



**Cuyahoga County Board of Control Agenda  
Monday, June 17, 2024 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

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

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 6/10/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**BC2024-396**

Fiscal Office, on behalf of the County Executive’s Office, recommending an award on RQ14008 and enter into Contract No. 4480 with Raftelis Financial Consultants, Inc. (71-7) in the amount not-to-exceed \$157,500.00 for the creation of a strategic plan for Cuyahoga County, effective upon signatures of all parties, for a period of 1 year.

Funding Source: General Fund

**B. – New Items for Review**

**BC2024-458**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Downtown Cleveland Alliance in the amount not-to-exceed \$30,000.00 for event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events for the period 6/19/2024-9/15/2024.
- b) Recommending an award on Purchase Order No. 24002267 to Downtown Cleveland Alliance in the amount not-to-exceed \$30,000.00 for event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events for the period 6/19/2024-9/15/2024.

Funding Source: Road and Bridge Funds

**BC2024-459**

Fiscal Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Mills James Inc. in the amount not-to-exceed \$16,000.00 for the rental of audio/visual equipment for use at the Cuyahoga County Forfeited Land Sale, to be held at the Huntington Convention Center, for the period 8/26/2024 – 8/30/2024.
- b) Recommending an award on Purchase Order No. 24002334 to Mills James Inc. in the amount not-to-exceed \$16,000.00 for the rental of audio/visual equipment for use at the Cuyahoga County Forfeited Land Sale, to be held at the Huntington Convention Center, for the period 8/26/2024 – 8/30/2024.

Funding Source: Real Estate Assessment Fund

**BC2024-460**

Department of Purchasing, on behalf of the County Treasurer’s Office, submitting an amendment to a Master Services Agreement No. 4198 (fka 2696, 2289, 41 and 20000769) with KeyBank National Association for banking and treasury services for the period 4/1/2020 – 9/30/2024 for additional funds for Procurement Card Program Services for various departments in the total amount not-to-exceed \$105,250.00, effective upon signatures of all parties:

1) For additional funds:

- a) Department of Public Works (Archives) \$1,625.00
- b) Department of Public Works (Facilities Division) \$2,000.00
- c) Department of Public Works (Road & Bridge) \$12,500.00
- d) Department of Public Works (Sanitary) \$5,000.00
- e) Department of Communications \$8,500.00
- f) Department of Consumer Affairs/Weights & Measurers \$3,000.00
- g) Department of Innovation and Performance \$10,000.00
- h) Department of Law \$1,000.00
- i) Medical Examiner’s Office \$18,000.00
- j) Sheriff’s Department \$2,500.00
- k) Department of Health and Human Services/Community Initiatives Division/Family and Children First Council \$1,125.00

2) To add (3) user Departments

- a) Department of Public Works (Utilities) \$5,000.00
- b) Sheriff’s Department (Law Enforcement) \$25,000.00.
- c) Sheriff’s Department (Jail Operations) \$10,000.00

Funding Source:

- General 55%
- Consumer Affairs 3%
- Road and Bridge 12%
- Sanitary Sewer 5%
- CPT- Special Revenue Fund 24%

Health and Human Services Levy Fund 1%

**BC2024-461**

Department of Information Technology, recommending to amend Board Approval No. BC2024-423, 6/3/2024, which made an award on Purchase Order No. 24001712 to Logicalis, Inc. for a joint cooperative purchase for the renewal of NetApp support licenses and maintenance services for the period 8/1/2024 – 7/31/2025 in the amount not-to-exceed \$97,080.00 to change the amount-to-exceed to \$97,080.06.

Funding Source: General Fund

**BC2024-462**

Department of Information Technology on behalf of the Department of Health and Human Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$9,324.21 for a state contract purchase of various equipment, installation and programming services for repairs and/or replacement of existing equipment, including the purchasing of additional equipment for upgrades to the access control system at the Jane Edna Hunter Building.
- b) Recommending an award on Purchase Order No. 24002293 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$9,324.21 for a state contract purchase of various equipment, installation and programming services for repairs and/or replacement of existing equipment, including the purchasing of additional equipment for upgrades to the access control system at the Jane Edna Hunter Building.

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

**BC2024-463**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$46,900.51 for a state contract purchase of various Cisco networking products, software subscription services, licensing and support for upgrades and additional storage capabilities for the County Jail.
- b) Recommending an award on Purchase Order No. 24002359 to TEC Communications, Inc. in the amount not-to-exceed \$46,900.51 for a state contract purchase of various Cisco networking products, software subscription services, licensing and support for upgrades and additional storage capabilities for the County Jail.

Funding Source: General Fund

**BC2024-464**

County Executive's Office, submitting a Grant Agreement with Teaching Cleveland Foundation (via Contract No. 4515) in the amount not-to-exceed \$90,000.00 to provide funding for the Fresh Water Institute fellowship program effective upon contract signatures of all parties for a period of 2 years.

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

**BC2024-465**

Cuyahoga County Prosecutor's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$123,694.00 for a state contract purchase of Illumio ransomware detection and prevention software, including warranty and support for a period of three years.
- b) Recommending an award on Purchase Order No. 24002368 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$123,694.00 for a state contract purchase of Illumio ransomware detection and prevention software, including warranty and support for a period of three years.

Funding Source: General Fund

**BC2024-466**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Federal Express Corporation in the amount not-to-exceed \$15,000.00 for shipping services for DNA-related results and materials for Parentage and DNA Department.
- b) Recommending an award and enter into Purchase Order No. 24002038 with Federal Express Corporation in the amount not-to-exceed \$15,000.00 for shipping services for DNA-related results and materials for Parentage and DNA Department.

Funding Source: General Fund

**BC2024-467**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$24,256.91 for a joint cooperative purchase of various laboratory supplies and chemicals for the Toxicology Department.
- b) Recommending an award on Purchase Order No. 24002327 to Fisher Scientific Company LLC in the amount not-to-exceed \$24,256.91 for a joint cooperative purchase of various laboratory supplies and chemicals for the Toxicology Department.

Funding Source: General Fund

**BC2024-468**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$6,188.54 for a joint cooperative purchase of (1) K2 Scientific Pharmaceutical/Laboratory High Performance Freezer for the DNA Department.
- b) Recommending an award on Purchase Order No. 24002339 to Fisher Scientific Company LLC in the amount not-to-exceed \$6,188.54 for a joint cooperative purchase of (1) K2 Scientific Pharmaceutical/Laboratory High Performance Freezer for the DNA Department.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

**BC2024-469**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Agilent Technologies, Inc. in the amount not-to-exceed \$137,438.12 for a joint cooperative purchase of (1) each Gas Chromatography/Mass Spectrometer and Gas Chromatograph-Flame Ionization Detector workstation bundles, various accessories, installation and 1 year software maintenance and support for Toxicology Department.
- b) Recommending an award on Purchase Order No. 24002172 to Agilent Technologies, Inc. in the amount not-to-exceed \$137,438.12 for a joint cooperative purchase of (1) each Gas Chromatography/Mass Spectrometer and Gas Chromatograph-Flame Ionization Detector workstation bundles, various accessories, installation and 1 year software maintenance and support for the Toxicology Department.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant (supplemental award)

**BC2024-470**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on RQ14249 and enter into Contract No. 4579 with Catholic Charities Corporation (28-1) in the amount not-to-exceed \$500,000.00 for a Comprehensive Pre-Employment Screening Program for the Ohio Works First/SNAP applicants for the period 7/1/2024 – 6/30/2025.

Funding Source: Temporary Assistance for Needy Families

**C. – Consent Agenda**

**BC2024-471**

Fiscal Department, presenting proposed travel/membership requests for the week of 6/17/2024:

|        |                                      |
|--------|--------------------------------------|
| Dept:  | County Executive’s Office            |
| Event: | Jail Tour of Bexar and Harris County |

|              |                              |                |          |            |                        |          |            |                |
|--------------|------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------|
| Source:      | Baxar and Harris County Jail |                |          |            |                        |          |            |                |
| Location:    | San Antonio & Houston Texas  |                |          |            |                        |          |            |                |
| Staff        | Travel Dates                 | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source |
| Debbie Berry | 6/24/2024-6/27/0224          | \$0.00         | \$240.00 | \$750.00   | \$92.00                | \$674.00 | \$1,756.00 | General Fund   |
| Laurel Diaz  | 6/24/2024-6/27/2024          | \$0.00         | \$240.00 | \$750.00   | \$92.00                | \$674.00 | \$1,756.00 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will provide an opportunity to see the recently constructed Bexar and Harris County jail and learn about the best practices in jail design and operations.

|                 |                                      |                |          |            |                        |          |            |                |
|-----------------|--------------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------|
| Dept:           | Department of Public Works           |                |          |            |                        |          |            |                |
| Event:          | Jail Tour of Bexar and Harris County |                |          |            |                        |          |            |                |
| Source:         | Baxar and Harris County Jail         |                |          |            |                        |          |            |                |
| Location:       | San Antonio & Houston Texas          |                |          |            |                        |          |            |                |
| Staff           | Travel Dates                         | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source |
| Nichole English | 6/24/2024-6/27/2024                  | \$0.00         | \$240.00 | \$750.00   | \$892.00               | \$674.00 | \$2,556.00 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Cost is more due to renting a car for the entire group

Purpose:

This trip will provide an opportunity to see the recently constructed Bexar and Harris County jail and learn about the best practices in jail design and operations.

|             |                                      |                |          |            |                        |          |            |                |
|-------------|--------------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------|
| Dept:       | Clerk of Courts                      |                |          |            |                        |          |            |                |
| Event:      | Jail Tour of Bexar and Harris County |                |          |            |                        |          |            |                |
| Source:     | Baxar and Harris County Jail         |                |          |            |                        |          |            |                |
| Location:   | San Antonio & Houston Texas          |                |          |            |                        |          |            |                |
| Staff       | Travel Dates                         | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source |
| Nailah Byrd | 6/24/2024-6/27/2024                  | \$0.00         | \$240.00 | \$750.00   | \$92.00                | \$674.00 | \$1,756.00 | General Fund   |

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Purpose:

This trip will provide an opportunity to see the recently constructed Bexar and Harris County jail and learn about the best practices in jail design and operations.

|                    |                                      |                |          |            |                        |          |            |                |
|--------------------|--------------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------|
| Dept:              | Sheriff's Department                 |                |          |            |                        |          |            |                |
| Event:             | Jail Tour of Bexar and Harris County |                |          |            |                        |          |            |                |
| Source:            | Baxar and Harris County Jail         |                |          |            |                        |          |            |                |
| Location:          | San Antonio & Houston Texas          |                |          |            |                        |          |            |                |
| Staff              | Travel Dates                         | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source |
| Philip Christopher | 6/24/2024-6/27/2024                  | \$0.00         | \$240.00 | \$750.00   | \$92.00                | \$674.00 | \$1,756.00 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This trip will provide an opportunity to see the recently constructed Bexar and Harris County jail and learn about the best practices in jail design and operations.

|         |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|
| Dept:   | Department of Sustainability             |  |  |  |  |  |  |  |
| Event:  | 2024 NACo Annual Conference & Exposition |  |  |  |  |  |  |  |
| Source: | National Association of Counties         |  |  |  |  |  |  |  |

|                |                       |                |          |            |                        |          |            |                |
|----------------|-----------------------|----------------|----------|------------|------------------------|----------|------------|----------------|
| Location:      | Tampa, FL             |                |          |            |                        |          |            |                |
| Staff          | Travel Dates          | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source |
| Jenita McGowan | 7/11/2024 – 7/15/2024 | \$600.00       | \$250.00 | \$1,200.00 | \$100.00               | \$600.00 | \$2,750.00 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The purpose of this trip is for executive officer leadership to attend The National Association of Counties (NACo) Annual Conference held in Tampa Florida. The conference is attended by elected and appointed county officials throughout the county and includes sessions and meetings with topics that focus on federal policy issues that impact counties and residents.

|             |   |                |          |            |                        |         |            |                |
|-------------|---|----------------|----------|------------|------------------------|---------|------------|----------------|
| Dept:       | Department of Public Works              |                |          |            |                        |         |            |                |
| Event:      | Overview of Grants Management           |                |          |            |                        |         |            |                |
| Source:     | Government Finance Officers Association |                |          |            |                        |         |            |                |
| Location:   | Chicago, IL                             |                |          |            |                        |         |            |                |
| Staff       | Travel Dates                            | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total      | Funding Source |
| Leesa Priah | 7/23/2024 – 7/26/2024                   | \$634.50       | \$100.00 | \$498.42   | \$170.00               | \$0.00  | \$1,402.92 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This course will walk through the grant life cycle from pre-application to closeout and will provide the information the attendee needs to develop and implement policies and procedures to ensure your organization manages its grants effectively.

**BC2024-472**

Department of Purchasing, presenting proposed purchases for the week of 6/17/2024:



**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 |
|-----------------------|--|----------------------------|------------------------------|-------------|----------------|
| 24002309              | On-site build-out of (10) Chevy Equinoxes with K-9 heat alarms and accessories | Department of Public Works | Hall Public Safety Upfitters | \$33,920.00 | General Fund   |
| 24002341              | Annual replacement (100) inmate mattresses                                     | Sheriff's Department       | Charm-Tex, Inc.              | \$6,990.00  | General Fund   |

**V- OTHER BUSINESS**

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

**Item No. 1**

Department of Public Works/Division of Public Utilities, submitting a Memorandum of Agreement with City of Cleveland and the City of Painesville to define the terms, roles and responsibilities of the parties for implementing the Green House Gas emissions reductions projects within the Cleveland-Elyria Metropolitan Statistical Area, effective upon signature of all parties.

Funding Source: Not applicable

**Item No. 2**

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$391,264.00 for the FY2024 Competitive DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2024 – 9/30/2026.

Funding Source: 100% FY2024 Competitive DNA Capacity Enhancement for Backlog Reduction Grant

**Item No. 3**

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$403,344.00 for the FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2024 – 9/30/2026.

Funding Source: 100% FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant

**Item No. 4**

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

| RQ No.         | Contract Number                                 | Vendor                                    | Service Description   | Amount | Department   | Date(s) of Service    | Funding Source   | Date of Execution                        |
|----------------|---|---|---|--------|--|-----------------------|--|--|
| RQ 9347        | Amend Contract No. 2750                         | Strada Collaborative, LLC dba InsideTrack | Coaching services to Ohio National Guard Scholarship recipients for the Pay for Success Program, <b>by changing the terms, effective upon contract signature of all parties</b>                         | \$-0-  | Department of Health and Human Services/Office of the Director                   | 10/1/2022 – 4/14/2030 | (Original) Social Impact Finance Fund                                      | 5/29/2024 (Executive)<br>5/30/2024 (Law) |
| RQ 6211 & 7102 | Amend Master Contract – Assign Contract No.4445 | Various providers                         | Out-of-home placement and foster care services; <b>to add HC Partnership dba Hill Crest Behavioral Health Services, effective upon contract signatures of all parties; no additional funds required</b> | \$-0-  | Department of Health and Human Services/Division of Children and Family Services | 1/1/2022 – 12/31/2024 | (Original) 67% Title IV-E Fund and 33% Health and Human Services Levy Fund | 6/6/2024                                 |
| RQ 6211 & 7102 | Amend Master Contract – Assign Contract No.4446 | Various providers                         | Out-of-home placement and foster care services; <b>to add Youth Villages, Inc., effective upon contract signatures of all parties; no additional funds required</b>                                     | \$-0-  | Department of Health and Human Services/Division of Children and Family Services | 1/1/2022 – 12/31/2024 | (Original) 67% Title IV-E Fund and 33% Health and Human Services Levy Fund | 6/6/2024                                 |
| RQ 6211 & 7102 | Amend Master Contract – Assign Contract No.4486 | Various providers                         | Out-of-home placement and foster care services; <b>to add KJ’s Brighter Days, LLC, effective upon contract signatures of all parties; no</b>  | \$-0-  | Department of Health and Human Services/Division of Children and Family Services | 1/1/2022 – 12/31/2024 | (Original) 67% Title IV-E Fund and 33% Health and Human Services Levy Fund | 6/6/2024                                 |

|  |  |  |                                      |  |  |  |  |
|--|--|--|--------------------------------------|--|--|--|--|
|  |  |  | <b>additional funds<br/>required</b> |  |  |  |  |
|--|--|--|--------------------------------------|--|--|--|--|

**LPA Agreements – Processed and executed (no vote required)**

| Approving Resolution | Public convenience and welfare project description   | Total Estimated Project Cost | Total Actual Project Cost | Funding Source   | Date of Execution       |
|----------------------|--|------------------------------|---------------------------|--|-------------------------|
| R2024-0067           | Resurfacing of Warrensville Center Road from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid – Council Districts 10 and 11 | \$7,500,000.00               | N/A                       | \$6,000,000.00 – Federal Fund<br>\$750,000.00 – Road and Bridge Fund<br>\$460,000.00 – City of South Euclid<br>\$290,000.00 – City of University Heights | 6/6/2024<br>(Executive) |
| R2023-0209           | Resurfacing of Snow Road from Ridge Road to State Road in the City of Parma – Council District 4   | \$2,429,196.00               |                           | \$1,943,356.80 – Federal Fund<br>\$242,919.60 – Road and Bridge Fund<br>\$242,919.60 – City of Cleveland/Cleveland Metroparks                            | 6/6/2024<br>(Executive) |
| R2022-0298           | Resurfacing Woodworth Avenue from Coit Street to Hayden Avenue in the City of East Cleveland – Council District 10   | \$427,193.00                 |                           | \$213,596.50 – Road and Bridge Fund<br>\$213,596.50 – City of East Cleveland   | 6/6/2024<br>(Executive) |
| R2020-0100           | Amendment #1 – Resurfacing Clague Road from Lorain Road to Marion Road in the City of North Olmsted – Council District 1   | \$840,000.00                 | \$2,829,600.00            | \$682,813.00 – Federal Fund<br>\$600,000.00 – Road and Bridge Fund<br>\$1,546,787.00 – City of North Olmsted   | 6/6/2024<br>(Executive) |
| R2020-0100           | Amendment #2– Resurfacing Clague Road from Lorain Road to Marion Road in the City of North Olmsted – Council District 1  | \$840,000.00                 | \$2,829,600.00            | \$682,813.00 – Federal Fund<br>\$600,000.00 – Road and Bridge Fund<br>\$1,546,787.00 – City of North Olmsted   | 6/6/2024<br>(Executive) |
| R2020-0100           | Resurfacing Wilson Mills Road from Richmond Road to the Eastern Corporation Line in the City of Richmond Heights – Council District 11                               | \$860,000.00                 | \$1,100,000.00            | \$880,000.00 – Federal Fund<br>\$110,000.00 – Road and Bridge Fund<br>\$110,000.00 – City of Richmond Heights  | 6/7/2024<br>(Executive) |
| R2020-0100           | Resurfacing Broadway Avenue from Macedonia Road to Richmond Road in the Village of Oakwood – Council District 6  | \$1,930,000.00               | \$2,135,000.00            | \$1,708,000.00 – Federal Fund<br>\$213,500.00 – Road and Bridge Fund<br>\$213,500.00 – Village of Oakwood  | 6/7/2024<br>(Executive) |

**Item No. 5**

Purchases Processed Not-to-Exceed \$5,000.00 for the period 5/1/2024 – 5/31/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda:

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

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, June 10, 2024 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

**I – CALL TO ORDER**

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

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)  
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)  
Michael Dever, Director Department of Public Works  
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 – 6/3/2024**

Leigh Tucker motioned to approve the minutes from the June 3, 2024, meeting; Paul Porter seconded.  
The minutes were approved by unanimous vote, as written.

**III. – PUBLIC COMMENT**

There was no public comment.

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-434**

Department of Public Works, recommending an award on RQ13883 and enter into Purchase Order No. 24002178 with The McLean Company (11-4) in the amount not-to-exceed \$55,000.00 for the purchase of (1) Hot Box Trailer for the Road and Bridge Division.

Funding Source: Road and Bridge Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller asked what the range of prices for the 4-bids was. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2024-434 was approved by unanimous vote.

**BC2024-435**

Department of Public Works, recommending an award and enter into Contract No. 4381 with Kofile Technologies, Inc. (218-1) in the amount not-to-exceed \$25,987.60 for digitalization of records, annual licensing, hosting services, support and maintenance for the County Archives, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented and Paul Porter, Department of Purchasing supplemented. Dale Miller asked since you sent out 218 bid packages when this bid comes up again are you going to make any effort to narrow the field to businesses that would actually have some chance of bidding on this; asked is there any significant costs to sending this out to so many vendors or is this all done electronically and just a matter of pushing a few buttons. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-435 was approved by unanimous vote.

**BC2024-436**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Johnson Controls Fire Protection LP in the amount not-to-exceed \$57,337.12 for a joint cooperative purchase of labor and materials for upgrades to the Fire Alarm System at the Metzenbaum Center effective upon contract signatures of all parties for a period of 6 months.
- b) Recommending an award and enter into Contract No. 4463 with Johnson Controls Fire Protection LP in the amount not-to-exceed \$57,337.12 for a joint cooperative purchase of labor and materials for upgrades to the Fire Alarm System at the Metzenbaum Center effective upon contract signatures of all parties for a period of 6 months.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-436 was approved by unanimous vote.

**BC2024-437**

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Info Tech, Inc. in the amount not-to-exceed \$85,500.00 for the renewal of (15) Appia Standard Software Licenses for Construction Administration and Inspection Services for the period 6/16/2024 - 6/15/2027.
- b) Recommending an award and enter into Contract No. 4547 with Info Tech, Inc. in the amount not-to-exceed \$85,500.00 for the renewal of (15) Appia Standard Software Licenses for Construction Administration and Inspection Services for the period 6/16/2024 - 6/15/2027.

Funding Source: 87% Road & Bridge Fund and 13% Sanitary Sewer Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-437 was approved by unanimous vote.

**BC2024-438**

Department of Development, recommending a United States Environmental Protection Agency Brownfield Revolving Fund Loan to Global Ambassadors Language Academy (GALA) in the amount not-to-exceed \$498,884.00 for the environmental remediation of asbestos and lead-based paint associated with the former McKinley School, 3349 West 125<sup>th</sup> Street, Cleveland for the renovation and utilization as a charter school for the neighborhood.

Funding Source: United States Environmental Protection Agency Brownfield Revolving Loan Fund

Anthony Stella, Department of Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-438 was approved by unanimous vote.

**BC2024-439**

Department of Housing and Community Development, recommending an award on RQ13620 and enter into Contract No. 4460 with Housing Research and Advocacy Center (14-1) in the amount not-to-exceed \$250,000.00 for fair housing services effective upon contract signatures of all parties through 4/30/2026.

Funding Source: Community Development Block Grant funds

Kellie Glenn, Department of Housing and Community Development, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-439 was approved by unanimous vote.

**BC2024-440**

Department of Information Technology, recommending to amend Board of Control Approval No. BC2020-142, dated 2/24/2020 which approved an amendment to Contract No. CE1400329 with Time Warner Cable Enterprises, LLC to assign the interest from Time Warner Cable Enterprises, LLC to Charter Communications Operating, LLC dba Spectrum for dark fiber maintenance services for the period 10/1/2014 – 9/30/2024, to expand the scope of services for additional fiber maintenance at various locations, effective 1/12/2020, to modify the payment and contract terms, effective 2/24/2020, and for additional funds in the amount not-to-exceed \$405,431.40 by changing the time period from 10/1/2014 – 9/30/2024 to 10/1/2014 – 1/12/2025.

Funding Source: Wide Area Network Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-440 was approved by unanimous vote.

**BC2024-441**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$14,161.17 for the purchase of Panorama central management software for 25 devices and Nexum enabled premium support for each device effective Board of Control Approval for a period of 3 years.
  
- b) Recommending an award on Purchase Order No. 24002124 to Nexum, Inc. in the amount not-to-exceed \$14,161.17 for the purchase of Panorama central management software for 25 devices and Nexum enabled premium support for each device effective Board of Control Approval for a period of 3 years.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked about the need for additional firewalls. The Presenter will follow up. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-441 was approved by unanimous vote.

**BC2024-442**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council and Division of Senior and Adult Services, submitting an amendment to Contract No. 2521 (formerly Contract No. 12, 187 and CE1400246) with PeerPlace Networks, LLC for maintenance of a cloud-based comprehensive case management system for the period 8/4/2014 – 7/31/2024 to extend the time period to 7/31/2025 to expand the scope of services effective 8/1/2024 and for additional funds in the amount not-to-exceed \$202,620.00.

Funding Source: 50% Health & Human Services Levy & 50% Federal/State Funding

Marcos Cortes, Department of Health and Human Services, presented. Dale Miller asked do we expect the current vendor will be bidding on the new RFP; asked whether the new RFP specifications are going to be consistent with the current ones or calling for something different or better; asked where there at on this. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-442 was approved by unanimous vote.

**BC2024-443**

Department of Law,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Calfee, Halter & Griswold LLP in the amount not-to-exceed \$80,000.00 for various legal services in connection with the evaluation of proposals and negotiating the terms and drafting of the contract to acquire a Jail Management System for the period 3/20/2024 through project completion.



- b) Recommending an award and enter into Contract No. 4362 with Calfee, Halter & Griswold LLP in the amount not-to-exceed \$80,000.00 for various legal services in connection with the evaluation of proposals and negotiating the terms and drafting of the contract to acquire a Jail Management System for the period 3/20/2024 through project completion.

Funding Source: General Fund

Greg Huth, Department of Law, presented. Dale Miller commented that given the difficulties we've had in this area in the past that obtaining some outside expertise is probably money well spent. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-443 was approved by unanimous vote.

**BC2024-444**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4526 (formerly Contract No. 2225) with Dr. Douglas E. Waltman, Ph.D (formerly Waltman Psychological Services) for psychological evaluation services for the Diagnostic Clinic for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the amount not-to-exceed \$45,000.00.

Funding Source: Health and Human Service Levy Funds

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2024-444 was approved by unanimous vote.

**BC2024-445**

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,760.00 for a state contract purchase of (20) replacement HP Elite Mini Desktop Computers.
- b) Recommending an award on Purchase Order No. 24002162 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,760.00 for a state contract purchase of (20) replacement HP Elite Mini Desktop Computers.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2024-445 was approved by unanimous vote.

**BC2024-446**

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$42,624.00 for a state contract purchase of (32) HP ZBook Firefly mobile workstations.
- b) Recommending an award on Purchase Order No. 24002163 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$42,624.00 for a state contract purchase of (32) HP ZBook Firefly mobile workstations.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2024-446 was approved by unanimous vote.

**BC2024-447**

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,262.00 for a state contract purchase of various HPE equipment, parts and accessories for a new forensic server and workstation for the Cuyahoga County Prosecutor's Office Forensic Examiner.
- b) Recommending an award on Purchase Order No. 24002164 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,262.00 for a state contract purchase of various HPE equipment, parts and accessories for a new forensic server and workstation for the Cuyahoga County Prosecutor's Office Forensic Examiner.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2024-447 was approved by unanimous vote.

**BC2024-448**

**Medical Examiner's Office,**

- a) Submitting an RFP exemption, which will result in an award recommendation to ANSI National Accreditation Board, LLC in the amount not-to-exceed \$50,740.00 for a 3-day on-site inspection and DNA QAS audits to maintain accreditation, licensing fees for use of ABFT Laboratory accreditation standard and 2024 annual accreditation fees.
- b) Recommending an award on Purchase Order No. 24002190 to ANSI National Accreditation Board, LLC in the amount not-to-exceed \$50,740.00 for a 3-day on-site inspection and DNA QAS audits to maintain

accreditation, licensing fees for use of ABFT Laboratory accreditation standard and 2024 annual accreditation fees.

Funding Source: 85% General Fund and 15% FY2023 Paul Coverdell Forensic Science Improvement Grants Program Formula

Hugh Shannon, Medical Examiner's Office, presented. Dale Miller asked what is the significance of this accreditation that makes it worth paying up to \$50,740.00. Leigh Tucker motioned to approve the item as amended; Michael Dever seconded. Item BC2024-448 was approved by unanimous vote as amended.

**BC2024-449**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Foray LLC. d.b.a Foray Technologies in the amount not-to-exceed \$7,155.00 for a joint cooperative purchase of (5) additional Foray ADAMS Standard Concurrent User Licenses.
- b) Recommending an award on Purchase Order No. 24002255 to Foray LLC. d.b.a Foray Technologies in the amount not-to-exceed \$7,155.00 for a joint cooperative purchase of (5) additional Foray ADAMS Standard Concurrent User Licenses.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-449 was approved by unanimous vote.

**BC2024-450**

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$9,345.20 for a joint cooperative purchase of various caps, vials, and bulbs, for use by the Drug Chemistry Lab.
- b) Recommending an award on Purchase Order No. 24002308 to Fisher Scientific Company LLC in the amount not-to-exceed \$9,345.20 for a joint cooperative purchase of various caps, vials, and bulbs, for use by the Drug Chemistry Lab.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Michael Dever seconded. Item BC2024-450 was approved by unanimous vote.

**BC2024-451**

Department of Public Safety and Justice Services, recommending awards and enter into Agreements and Contracts with various providers for various services in connection with the FY2023 STOP Violence Against Women’s Act Block Grant for the period 1/1/2024 – 12/31/2024:

- a) Agreement No. 4488 with City of Bedford in the amount not-to-exceed \$32,366.57 for Domestic Violence Victim’s Program.
- b) Agreement No. 4489 with City of Cleveland in the amount not-to-exceed \$114,901.34 for Cleveland Domestic Violence Project, Cleveland Police.
- c) Agreement No. 4490 with City of Cleveland in the amount not-to-exceed \$161,832.88 for Cleveland Domestic Violence Project, Office of Prosecution.
- d) Agreement No. 4491 with City of Cleveland in the amount not-to-exceed \$46,931.54 for Cleveland Sexual Assault Advocate Project.
- e) Contract No. 4492 with Cleveland Rape Crisis Center in the amount not-to-exceed \$128,171.63 for Strengthening Direct Services for Survivors Project.
- f) Contract No. 4493 with Jewish Family Service Association of Cleveland, Ohio in the amount not-to-exceed \$55,346.85 for Domestic Violence Services Continuation Project .
- g) Contract No. 4494 with Journey Center for Safety and Healing in the amount not-to-exceed \$107,780.69 for Latina Domestic Violence Project services.

Funding Source: FY2023 STOP Violence Against Women Act Block Grant

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-451 was approved by unanimous vote.

**BC2024-452**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, recommending to amend Board of Control Approval No. BC2024-353, dated 5/6/2024 which approved an amendment to Contract No. 3054 (fka Contract No. 1983) with Oriana House, Inc. for administration and operation of the Neighborhood Reentry Resource Center and the Adult Transition Model for the period 7/1/2021 – 12/31/2024 to expand the scope of services, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$100,000.00 to change the amount-not-to-exceed to \$200,000.00.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-452 was approved by unanimous vote.

**BC2024-453**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into Contract No. 4578 with Playhouse Square Hotel, LLC dba Crowne Plaza Cleveland at Playhouse Square (13/4) in the amount not-to-exceed \$17,012.80 for a room rental, catering and audio/visual services in connection with the Annual Fatherhood Conference to be held on 6/14/2024.

Funding Source: 73%-Grant funds/Donation Grant Award – St. Luke’s Foundation \$7,000; Dollar Bank \$5,000; Meijer Fairfax Store \$500 and 27%-Health and Human Services Levy funds \$4,512.80

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-453 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-454 through BC2024-456; Trevor McAleer seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2024-454**

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 total amount not-to-exceed \$1.00 for the month of May 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

**BC2024-455**

Fiscal Department, presenting proposed travel/membership requests for the week of 6/10/2024:

|           |                                      |                |          |            |                        |         |       |                |
|-----------|--------------------------------------|----------------|----------|------------|------------------------|---------|-------|----------------|
| Dept:     | Department of Information Technology |                |          |            |                        |         |       |                |
| Event:    | Global Summit 2024                   |                |          |            |                        |         |       |                |
| Source:   | Project Management Institute         |                |          |            |                        |         |       |                |
| Location: | Los Angeles, CA                      |                |          |            |                        |         |       |                |
| Staff     | Travel Dates                         | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total | Funding Source |

|                         |                       |            |          |            |        |          |            |              |
|-------------------------|-----------------------|------------|----------|------------|--------|----------|------------|--------------|
| Kimberly Dickson-McCall | 9/17/2024 – 9/21/2024 | \$1,625.00 | \$176.00 | \$2,087.91 | \$0.00 | \$299.09 | \$4,188.00 | General Fund |
|-------------------------|-----------------------|------------|----------|------------|--------|----------|------------|--------------|

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The Summit offers sessions on the latest trends, tools, and best practices in project management. My participation in workshops and seminars led by industry experts will enhance my skills and Knowledge, particularly in advanced project management methodologies and strategies. The event also provides a unique opportunity to connect with fellow project management professionals; engaging with peers from different industries will facilitate the exchange of ideas and experiences, potentially leading to innovative solutions for our projects.

**BC2024-456**

Department of Purchasing, presenting proposed purchases for the week of 6/10/2024:

**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   |
|-----------------------|--|----------------------------|--|-------------|--|
| 24002272              | (1) Landscape trailer  | Department of Public Works | JTI, Inc.                              | \$16,636.00 | General Fund   |
| 24002289              | (1) Detention grade shower door for the County Jail  | Department of Public Works | American Corrections Maintenance, Inc. | \$40,116.73 | General Fund   |
| 24002241              | Production and mailing of 2024 Proposed Value Notice (PVN)   | Fiscal Office              | Weekley’s Mailing Service              | \$31,122.00 | Real Estate Assessment Fund                                |
| 24002224              | (1) of each: interactive display monitor, mobile stand, electric L-shaped standing desk, vertical filing cabinet, laser multifunction printer, display wall controller;<br>(8) of each: Monitor desk, standing mat, USB-C cable, headphones, webcams, electric standing desk, computer speakers, wireless mouse and keyboards; | Prosecutor’s Office        | MNJ Technologies Direct, Inc.          | \$33,005.92 | FY2021 Local Law Enforcement Crime Gun Intelligence Center |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | (4) of each: wall mount units and 70" monitors; (30) Black video cable and (32) 27" monitors for new office set up of Northeast Ohio Crime Gun Intelligence Center (CGIC) Unit |  |  |  |  |
|--|--|--|--|--|--|

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

| Purchase Order Number | Description                                       | Department                 | Vendor Name      | Total      | Funding Source |
|-----------------------|---|----------------------------|------------------|------------|----------------|
| 24002234              | Factory Authorized – Hydromatic submersible pump* | Department of Public Works | Pump Systems LLC | \$6,575.00 | Sanitary Fund  |

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

**V- OTHER BUSINESS**

**Time Sensitive/Mission Critical**

**BC2024-457**

Department of Public Works, recommending an award on Purchase Order No. 24002247 to ADB Safegate Americas LLC in the amount not-to-exceed \$7,620.68 for (1) replacement 19" Touch Screen Arista ESG monitor and (2) capacitors, installation and software configuration for the County Airport's lighting systems.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-457 was approved by unanimous vote.

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

**Item No. 1**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a grant agreement and funding application with State of Ohio, Department of Youth Services for various programs in connection with the SFY2024 RECLAIM Ohio Grant for the period 7/1/2023 – 6/30/2025 ~~to extend the time period to 6/30/2025~~ **to make budget line-item revisions; no additional funds.**

Funding Source: Ohio Department of Youth Services

**Item No. 2**

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

| RQ No.  | Contract Number                             | Vendor                              | Service Description  | Amount     | Department  | Date(s) of Service  | Funding Source                      | Date of Execution                       |
|---------|---|-------------------------------------|--|------------|---|---|-------------------------------------|---|
| No RQ   | N/A   | The Prism Health Group, LLC         | Exhibit 2 – Analysis and evaluation of the pharmacy benefits described in the Request for Proposal process for County medical and prescription benefits, effective upon agreement signature of all parties                     | \$-0-      | Department of Human Resources                           | N/A   | N/A                                 | 5/29/2024                               |
| RQ11071 | Amend Revenue Generating Agreement No. 3889 | 21C LLC dba Compass Energy Platform | Energy consulting and management services in connection with the Cuyahoga County Utility Microgrid Design project, <b>to change the scope of services and terms, effective upon contract signature of the County Executive</b> | \$-0-      | Department of Public Works/Division of Public Utilities | 12/18/2023 – 12/17/2033   | (Original) Revenue Generating       | 5/29/2024 (Executive)<br>6/4/2024 (Law) |
| No RQ   | Contract No. 4383                           | Wingspan Care Group                 | Evidence-based, trauma-informed treatment services for child victims and witnesses of violence   | \$4,500.00 | Department of Public Safety and Justice Services        | Effective upon contract signature of all parties through 12/31/2024 | Health and Human Services Levy Fund | 6/3/2024 (Executive)<br>5/31/2024 (Law) |

**LPA Agreements – Processed and executed (no vote required)**

| Approving Resolution | Public convenience and welfare project description   | Total Estimated Project Cost | Total Actual Project Cost | Funding Source   | Date of Execution    |
|----------------------|--|------------------------------|---------------------------|--|----------------------|
| R2024-0067           | Resurfacing of Warrensville Center Road from Fairmount Boulevard to Mayfield Road in the Cities of University Heights and South Euclid – Council Districts 10 and 11 | \$7,500,000.00               | N/A                       | \$6,000,000.00 – Federal Fund<br>\$750,000.00 – Road and Bridge Fund<br>\$460,000.00 – City of South Euclid<br>\$290,000.00 – City of University Heights | 6/3/2024 (Executive) |

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**



Leigh Tucker motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:34 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**BC2024-396**

|                           |   |  |
|---------------------------|---|--|
| Title                     | Fiscal Department; Raftelis Financial Consultants, Inc.; Contract; 05/27/2024 – 05/26/2025; Strategic Plan Creation   |  |
| Department or Agency Name | Fiscal Department on behalf of the Executive Department   |  |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><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                              | 4480                           | Raftelis Financial Consultants, Inc. | 05/27/2024 – 05/26/2025 | \$157,500.00 | Pending                                   | Pending      |

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

---

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):  
 Develop mission, vision and value statements  
 Create benchmarks and performance measures  
 Produce templates to align with the overall strategic plan

---

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): |
| Raftelis Financial Consultants, Inc.<br>19 Garfield Place, Suite 500<br>Cincinnati, OH 45202 | Julia D. Novak<br>Executive 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 # if applicable<br><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input checked="" type="checkbox"/> Formal Closing Date: 3/1/2024   | Provide a short summary for not using competitive bid process.<br><br>*See Justification for additional information.   |
| The total value of the solicitation: 150,000-250,000  | <input type="checkbox"/> Exemption   |
| Number of Solicitations (sent/received) /<br>71 Solicitations Sent per DoP tabulation sheet<br>7 Proposals Received (6 electronic and 1 physical)   | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): ( ) DBE (7%) SBE (4%) MBE (4%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.<br>The vendor stated they received the RFP late and did not have time to contact county certified vendors. Their standard SBE/MBE/WBE are not county certified, so the vendor requested a waiver. | <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<br><input type="checkbox"/> No, please explain:  | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?<br>A majority of the proposals were similar to each other in price with one proposal being significantly higher than the others.   | <input type="checkbox"/> Contract Amendment (list original procurement)<br><br><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.<br>100% General Fund           |
| Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if “no” please explain): Request will be submitted to Council for funding.                  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|   |   |
|---|---|
| Provide status of project.  |   |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase  | Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason:   |   |
| Timeline:<br>Project/Procurement Start Date<br>(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) Vendor is still providing service while the amendment is being processed. |   |
| Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)  |   |

|                             |
|-----------------------------|
| HISTORY (see instructions): |
|-----------------------------|

**B. – New Items for Review**

**BC2024-458**

|                           |   |
|---------------------------|---|
| Title                     | 2024, Department of Public Works, Rediscover Veteran’s Memorial Bridge Events   |
| Department or Agency Name | Department of Public Works  |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/<br>Amendment<br>(A-# ) | Contract No. (If<br>PO, list PO#) | Vendor<br>Name | Time Period | Amount | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|-----------------------------------|----------------|-------------|--------|---------------------------------|--------------|
|--------------------------------------|-----------------------------------|----------------|-------------|--------|---------------------------------|--------------|

|   |             |                             |                               |          |         |         |
|---|-------------|-----------------------------|-------------------------------|----------|---------|---------|
| O | PO#24002267 | Downtown Cleveland Alliance | 06/19/2024<br>-<br>09/15/2024 | \$30,000 | Pending | Pending |
|---|-------------|-----------------------------|-------------------------------|----------|---------|---------|

Service/Item Description (include quantity if applicable).  
The Department of Public Works is requesting approval of an RFP Exemption for the procurement of event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events. The anticipated cost will not exceed \$30,000.

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

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

Project Goals, Outcomes or Purpose (list 3):  
The primary goal of this request is to award a departmental order to one vendor that can provide coordination support and equipment that is required for the event.

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:<br><br>Downtown Cleveland Alliance<br>1010 Euclid Avenue, 3 <sup>rd</sup> Floor, Cleveland, OH 44115 | Owner, executive director, other (specify):<br><br>Michael Deemer, President & CEO |
| Vendor Council District: 7  | Project Council District: 7  |
| If applicable provide the full address or list the municipality(ies) impacted by the project.                                 |  |

| COMPETITIVE PROCUREMENT  | NON-COMPETITIVE PROCUREMENT  |
|--|--|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: _____<br>N/A | Provide a short summary for not using competitive bid process.<br>Downtown Cleveland Alliance is the CDC for Downtown Cleveland and coordinate events for downtown, which is the location of the bridge event. There are not multiple CDC's for downtown Cleveland. Other CDC's do not have the experience of the bridge location.<br>*See Justification for additional information. |

|   |  |
|---|--|
| The total value of the solicitation:  | <input type="checkbox"/> Exemption   |
| Number of Solicitations (sent/received) /<br>N/A  | <input type="checkbox"/> State Contract, list STS number and expiration date<br><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.<br>N/A<br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).               |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:<br>N/A   | <input type="checkbox"/> Government Purchase<br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?<br>N/A   | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><input type="checkbox"/> Other Procurement Method, please describe:   |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br>100% Road and Bridge Funds  |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br>PW270205 73300  |
| Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-# ) | Contract No. (If PO, list PO#) | Vendor Name                 | Time Period         | Amount   | Date BOC/Council Approved | Approval No. |
|---|--------------------------------|-----------------------------|---------------------|----------|---------------------------|--------------|
| O   | PO# 23002645                   | Downtown Cleveland Alliance | 06/23/23 – 06/24/23 | \$55,000 | 06/05/23                  | BC2023-359   |

**BC2024-459**

|                           |   |
|---------------------------|---|
| Title                     | Fiscal Department; Mills James Productions; Purchase Order; Audio and Visual Equipment rental for the Forfeited Land Sale at the Huntington Convention Center   |
| Department or Agency Name | Fiscal Department   |
| 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<br><input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name       | Time Period           | Amount      | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|-------------------|-----------------------|-------------|---------------------------|--------------|
| O                              | 24002334                       | Mills James, Inc. | 8/26/2024 – 8/30/2024 | \$16,000.00 | Pending                   | Pending      |

|  |
|--|
| <p>Service/Item Description (include quantity if applicable).<br/> This purchase order is for the rental of audio/visual equipment for the annual forfeited land sale at the Huntington Convention Center.</p>   |
| <p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br/> Age of items being replaced: _____ How will replaced items be disposed of?</p>   |
| <p>Project Goals, Outcomes or Purpose (list 3):<br/> Audio/visual equipment for forfeited land sale</p>  |

|  |  |
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| <p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p> |  |
| <p>Vendor Name and address:<br/> Mills James Productions<br/> 1 St. Clair Ave NE<br/> Cleveland, OH 44114</p>  | <p>Owner, executive director, other (specify):<br/> Tim Jarmain<br/> Sales Manager</p> |
| <p>Vendor Council District:</p>  | <p>Project Council District:</p>   |
| <p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>   |  |

| COMPETITIVE PROCUREMENT  | NON-COMPETITIVE PROCUREMENT  |
|--|--|
| <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br/> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br/> <input type="checkbox"/> Informal<br/> <input type="checkbox"/> Formal Closing Date: _____</p> | <p>Provide a short summary for not using competitive bid process.<br/> An RFP Exemption was used because this vendor is the only equipment provider for the Huntington Convention Center. The convention center requires us to use their audio and visual provider.<br/><br/> *See Justification for additional information.</p> |
| <p>The total value of the solicitation: _____</p>  | <p><input checked="" type="checkbox"/> Exemption</p>   |
| <p>Number of Solicitations (sent/received) _____ / _____</p>   | <p><input type="checkbox"/> State Contract, list STS number and expiration date<br/><br/> <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>   |
| <p>Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p>  | <p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).</p>  |



|   |   |
|---|---|
| If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?                  |   |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase                              |
|   | <input type="checkbox"/> Alternative Procurement Process                  |
| How did pricing compare among bids received?  | <input type="checkbox"/> Contract Amendment - (list original procurement) |
|   | <input type="checkbox"/> Other Procurement Method, please describe:       |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br>100% Real Estate Assessment Fund  |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|   |  |
|---|--|
| Provide status of project.  |  |
| Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |  |
| Reason:   |  |
| Timeline  |  |
| Project/Procurement Start Date (date your team started working on this item):   |  |
| Date documents were requested from vendor:  |  |
| Date of insurance approval from risk manager:   |  |
| Date Department of Law approved Contract:   |  |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:   |  |

|   |
|---|
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) |
| Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)      |

| HISTORY (see instructions):                        |                                |                 |                        |           |                           |              |
|--|--------------------------------|-----------------|------------------------|-----------|---------------------------|--------------|
| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name     | Time Period            | Amount    | Date BOC/Council Approved | Approval No. |
| O  | 2300325<br>0-EXMT              | Mills James Inc | 8/25/2023-<br>9/2/2023 | 14,614.92 | BC2023-475                | 7/31/2023    |

**BC2024-460**

|                           |   |
|---------------------------|---|
| Title                     | KeyBank Banking and Treasury Services P-Card Amendment #11  |
| Department or Agency Name | Department of Purchasing  |
| 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<br><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                             | 2000769                        | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$3,200,000.00 | 3/10/2020                                 | R2020-0057   |
| A-1                           | 41                             | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$435,470.00   | 6/28/2021                                 | BC2021-310   |
| A-2                           | 41                             | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$83,625.00    | 12/6/2021                                 | BC2021-702   |
| A-3                           | 2889                           | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$85,400.00    | 4/18/2022                                 | BC2022-233   |
| A-4                           | 2889                           | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$5,500.00     | 8/8/2022                                  | BC2022-479   |
| A-5                           | 2696                           | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$51,125.00    | 11/14/2022                                | BC2022-688   |

|      |      |                              |                       |              |            |            |
|------|------|------------------------------|-----------------------|--------------|------------|------------|
| A-6  | 2696 | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$40,300.00  | 3/6/2023   | BC2023-140 |
| A-7  | 2696 | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$19,900.00  | 6/12/2023  | BC2023-372 |
| A-8  | 2696 | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$51,500.00  | 11/13/2023 | BC2023-718 |
| A-9  | 2696 | KeyBank National Association | 4/1/2020 to 3/31/2024 | \$128,625.00 | 1/16/2024  | BC2024-46  |
| A-10 | 4198 | KeyBank National Association | 4/1/2020 to 9/30/2024 | \$0.00       | 2/26/2024  | BC2024-162 |
| A-11 | 4198 | KeyBank National Association | 4/1/2020 to 9/30/2024 | \$105,250.00 | PENDING    | PENDING    |

Service/Item Description (include quantity if applicable). Indicate whether  New or  Existing service or purchase.  
 Increase funds for Banking and Treasury Services in the total amount not to exceed \$105,250.00

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

Project Goals, Outcomes or Purpose (list 3): This amendment is being completed to increase requesting departments encumbered funds to the P-Card program, add three new departments, change card coordinators for the Department of Public Works and the Sheriff's Department. This amendment will also replace a cardholder for the Board of Developmental Disabilities. This contract runs through 9/30/2024.

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

|   |   |
|---|---|
| Vendor Name and address:  | Owner, executive director, other (specify): |
| KeyBank, National Association<br>127 Public Square<br>Cleveland, Ohio 44114                   | Charles Wise<br>Susan Todaro                |
| Vendor Council District:  | Project Council District:                   |
| 7   | 7   |
| If applicable provide the full address or list the municipality(ies) impacted by the project. |   |

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

|  |  |
|--|--|
| <input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date:   | *See Justification for additional information.   |
| The total value of the solicitation: N/A   | <input type="checkbox"/> Exemption   |
| Number of Solicitations (sent/received) /  | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><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<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <input checked="" type="checkbox"/> Contract Amendment (list original procurement) - Originally procured via RFP<br><input type="checkbox"/> Other Procurement Method, please describe:      |

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.

(NEW REQUEST) Sheriff's Department: Law Enforcement: CPT- Special Revenue Fund \$25,000.00

(NEW REQUEST) Sheriff's Department: Jail Operations: General Fund \$10,000.00

(NEW REQUEST) Department of Public Works – Utilities: General Fund \$5,000.00

Department of Law: General Fund \$1,000.00

Consumer Affairs/Weights & Measures Department: Consumer Affairs Funds \$3,000.00

Sheriff's Department: General Fund \$2,500.00

Department of Innovation and Performance: General Fund \$10,000.00

Medical Examiner's Office: General Fund \$18,000.00  
 Department of Communications: General Fund \$8,500.00  
 Department of Public Works-Road and Bridge: Road and bridge Fund \$12,500.00  
 Department of Public Works-Sanitary: Sanitary Sewer Funds \$5,000.00  
 Department of Public Works-Archives: General fund \$1,625.00  
 Department of Public Works – Facilities: General Fund \$2,000.00  
 Health and Human Services -Family and Children First Council: Levy \$,1,125.00

Funding Source Breakdown %:

General 55%  
 Consumer Affairs 3%  
 Road and bridge 12%  
 Sanitary Sewer 5%  
 CPT- Special Revenue Fund 24%  
 Levy 1%

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

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

Provide status of project.

|  |   |
|--|---|
| <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: Extending KeyBank contract to September 30, 2024.

|   |           |
|---|-----------|
| Timeline:<br>Project/Procurement Start Date<br>(date your team started working on this item): | 3/14/2024 |
| Date documents were requested from vendor:  |           |
| Date of insurance approval from risk manager:   | 10/6/2023 |
| Date Department of Law approved Contract:   | 1/26/2024 |
| Date item was entered and released in Infor:  | 5/30/2024 |

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Replacing Gina Huffman's Board of DD card with Allen Wilks, Gina no longer works for the Board of DD.

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

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

HISTORY (see instructions):

**BC2024-461**

|               |  |
|---------------|--|
| TITLE         | NetApp Renewal for the Infrastructure Storage Appliances – Agenda Correction |
| DEPARTMENT OR | Department of Information Technology   |

|                  |  |
|------------------|--|
| REQUESTED ACTION | <input checked="" type="checkbox"/> Amendment to Approval (BOC or Council)<br><input type="checkbox"/> Other action; please describe |
|------------------|--|

|  |  |
|--|--|
| DESCRIPTION/<br>EXPLANATION OF<br>REQUEST: | <p>The Department of Information Technology plans to contract with Logicalis, Inc., for the subscription August 1, 2024 – July 31, 2025 for NetApp Renewal for the Infrastructure Teams Storage Appliances in the amount of \$97,080.06.</p> <p>There was a typo on the agenda in the amount of \$97,080.00. This request is to correct the agenda information to read the approval amount as \$97,080.06.</p> |
|--|--|

|                                   |  |              |
|-----------------------------------|--|--------------|
| CURRENT/HISTORICAL<br>INFORMATION | DATE BOC APPROVED/<br>COUNCIL’S JOURNAL DATE | APPROVAL NO. |
| ORIGINAL (O)                      | June 3, 2024                                 | BC2024-423   |
| AMENDMENT (A)                     |  |              |

**BC2024-462**

|                           |  |  |
|---------------------------|--|--|
| Title                     | Access Control and Related Devices for the Jane Edna Hunter Building   |  |
| Department or Agency Name | Department of Information Technology on behalf of Health and Human Services  |  |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue<br>Generating <input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |  |

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor<br>Name                     | Time Period | Amount     | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|------------------------------------|-------------|------------|---------------------------------|--------------|
|                                      | 24002293<br>STAC                     | Integrated<br>Precision<br>Systems |             | \$9,324.21 | PENDING                         | PENDING      |

Service/Item Description (include quantity if applicable).  
 The Department of Information Technology on behalf of Health and Human Services plans to contract with Integrated Precision Systems, Inc., for the purchase of a Access Control and Related Devices for the Jane Edna Hunter Building in the amount of \$9,324.21. This request is for the procurement, installation, and programming of access control, a replacement push-to-exit button, and related devices at the Jane Edna Hunter Building.

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

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

Project Goals, Outcomes or Purpose (list 3):  
 This 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. STS # 10018, effective through 01/31/2025.

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.<br>8555 Sweet Valley Drive, Suite B<br>Valley View, OH 44125 | Rob Jackson<br>Account Representative       |
| Vendor Council District:  | Project Council District:                   |
|   |   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |   |

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT  |
|---|--|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: _____ | Provide a short summary for not using competitive bid process.<br>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.<br><br>*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<br>STS # 10018, effective through 01/31/2025.<br><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.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><br><input type="checkbox"/> Other Procurement Method, please describe:                       |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br><br>66% Health and Human Services Levy Fund and 34% Title IV-E            |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

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



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

HISTORY (see instructions): N/A. This network is an extension of the existing surveillance system that is supported by Integrated Precision Systems, INC under a service contract.

**BC2024-463**

|                           |   |
|---------------------------|---|
| Title                     | PO24002359STAC - 2024- Procurement of Catalyst Distribution Switches and Cables   |
| 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<br><input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name            | Time Period | Amount      | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|------------------------|-------------|-------------|---------------------------|--------------|
|                                | PO24002359STAC                 | TEC Communications INC | 2024        | \$46,900.51 | PENDING                   | PENDING      |

Service/Item Description (include quantity if applicable).  
The Department of Information Technology plans to contract with TEC Communications, INC for procurement of Catalyst Distribution Switches and associated cables for the Security Project at the Cuyahoga County Justice Center Jail(s) in the amount of \$46,900.51.  
These are the following items that DoIT is procuring:

1. Cisco catalyst switch
2. Catalyst switch support
3. Cooling system for the switch
4. License for the Switch (36 month)
5. Catalyst transceiver compatible with catalyst switch
6. Cables and transceivers for the Catalyst switch
7. Data support for 24 port catalyst switches
8. Network support for 24 port catalyst switches (36 Month)
9. Expansion module supports high-speed network environments such as data centers for switches
10. Power supply for catalyst switch

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

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| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br>Age of items being replaced: _____ How will replaced items be disposed of? _____  |
| Project Goals, Outcomes or Purpose (list 3):<br>The Department of Information Technology plans to contract with TEC Communications, INC for procurement of Catalyst Distribution Switches and associated cables for the Security Project at the Cuyahoga County Justice Center Jail(s) in the amount of \$46,900.51. |

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| 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): |
| TEC Communications INC.,<br><br>20234 Detroit Road<br>Rocky River, OH 44116   | Melanie Schilling, Owner                    |
| Vendor Council District:  | Project Council District:                   |
|   |   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |   |

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| <b>COMPETITIVE PROCUREMENT</b>   | <b>NON-COMPETITIVE PROCUREMENT</b>  |
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal      Closing Date: _____ | Provide a short summary for not using competitive bid process.<br>TEC Communications, Inc. is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534612 expires on June 30, 2025.<br>All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 033, Contract# 534612 effective through 6/30/2025.<br><br>*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<br><br>STS # 033, Contract# 534612 effective through 6/30/2025.   |

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|  | <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.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase   |
|  | <input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <input type="checkbox"/> Contract Amendment - (list original procurement)  |
|  | <input type="checkbox"/> Other Procurement Method, please describe:  |

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

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| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br>100% General Fund   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br>PW600100  |
| 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): |

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|--|-----------|
| Provide status of project.   |           |
| Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |           |
| Reason:  |           |
| Timeline   |           |
| Project/Procurement Start Date (date your team started working on this item):  | 4.4.2024  |
| Date documents were requested from vendor:   | 5.21.2024 |

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

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| HISTORY (see instructions): |
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**BC2024-464**

|                           |   |
|---------------------------|---|
| Title                     | Fiscal Department; The Teaching Cleveland Foundation d.b.a Teaching Place d.b.a Teaching Cleveland; Contract; 06/17/2024 – 06/16/2026   |
| Department or Agency Name | Fiscal  |
| 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<br><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. |
|--------------------------------|--------------------------------|-----------------------------------|---|-------------|---|--------------|
| 0                              | 4515                           | The Teaching Cleveland Foundation | effective upon contract signatures of all parties for a period of two years | \$90,000.00 | Pending                                   | Pending      |

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| <p>Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Fresh Water Institute Fellowship Program is a two-year program with specialized curriculum focused on urban water cycles, the Great Lakes, and the complex environment and social issues surrounding water as an essential resource. Each Year 30 high school students from inner-ring suburbs will participate in eight months of after school programming and a two-week intensive summer program. The program will be based out of the Foundry on Columbus Rd where students will have access to the Cuyahoga River, classroom space, and the full Foundry facility.</p> |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>   |
| <p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>- To have students acquire a comprehensive understanding of water issues</li> <li>- To have students help develop solutions to water-related challenges</li> </ul>  |

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|---|
| - To have students help northeast Ohio enhance the protection and restoration efforts for a sustainable future of Lake Erie                   |
| If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|---|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) |   |
| Vendor Name and address:  | Owner, executive director, other (specify): |
| The Teaching Cleveland Foundation<br>d.b.a Teaching Place<br>d.b.a Teaching Cleveland<br>4146 Giles Road<br>Moreland Hills, OH 44022  | Greg Deegan<br>Executive Director           |
| Vendor Council District:  | Project Council District:                   |
|   |   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |   |

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| <b>COMPETITIVE PROCUREMENT</b>   | <b>NON-COMPETITIVE PROCUREMENT</b>   |
| RQ # if applicable<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process.<br>This grant is an initiative of the Executive Office.<br><br>*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<br><br><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<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <input type="checkbox"/> Contract Amendment (list original procurement)<br><br><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.              |  |

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| 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.<br>100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):   |
| Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):  |

|   |   |
|---|---|
| Provide status of project.  |   |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase    | Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason:   |   |
| Timeline:<br>Project/Procurement Start Date<br>(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): |
|-----------------------------|

**BC2024-465**

|                           |  |
|---------------------------|--|
| Title                     | Request for PO #24002368 STAC for Ransomware Security Software in the amount of \$123,694.00 |
| Department or Agency Name | County Prosecutor’s Office   |

|                  |   |
|------------------|---|
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order<br><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. |
|--------------------------------|--------------------------------|------------------|-------------|--------------|---|--------------|
| 0                              | 24002368                       | MNJ Technologies | 3 years     | \$123,694.00 | pending                                   | pending      |

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| Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.<br>The Illumio software monitors and provides visualization of how servers / endpoints are communicating. This internal communication is watched to help isolate and prevent the spread of ransomware to critical systems withing our datacenter. |
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br>Age of items being replaced: _____ How will replaced items be disposed of?  |
| Project Goals, Outcomes or Purpose (list 3):<br>Prevent ransomware attacks on our datacenter   |
| 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): |
| MNJ Technologies Direct, Inc.<br>1025 Busch Parkway, Buffalo Grove, IL 60089  | Jimmy Lochner, Account Manager              |
| Vendor Council District:  | Project Council District:                   |
|   |   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |   |

| COMPETITIVE PROCUREMENT  | NON-COMPETITIVE PROCUREMENT  |
|--|--|
| RQ # if applicable<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: _____ | Provide a short summary for not using competitive bid process.<br>Purchase is through State Contract<br><br>*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<br>STS #534354 expires 12-19-2026                                  |

|   |  |
|---|--|
|   | <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date   |
| Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <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: TAC meeting on May 30, 2024 |
| Is the item ERP related? <input type="checkbox"/> No <input checked="" 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.          |  |

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| 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.<br>County Prosecutor’s General Fund |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):   |
| Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):      |

|  |   |
|--|---|
| Provide status of project.   |   |
| <input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase | Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason:  |   |
| Timeline:<br>Project/Procurement Start Date<br>(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):

**BC2024-466**

|                           |   |
|---------------------------|---|
| Title                     | Requesting approval of Purchase Order no. 24002038-0-EXMT with Federal Express Corporation DBA FedEx, for Alternative Procurement for the anticipated cost not-to-exceed \$15,000.00 to process express shipments for DNA related testing internationally.                                |
| Department or Agency Name | Medical Examiner’s Office   |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendme nt (A-# ) | Contract No. (If PO, list PO#) | Vendor Name                           | Time Period | Amount      | Date BOC/Council Approved | Approval No. |
|---------------------------------|--------------------------------|---------------------------------------|-------------|-------------|---------------------------|--------------|
|                                 | PO#24002038-EXMT               | Federal Express Corporation DBA FedEx | na          | \$15,000.00 | Pending                   | Pending      |

|   |
|---|
| Service/Item Description (include quantity if applicable).  |
| <p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>The MEO and the Cuyahoga County Regional Forensic Science Laboratory Parentage and DNA Departments use FedEx to ship out DNA-related results and items internationally. These services are reimbursed and charged to the clients/embassies/etc. The PO will allow for processing invoices through the remainder of 2024.</p> |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>  |
| <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Purchase Order will allow for processing invoices through the remainder of 2024.</p>   |

|   |  |
|---|--|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) |  |
| Vendor Name and address:  | Owner, executive director, other (specify):              |
| Federal Express Corporation DBA FedEx<br>PO Box 371461<br>Pittsburgh, PA 15250  | Raj Subramaniam<br>President and Chief Executive Officer |
| Vendor Council District:  | Project Council District:                                |
|   |  |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |  |

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT  |
|---|--|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date:   | Provide a short summary for not using competitive bid process.<br><br>*See Justification for additional information.   |
| The total value of the solicitation:  | <input checked="" type="checkbox"/> Exemption<br>BC2021-249 Official Administrative List of Procurement Exemptions   |
| Number of Solicitations (sent/received) /   | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><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<br><input type="checkbox"/> No, please explain.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).                   |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase<br><br><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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.         |  |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.   |  |

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed<br><br>100% General Fund  |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br><br>General fund -Shipping ME100105 / 54200   |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|   |
|---|
| Provide status of project.  |
| Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason:   |
| Timeline  |
| Project/Procurement Start Date (date your team started working on this item):   |
| Date documents were requested from vendor:  |
| Date of insurance approval from risk manager:   |
| Date Department of Law approved Contract:   |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:   |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)   |
| Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)  |

|                             |
|-----------------------------|
| HISTORY (see instructions): |
|-----------------------------|

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount   | Date BOC/Council Approved | Approval No. |
|--|--------------------------------|-------------|-------------|----------|---------------------------|--------------|
|  | PO23002112-EXMT                | FedEx       |             | \$15,000 | 5/15/2023                 | BC2023-310   |

**BC2024-467**

|                           |   |
|---------------------------|---|
| Title                     | Medical Examiner's Office request approval of Purchase Order No. 24002327-JCOP in the amount of \$24,256.91 to Fisher Scientific Company LLC as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for various supplies for Medical Examiner's Toxicology Lab. |
| Department or Agency Name | Medical Examiner's Office   |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify):                   |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name                   | Time Period | Amount      | Date BOC/Council Approved | Approval No. |
|-------------------------------|--------------------------------|-------------------------------|-------------|-------------|---------------------------|--------------|
| O                             | PO#24002327-JCOP               | Fisher Scientific Company LLC | na          | \$24,256.91 |                           |              |

|   |
|---|
| Service/Item Description (include quantity if applicable).  |
| Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) Joint Cooperative Purchase with Fisher Scientific Company LLC through Omnia Partners for general lab supplies – Contact No. 2021002889; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process. |
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br>Age of items being replaced: _____ How will replaced items be disposed of?   |
| Project Goals, Outcomes or Purpose (list 3):<br>Purchase of Supplies for the Medical Examiner's Drug Toxicology Lab.  |

|   |   |
|---|---|
| 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): |
| Fisher Scientific Company LLC   | Marc Casper -President & CEO                |

|   |                                    |
|---|------------------------------------|
| 300 Industry Dr<br>Pittsburg, PA 15275  | Regina Baker- Sales Representative |
| Vendor Council District:  | Project Council District:          |
|   |                                    |
| If applicable provide the full address or list the municipality(ies) impacted by the project. |                                    |

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT   |
|---|---|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date:   | Provide a short summary for not using competitive bid process.<br><br>*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<br><br><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date<br>list number and expiration date<br>Omnia Partners/Fisher Scientific<br>General Lab Supplies<br>Contract Number: 2021002889<br>Term: June 15, 2021 through June 30, 2025 |
| Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).  |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process  |
| How did pricing compare among bids received?  | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><br><input type="checkbox"/> Other Procurement Method, please describe:  |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br><br>100% General Fund   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br><br>ME100105  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|   |
|---|
| Provide status of project.  |
| Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason:   |
| Timeline  |
| Project/Procurement Start Date (date your team started working on this item):   |
| Date documents were requested from vendor:  |
| Date of insurance approval from risk manager:   |
| Date Department of Law approved Contract:   |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:   |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)   |
| Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)  |

| HISTORY (see instructions):                        |                                |                               |             |             |                           |              |
|--|--------------------------------|-------------------------------|-------------|-------------|---------------------------|--------------|
| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name                   | Time Period | Amount      | Date BOC/Council Approved | Approval No. |
|  | 24000419                       | Fisher Scientific Company LLC |             | \$24,256.91 | 2/5/2024                  | BC2024-85    |

**BC2024-468**

|                           |   |  |
|---------------------------|---|--|
| Title                     | 2024 DNA Laboratory Freezer for the Medical Examiner's Office   |  |
| Department or Agency Name | Department of Public Safety and Justice on behalf of the Medical Examiner's Office  |  |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |  |

| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name       | Time Period | Amount   | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|-------------------|-------------|----------|---------------------------|--------------|
| O                              | 24002339                       | Fisher Scientific | N/A         | 6,188.54 | Pending                   | Pending      |

Service/Item Description (include quantity if applicable).  
 The Medical Examiner's Office will be purchasing a DNA laboratory freezer for \$6,188.54 from Fisher Scientific. The laboratory freezer will be used to store a variety of DNA samples used by the County's Medical Examiner's Office.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. Store DNA samples used by the County's Medical Examiner's Office.
2. Keep DNA samples viable.

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):             |
| 300 Industry DR Pittsburgh, Pennsylvania 15275-1001 United States                             | Marc N. Casper<br>President and Chief Executive Officer |
| Vendor Council District:  | Project Council District:                               |
| All   | All   |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | All municipalities of Cuyahoga County.                  |

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

|   |   |
|---|---|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date:   | Provide a short summary for not using competitive bid process.<br>This is a purchase being made through Omnia contract, due to this contract we know the quoted price is competitive and fair<br><br>*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<br><br><input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date   |
| Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).  |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process  |
| How did pricing compare among bids received?  | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><br><input type="checkbox"/> Other Procurement Method, please describe:  |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br>ARPA Crime Lab Backlog Grant 100%   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.<br>Accounting Unit: ME285145   |
| 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.<br>New service  |  |
| Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |  |
| Reason:  |  |
| Timeline   |  |
| Project/Procurement Start Date (date your team started working on this item):  |  |
| Date documents were requested from vendor:   |  |
| Date of insurance approval from risk manager:  |  |
| Date Department of Law approved Contract:  |  |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:  |  |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)   |  |
| Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)  |  |

HISTORY (see instructions):

**BC2024-469**

|                           |   |
|---------------------------|---|
| Title                     | PSJS on behalf of the Medical Examiner's Office; Agilent Technologies, Inc.; Purchase Order for Gas Chromatograph-Flame Ionization Detector and Gas Chromatograph-Mass Spectrometer   |
| 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<br><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                              | 24002172                       | Agilent Technologies, Inc. | n/a         | \$137,438.12 | Pending                                   | Pending      |

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

Requesting approval of a purchase order with Agilent Technologies, Inc. in the amount of \$137,438.12 for the purchase of a Gas Chromatograph-Flame Ionization Detector and a Gas Chromatograph-Mass Spectrometer to be used in the Toxicology Unit in the Medical Examiner's Office.

The GCFID and GCMS systems in the Toxicology Unit are heavily used, vital instrumentation for the identification of illicit drugs, medications, volatiles (like ethanol) and other compounds in biological specimens. Such instrumentation permits the Unit to deliver its mission (toxicology testing) to stakeholders of the Cuyahoga County Medical Examiner's Office. The current systems in use are ageing and no longer supported by the vendor(s). The necessary and strategic purchase of new GCFID and GCMS systems minimizes the risk of the loss of instrumentation, providing the Unit with continuous service delivery.

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):

- Provide updated equipment for toxicology testing for the Medical Examiner's Office.
- Identify illicit drugs, medications, volatiles and other compounds in biological specimens for the Medical Examiner's Office.

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

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

|   |   |
|---|---|
| Vendor Name and address:  | Owner, executive director, other (specify): |
| Agilent Technologies, Inc.<br>2850 Centerville Rd.<br>Wilmington DE 19808                     | Thomas Dent<br>Account Manager              |
| Vendor Council District:  | Project Council District:                   |
| N/A   | District 7                                  |
| If applicable provide the full address or list the municipality(ies) impacted by the project. |   |

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT X  |
|---|--|
| RQ # <i>if applicable</i><br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: _____ | Provide a short summary for not using competitive bid process.<br><br>Purchasing equipment under a GSA contract.<br><br>*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<br><br><input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date GS07F0564X EXP: May 31, 2026 |
| Participation/Goals (%): ( ) DBE ( ) SBE<br>( ) 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<br><input type="checkbox"/> No, <i>please explain</i> : | <input type="checkbox"/> Government Purchase                                     |
|   | <input type="checkbox"/> Alternative Procurement Process                         |
| How did pricing compare among bids received?  | <input type="checkbox"/> Contract Amendment ( <i>list original procurement</i> ) |
|   | <input type="checkbox"/> Other Procurement Method, please describe:              |

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

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

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

**BC2024-470**

|                           |   |
|---------------------------|---|
| Title                     | RQ 14249 – 2024 – Catholic Charities Corporation – RFP Contract – Pre-Employment Screening for OWF Applicants   |
| Department or Agency Name | Cuyahoga Job and Family Services  |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name                    | Time Period          | Amount       | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|--------------------------------|----------------------|--------------|---------------------------|--------------|
| O                              | 4579                           | Catholic Charities Corporation | 7/1/2024 – 6/30/2025 | \$500,000.00 | Pending                   | Pending      |

Service/Item Description (include quantity if applicable).

Cuyahoga Job and Family Services is requesting approval of an RFP contract with Catholic Charities Corporation in the amount of \$500,000.00 to provide Pre-Employment Screening services for the period of 7/1/2024 - 6/30/2025.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide high quality, comprehensive pre-employment screening service for all OWF/SNAP applicants and recipients in Cuyahoga County.
- To evaluate applicants’ job readiness and identify potential barriers to employment prior to being assigned to work and training activities that will assist them in becoming self-sufficient.

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):                                |
| Catholic Charities Corporation<br>7911 Detroit Avenue | W. Spence Kline III, Senior Director of Treatment, Prevention and Recovery |

|   |                                      |
|---|--------------------------------------|
| Cleveland, Ohio 44102   |                                      |
| Vendor Council District: 03   | Project Council District: Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | Countywide                           |

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT  |
|---|--|
| RQ# <u>14249</u> (Insert RQ# for formal/informal items, as applicable)<br><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: 4/15/2024                                 | Provide a short summary for not using competitive bid process.<br><br>*See Justification for additional information.   |
| The total value of the solicitation: \$500,000.00   | <input type="checkbox"/> Exemption   |
| Number of Solicitations:<br>1 proposal received/ 1 proposal reviewed/ 1 proposal approved.  | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><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.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?<br>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:<br><br>N/A   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?<br><br>N/A   | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><br><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. N/A                  |  |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. N/A |  |

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

100% Temporary Assistance for Needy Families

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

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

HS260195 \$500,000.00

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

Provide status of project.

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

Reason: RFP proposal evaluations were not completed until 5/1/2024. DCAP was unable to start our document collection process until the evaluation timeframe ended. COI discrepancies with the vendor further delayed the procurement process.

Timeline

|   |           |
|---|-----------|
| Project/Procurement Start Date (date your team started working on this item): | 5/1/2024  |
| Date documents were requested from vendor:                                    | 5/3/2024  |
| Date of insurance approval from risk manager:                                 | 7/10/2023 |
| Date Department of Law approved Contract:                                     | 5/30/2024 |

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

If late, have services begun?  No  Yes (if yes, please explain) The contract is for an existing service.

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-# ) | Contract No. (If PO, list PO#) | Vendor Name                    | Time Period         | Amount       | Date BOC/Council Approved | Approval No. |
|---|--------------------------------|--------------------------------|---------------------|--------------|---------------------------|--------------|
| O   | 20001400                       | Catholic Charities Corporation | 7/1/2020-06/30/2021 | \$469,751.00 | 05/26/2020                | BC2020-294   |
| A-1   | 938                            | Catholic Charities Corporation | 7/1/2021-06/30/2022 | \$469,751.00 | 5/17/2021                 | BC2021-234   |
| A-2   | 938                            | Catholic Charities Corporation | 7/1/2022-6/30/2023  | \$480,000.00 | 5/16/2022                 | BC2022-303   |

|     |                |                                |                      |              |            |            |
|-----|----------------|--------------------------------|----------------------|--------------|------------|------------|
| A-3 | 938            | Catholic Charities Corporation | 7/1/2023-12/31/2023  | \$240,200.00 | 4/24/2023  | BC2023-257 |
| A-4 | 3667 (fka 938) | Catholic Charities Corporation | 1/01/2024-06/30/2024 | \$241,123.00 | 10/16/2023 | BC2023-644 |

**C. - Consent Agenda**

**BC2024-471**

(See related items for proposed travel/memberships for the week of 6/17/2024 in Section C above).

**BC2024-472**

(See related items for proposed purchases for the week of 6/17/2024 in Section C above).

**V – OTHER BUSINESS**

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

**Item No. 1**

|               |   |
|---------------|---|
| TITLE         | Memorandum of Agreement for Municipal Empowerment for Clean Energy and Conservation Coalition |
| DEPARTMENT OR | Department of Public Works, Division of Public Utilities                                      |

|                  |  |
|------------------|--|
| REQUESTED ACTION | <input type="checkbox"/> Amendment to Approval (BOC or Council)<br><input checked="" type="checkbox"/> Other action; please describe |
|------------------|--|

|  |  |
|--|--|
| DESCRIPTION/<br>EXPLANATION OF<br>REQUEST: | The Department of Public Works, Division of Public Utilities requests approval of a Memorandum of Agreement (MOA) with the City of Cleveland, Ohio, and the City of Painesville, Ohio. This MOA establishes the Municipal Empowerment for Clean Energy and Conservation Coalition (Coalition), the goal of which is to reduce greenhouse gas (GHG) emissions in the Cleveland-Elyria metropolitan statistical area through GHG reduction measures outlined in the region’s Priority Climate Action Plan. Specifically, this Coalition applied to the U.S. Environmental Protection Agency for funding to implement GHG emissions reductions projects. The MOA outlines the conditions and responsibilities for implementation should a grant be awarded. |
|--|--|

|                                |  |              |
|--------------------------------|--|--------------|
| CURRENT/HISTORICAL INFORMATION | DATE BOC APPROVED/<br>COUNCIL’S JOURNAL DATE | APPROVAL NO. |
| ORIGINAL (O)                   |  |              |
| AMENDMENT (A)                  |  |              |

**Item No. 2**

|               |  |
|---------------|--|
| TITLE         | BJA FY24 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Competitive) Grant Award - Authority to Apply for Federal funding. |
| DEPARTMENT OR | Department of Public Safety & Justice Services   |

|   |  |
|---|--|
| <p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p> | <p><input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i></p> <p><input checked="" type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i></p> <p style="padding-left: 20px;">➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i></p> <p><input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i></p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i></p> |
|---|--|

| GRANT CURRENT/HISTORICAL INFO                | NAME OF GRANT  | TIME PERIOD              | AMOUNT       | PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) | APPROVAL NO. |
|--|--|--------------------------|--------------|---|--------------|
| ORIGINAL (O)                                 | FY24 DNA (Competitive) Backlog   | 10/01/2024<br>09/30/2026 | \$391,264.00 | 06-26-23  | CON2023-72   |
| DESCRIPTION/ EXPLANATION OF THE GRANT:       | Grant to increase the capacity of the Cuyahoga County Regional Forensic Science Laboratory which is the primary accredited DNA Analysis Laboratory for Cuyahoga County and the region. The award, with no local match requirement, will provide the DNA laboratory with the capacity to process more DNA samples and reduce the forensic DNA backlog of samples by hiring 1 full-time Forensic Scientist and “sole-source” procuring new DNA technology equipment instrumentation. |                          |              |   |              |
| PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3): | Goal is to adapt the latest technology along with appropriate manpower support that can address future needs and handle the currently expanding requirements to timely and expeditiously process casework needed to succinctly respond to and address judicial procedural requirements.  |                          |              |   |              |
|  | Goal is to hire and onboard one (1) full-time Forensic Scientist and “sole-source” procure the select Metafer5 Slide Scanning Solution equipment instrumentation technology platform to reduce backlogged casework by 20%.   |                          |              |   |              |
|  | Goal to increase capacity and reduce DNA Backlog by 20% within the disadvantaged communities serviced by the CCRFSL  |                          |              |   |              |

|   |  |
|---|--|
| GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| <p><i>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.</i></p> <p><i>FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</i></p> |  |
| SUBRECIPIENT’S NAME AND ADDRESS:  |  |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR,   |  |



|  |  |
|--|--|
| OTHER(specify) FOR THE CONTRACTOR/VENDOR |  |
| SUBRECIPIENT'S COUNCIL DISTRICT:         |  |
| DOLLAR AMOUNT ALLOCATED:                 |  |

|   |                                     |
|---|-------------------------------------|
| PROJECT COUNCIL DISTRICT:   | All Cuyahoga County Districts.      |
| PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE. | All Cuyahoga County Municipalities. |

|                 |  |
|-----------------|--|
| FUNDING SOURCE: | Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.  |
|                 | BJA FY24 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Competitive) - Cuyahoga County   |
|                 | Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |
|                 | If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match. |

**Item No. 3**

|               |  |
|---------------|--|
| TITLE         | BJA FY24 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) Grant Award - Authority to Apply for Federal funding via the State of Ohio. |
| DEPARTMENT OR | Department of Public Safety & Justice Services   |

|  |  |
|--|--|
| REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE<br><br>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE. | <input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i><br><input checked="" type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i><br>➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i><br><input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i><br><input type="checkbox"/> Grant Amendments<br><input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i> |
|--|--|

| GRANT CURRENT/HISTORICAL INFO                | NAME OF GRANT              | TIME PERIOD  | AMOUNT       | PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) | APPROVAL NO. |
|--|----------------------------|--|--------------|---|--------------|
| ORIGINAL (O)                                 | FY24 DNA (Formula) Backlog | 10/01/2024<br>09/30/2026   | \$403,344.00 | 06-27-23  | CON2023-73   |
| DESCRIPTION/ EXPLANATION OF THE GRANT:       |                            | Grant to increase the capacity of its Regional Forensic Science Laboratory which is the primary accredited DNA Analysis Laboratory for Cuyahoga County and the region. The award will provide the DNA laboratory grant funding, and no local match requirement, to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of forensic DNA samples. |              |   |              |
| PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3): |                            | The majority of funding has been allocated to DNA forensic casework for consumable supplies.   |              |   |              |
|  |                            | The budget allocation includes CCRFSL DNA staff attendance at one training event to maintain continuing education and accreditation requirements.  |              |   |              |
|  |                            | Grant funding to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of forensic DNA samples  |              |   |              |

|  |  |
|--|--|
| GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                |  |
| <i>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</i> |  |
| SUBRECIPIENT'S NAME AND ADDRESS:   |  |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR   |  |
| SUBRECIPIENT'S COUNCIL DISTRICT:   |  |
| DOLLAR AMOUNT ALLOCATED:   |  |

|   |                                     |
|---|-------------------------------------|
| PROJECT COUNCIL DISTRICT:   |                                     |
| PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE. | All Cuyahoga County Municipalities. |

|                 |   |
|-----------------|---|
| FUNDING SOURCE: | Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.           |
|                 | BJA FY24 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) - Cuyahoga County                |
|                 | Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

|  |   |
|--|---|
|  | <p>If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.</p> |
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**Item No. 4**

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 6/17/2024 in Section V. above).

**Item No. 5**

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 5/1/2024 – 5/31/2024 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**