

Funding

The \$2.4 million grant award includes \$2,160,000 in federal funding from the U.S. Department of Homeland Security, Federal Emergency Management Agency, passed through the Ohio Department of Public Safety, Ohio Emergency Management Agency. A local cost share of \$240,000 is required per the grant agreement. The funding source of the cost share is General Fund.

The grant will be paid by the state on a reimbursable basis.

Item No. 2

Scope of Work Summary

Public Safety & Justice Services is requesting acceptance and approval of a Second Amendment to the FY21 State Homeland Security Grant Program – Law Enforcement (SHSP-LE) grant award with Ohio Emergency Management Agency (OEMA) to extend the performance period through December 31, 2024.

This is not new to the County. The prior approval is CON2021-121 and CON2024-28.

This extension will allow for the delivery of equipment and completion of projects supporting first responder agencies in Ohio Homeland Region (OHR) 2, which includes Cuyahoga, Ashtabula, Geauga, Lake, and Lorain Counties.

The primary goals of the project are to provide funds to build response capabilities at the state and local level through 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 FY21 SHSP-LE award – CON2021-121. This is the second amendment to the grant award.

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.

Project Status and Planning

The grant award reoccurs annually based on federal prioritization and funding by the Executive Branch. The FY2021 State Homeland Security – Law Enforcement Grant Program is a competitive grant by OEMA, which awarded Cuyahoga County funding for ten projects.

The project's term began on 9/1/2021. The end date of the grant performance period is being extended from 3/31/2024 to 12/31/2024.

Item No. 3

Scope of Work Summary

Public Safety & Justice Services requesting approval of a first amendment with Ohio Emergency Management Agency for the anticipated cost of \$0.00.

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

Prior resolution numbers: CON2021-122, CON2024-29

Describe the exact services being provided. This amendment extends the performance period of the grant from 9/1/2020 - 06/30/2024 to 12/31/2024.

The primary goals of the project are 1) to support county preparedness of first responders to terrorist events through the purchase of equipment, and 2) provide funding and support for training and exercises for first responders preparedness for terrorist events.

Public Safety & Justices Services requested an extension to the performance period to Ohio EMA to allow for delivery of equipment and completion of remaining projects

Procurement

The procurement method for this project was a grant agreement from OEMA. This request is to amend the performance period to end 12/31/2024.

Contractor and Project Information

Ohio Emergency Management Agency
2855 West Dublin-Granville Road
Columbus, Ohio 43235
Council District: NA

The Executive Director of OEMA is Sima Merick.

Project Status and Planning

The project / grant recurs annually based on congressional and presidential funding.

Funding

There are no additional funds being requested for this item. Only extension of the performance period is sought for approval.

The project is an amendment to a grant agreement with OEMA. This amendment changes the performance period to end on 12/31/2024 and is the first amendment to the original grant agreement.

Item No. 4

Scope of Work Summary

The Cuyahoga County Law Library is requesting approval of a Memorandum of Understanding with the Statewide Consortium of County Law Library Resources Boards in order to accept an awarded grant in the amount of \$3,168.11 for technology purchases. The amount was recalculated by the Consortium and includes:

- Five (5) New Cisco 8851 Phones, including one (1) wi-fi enabled phone with 2 accessories
- Two (2) Professional Memberships in the American Association of Law Libraries (AALL):
 - 1 for the Law Library's Librarian & Chief Administrator, Kathleen M. Dugan; and
 - 1 for the Law Library's Reference Librarian, Kayla Fertig.
- Two (2) Full HD webcams;
- One (1) PaintShop Pro 2023 Ultimate software;
- One (1) PowerDirector video-editing software;
- One(1) CSS HTML Validator software;
- One (1) six-pack of headphones; and
- One (1) ONYX Postage and shipping Scale for weighing packages.

This is a new grant which was approved as CON 2024-20. Prior grants from the Consortium include Item 7 under Items of Note (non-voted) on the 1/9/2023 BOC Agenda; Consent Item Approval No. 2023-14; Consent Item Approval No. 2023-07; Consent Item Approval No. CON2022-35; Consent Item Approval No. CON2022-02; Consent Item Approval No. CON2021-04; Consent Item Approval No. CON2021-02, BC2019-83, and Item 2 under Items of Note (non-voted) on the 1/16/2018 BOC Agenda.

The Statewide Consortium has also awarded the CLLRB other grants for other purposes such as CON2017-37, BC2018-409, Item 1 under Items of Note (non-voted) on the 6/3/2019 BOC Agenda, BC2019-102, and BC2016-384.

The anticipated start date is May 1, 2024, and the grant must be completed by 12/31/24.

The primary goals of the project are to acquire new computers and devices to:

- a) replace 9-year old phones that serve as a major medium of communication between staff and law library patrons;
- b) Provide educational and networking opportunities for 2 professional librarians;
- c) Provide enhanced communications with patrons through the Internet;
- d) Provide new software to enhance the ability of the Law Library's Network Librarian to design marketing materials, edit videos (such as from CLE programs and book discussions), and keep the Law Library's website links up-to-date;
- e) Provide headphones for patrons to use when they review and listen to evidence at the Law Library; and
- f) Provide a shipping scale to weigh books and other items that the Law Library needs to send through the mail.

The project is not mandated.

This project includes technology items.

Procurement

The procurement method for this project was a grant pursuant to an RFP from the Statewide Consortium of County Law Library Resources Boards. The total value of the awarded grant is \$3,168.11. This was a grant: it was not bid; it was not a sole source; and no exemption was requested.

Contractor and Project Information

The address of the grantor is:

Statewide Consortium of County Law Library Resources Boards
369 S. High Street
Columbus, Ohio 43215
Council District 7
The Executive Director for the vendor is Laura Novelo, lnovelo@co.lucas.oh.us

The address or location of the project is:

Cuyahoga County Law Library Resources Board
Cuyahoga County Courthouse
1 West Lakeside Ave., Floor 4
Cleveland, OH 44113

The project is located in Council District 7.

Project Status and Planning

The project is a new grant for the CLLRB, but the Statewide Consortium has awarded optional grants in the past. See history above.

The grant has a single phase.

This project is not on a critical action path.

The project's term has not already begun or ended.

Funding

The grant is funded 100% by Statewide Consortium of County Law Library Resources Boards.

The schedule of payments is a one-time payment.

The project is not an amendment to a contract, loan, lease, grant, amendment, agreement, or other document.

Items/Services Received and Invoiced but not Paid: N/A

Item No. 5

(See related list of Agreements related to public convenience and welfare projects – Processed and executed (no vote required) for the week of 4/29/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT