



**Cuyahoga County Board of Control Agenda  
Monday, July 1, 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 – 6/24/2024**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-486**

Department of Public Works, recommending an award on RQ13626 and enter into Contract No. 4520 with Industrial First, Inc. (17-1) in the amount not-to-exceed \$440,000.00 for roof maintenance, repair and survey services for various County buildings for the period 6/1/2024 – 5/31/2026.

Funding Source: General Fund

**BC2024-487**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to S.A.W., Inc. in the amount not-to-exceed \$72,303.00 for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025.
- b) Recommending an award and enter into Contract No. 4639 with S.A.W., Inc. in the amount not-to-exceed \$72,303.00 for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025.

Funding Source: General Fund

**BC2024-488**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to T.D. Security Limited, Inc. in the amount not-to-exceed \$42,750.00 for building security services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025.
- b) Recommending an award and enter into Contract No. 4660 with T.D. Security Limited, Inc. in the amount not-to-exceed \$42,750.00 for building security services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland, for the period 7/1/2024 – 1/31/2025.

Funding Source: General Fund

**BC2024-489**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in a payment to Pethealth Services (USA) Inc. in the amount not-to-exceed \$6,128.20 for (30,641) pet licenses purchased online in 2023 for the Animal Shelter.
- b) Recommending an award on Purchase Order No. 24002561 to Pethealth Services (USA) Inc. in the amount not-to-exceed \$6,128.20 for (30,641) pet licenses purchased online in 2023 for the Animal Shelter.

Funding Source: General Fund

**BC2024-490**

Fiscal Office, submitting an amendment to Contract No. 1335 with Point and Pay, LLC for electronic bill payment services for the period 9/1/2021 – 8/31/2024 to extend the time period to 8/31/2025, to change the terms and to amend the insurance provisions, effective 9/1/2024, and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: General Fund

**BC2024-491**

Fiscal Office,

- a) Submitting an RFP exemption, which will result in a payment to CoStar Realty Information, Inc. in the amount not-to-exceed \$16,931.40 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2023 – 3/31/2024.
- b) Recommending a payment on Purchase Order No. 24002589 to CoStar Realty Information, Inc. in the amount not-to-exceed \$16,931.40 for the purchase of Property and Comp Professional license subscriptions for the period 4/1/2023 – 3/31/2024.

Funding Source: Real Estate Assessment Fund

**BC2024-492**

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in an award recommendation to GARDA GL Great Lakes, Inc. in the amount not-to-exceed \$109,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025.
- b) Recommending an award and enter into Contract No. 4332 with GARDA GL Great Lakes, Inc. in the amount not-to-exceed \$109,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025.

Funding Source: 70% General Fund and 30% Cuyahoga Support Enforcement Fund

**BC2024-493**

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in an award recommendation to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$90,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025.
- b) Recommending an award and enter into Contract No. 4605 with Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$90,000.00 for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025.

Funding Source: 56% General Fund and 44% Other Health and Safety Fund

**BC2024-494**

Medical Examiner's Office, submitting an amendment to Contract No. 1831 (fka Contract No. 549 and CE1400287) with VertiQ Software, LLC for maintenance and support on CME Case Management Software for the period 9/1/2014 – 8/31/2024 to extend the time period to 8/31/2025 and for additional funds in the amount not-to-exceed \$12,596.00.

Funding Source: General Fund

**BC2024-495**

Medical Examiner's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Promega Corporation in the amount not-to-exceed \$11,134.00 for preventative maintenance services for three (3) Maxwell RSC 48 instruments, effective upon contract signatures of all parties, for a period of 1 year.
- b) Recommending an award and enter into Contract No. 3604 with Promega Corporation in the amount not-to-exceed \$11,134.00 for preventative maintenance services for three (3) Maxwell RSC 48 instruments, effective upon contract signatures of all parties, for a period of 1 year.

Funding Source: General Fund

**BC2024-496**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Family Promise of Greater Cleveland in the amount not-to-exceed \$155,643.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.
- b) Recommending an award and enter into Contract No. 4498 with Family Promise of Greater Cleveland in the amount not-to-exceed \$155,643.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.

Funding Source: 64% Health and Human Services Levy Fund and 36% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

**BC2024-497**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Journey Center for Safety and Healing in the amount not-to-exceed \$303,130.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.
- b) Recommending an award and enter into Contract No. 4499 with Journey Center for Safety and Healing in the amount not-to-exceed \$303,130.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.

Funding Source: 33% Health and Human Services Levy Fund and 67% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

**BC2024-498**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Salvation Army in the amount not-to-exceed \$374,731.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.
- b) Recommending an award and enter into Contract No. 4500 with The Salvation Army in the amount not-to-exceed \$374,731.00 to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025.

Funding Source: 53% Health and Human Services Levy Fund and 47% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

**BC2024-499**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bitfocus, Inc. in the amount not-to-exceed \$495,000.00 for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 - 12/31/2029 for use by the County and its Continuum of Care providers.
- b) Recommending an award and enter into Contract No. 4574 with Bitfocus, Inc. in the amount not-to-exceed \$495,000.00 for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 - 12/31/2029 for use by the County and its Continuum of Care providers.

Funding Source: Health and Human Services Levy Fund

**C. – Exemptions**

**BC2024-500**

Department of Public Works, recommending to amend Board Approval No. BC2024-24, dated 1/6/2024, which made an award recommendation to Home Depot U.S.A., Inc. for routine equipment and material purchases for period 1/1/2024 – 12/31/2024 for various divisions, **by changing the total amount not-to-exceed from \$49,500.00 to \$94,500.00:**

- a) Facilities Division in the amount not-to-exceed \$49,250.00.
- b) Sanitary Division in the amount not-to-exceed \$12,000.00.
- c) Animal Shelter in the amount not-to-exceed \$4,500.00.
- d) Fleet Division in the amount not-to-exceed \$23,750.00.
- e) Road and Bridge Division in the amount not-to-exceed \$5,000.00.

Funding Source: 67% General Fund, 22% Sanitary Sewer Fund, 2% Road and Bridge Fund, 4.5% Fleet Division and 4.5% Dog and Kennel Fund

**BC2024-501**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 to pay invoices for the Multi-System Youth Program for the period 7/1/2024 – 6/30/2025.

Funding Source: State Funds passed through local Department of Children and Family Service agencies

**D. – Consent Agenda**

**BC2024-502**

Department of Information Technology, on behalf of the Cuyahoga County Soldiers’ & Sailors’ Monument, 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 June 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

**BC2024-503**

Fiscal Department, presenting proposed travel/membership requests for the week of 7/1/2024:

|                                      |                                      |                |          |            |                        |         |             |                |
|--------------------------------------|--------------------------------------|----------------|----------|------------|------------------------|---------|-------------|----------------|
| Dept:                                | Department of Information Technology |                |          |            |                        |         |             |                |
| Event:                               | SLTT Governments Program             |                |          |            |                        |         |             |                |
| Source:                              | SANS Institute                       |                |          |            |                        |         |             |                |
| Location:                            | Online Training                      |                |          |            |                        |         |             |                |
| Staff                                | Travel Dates                         | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air *** | Total       | Funding Source |
| Information Technology Security Team | 07/31/2024                           | \$16,395.00    | \$0.00   | \$0.00     | \$0.00                 | \$0.00  | \$16,395.00 | General Fund   |

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The SLTT Government partnership program draws on SANS Institute’s mission to ensure InfoSec practitioners in critical organizations have the skills needed to protect networks, critical infrastructure, and sensitive data and enhance the cybersecurity readiness and response of state, provincial, local, tribal, and territorial government entities. This program offers both security awareness and online technical training courses to qualifying organizations at substantial cost savings.

Through the SANS aggregate buy program, you can get the training you need, at an affordable cost, and improve your organization's security posture against phishing, and other cyber-attacks

Special discounts are available to all qualifying organizations during our aggregate purchase window, June 1, 2024 – July 31, 2024.

|             |   |                   |             |               |                                 |            |          |                   |
|-------------|---|-------------------|-------------|---------------|---------------------------------|------------|----------|-------------------|
| Dept:       | Sheriff's Department                      |                   |             |               |                                 |            |          |                   |
| Event:      | Street Gang Investigation                 |                   |             |               |                                 |            |          |                   |
| Source:     | Ohio High Intensity Drug Trafficking Area |                   |             |               |                                 |            |          |                   |
| Location:   | Allison Park, PA                          |                   |             |               |                                 |            |          |                   |
| Staff       | Travel Dates                              | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total    | Funding<br>Source |
| Paul Marich | 06/03/2024<br>–<br>06/04/2024             | \$0.00            | \$0.00      | \$0.00        | \$334.40                        | \$0.00     | \$334.40 | General<br>Fund   |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Allison Park, PA to attend the Street Gang Investigations training for gang training.

\*Item is Late due to employee being on leave

|                 |   |                   |             |               |                                 |            |            |  |
|-----------------|---|-------------------|-------------|---------------|---------------------------------|------------|------------|--|
| Dept:           | Sheriff's Department                      |                   |             |               |                                 |            |            |  |
| Event:          | Mahoning Valley Crisis Response Team SWAT |                   |             |               |                                 |            |            |  |
| Source:         | Centre County Correctional Facility       |                   |             |               |                                 |            |            |  |
| Location:       | Bellefonte, PA                            |                   |             |               |                                 |            |            |  |
| Staff           | Travel Dates                              | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total      | Funding<br>Source                          |
| Leo<br>Keglovic | 09/04/2024<br>–<br>09/06/2024             | \$450.00          | \$82.00     | \$270.06      | \$320.78                        | \$0.00     | \$1,122.84 | Continued<br>Professional<br>Training Fund |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To Travel to Bellefonte, PA to attend the 2 Day Cell Extraction Instructor course to become a certified instructor for Cell Extractions in the Corrections Center.

|                      |  |                |          |            |                        |          |            |                                      |
|----------------------|--|----------------|----------|------------|------------------------|----------|------------|--------------------------------------|
| Dept:                | Sheriff  |                |          |            |                        |          |            |                                      |
| Event:               | TASER Energy Weapon Master Instructor Certification School |                |          |            |                        |          |            |                                      |
| Source:              | Axon International   |                |          |            |                        |          |            |                                      |
| Location:            | Charlotte, NC  |                |          |            |                        |          |            |                                      |
| Staff                | Travel Dates   | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source                       |
| Alex Livingstone     | 10/06/2024 – 10/11/2024                                    | \$0.00         | \$300.00 | \$845.00   | \$486.24               | \$537.00 | \$2,168.24 | Continued Professional Training Fund |
| Christopher McNamara | 10/06/2024 – 10/11/2024                                    | \$0.00         | \$300.00 | \$845.00   | \$486.24               | \$537.00 | \$2,168.24 | Continued Professional Training Fund |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To travel to Charlotte NC to attend Taser Master Instructor School. This will allow us to keep all duties up to date and certified in Axon Products we carry and use on a daily basis.

**BC2024-504**

Department of Purchasing, presenting proposed purchases for the week of 7/1/2024:

**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       |
|-----------------------|-------------------------------------|----------------------------|------------------|-------------|----------------------|
| 24002611              | (2) Ver-Mac automated flagger units | Department of Public Works | A&A Safety, Inc. | \$25,150.00 | Road and Bridge Fund |



**V. – OTHER BUSINESS**

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

**Item No. 1**

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting a Grant Application with America 250-Ohio Commission in the amount of \$2,000.00 for The Time Capsule Semiquincentennial Commemoration Project, in connection with the Trillium Local Activity Grant for the period 6/15/2024 – 5/31/2025.
- b) Submitting a Grant Award from America 250-Ohio Commission in the amount of \$2,000.00 for The Time Capsule Semiquincentennial Commemoration Project, in connection with the Trillium Local Activity Grant for the period 6/15/2024 – 5/31/2025.

Funding Source: Trillium Local Activity Grant

**Item No. 2**

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

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$968,045.00 for Continuum of Care Coordinated Entry System in connection with FY2023 Continuum of Care Homeless Program Competition grant for the period 2/1/2024 – 1/31/2025.
- b) Submitting a grant agreement with U.S. Department of Housing and Urban Development in the amount of \$968,045.00 for Continuum of Care Coordinated Entry System in connection with FY2023 Continuum of Care Homeless Program Competition grant for the period 2/1/2024 – 1/31/2025.

Funding Source: FY2023 US Department of Housing and Urban Development Continuum of Care Grant

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, June 24, 2024 at 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

**I – CALL TO ORDER**

The meeting was called to order at 11:01 a.m.

Attending:

Michael Chambers, Fiscal Officer, Fiscal Office, serving as Chairman  
Katherine Gallagher, Chief of Staff Operations and Community Innovation (Alternate for Chris Ronayne, County Executive)  
Levine Ross, County Council (Alternate for Councilman Dale Miller)  
Councilwoman Meredith Turner  
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)  
Michael Dever, Director, Department of Public Works  
Paul Porter, Director, Department of Purchasing

**II – REVIEW MINUTES – 6/17/2024**

Michael Chambers motioned to approve the minutes from the June 17, 2024 meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

**III – PUBLIC COMMENT**

There was no public comment.

**IV- CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-473**

Department of Public Works, recommending an award on RQ14301 and enter into Purchase Order No. 24002396 with Larkwood Greene Enterprises LLC dba Larkin Greenwood Ford (18-3) in the amount not-to-exceed \$113,974.56 for the purchase of (2) replacement, new never titled 2023 Ford Transit-350 Passenger Vans for use by the Facilities Division.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-473 was approved by unanimous vote.

**BC2024-474**

Department of Public Works, submitting an amendment to Contract No. 2512 with T&G Flying Club, Inc. for lease of office space and aircraft tie-down fees at the Cuyahoga County Airport Safety Building, Area B, Suites G-L at 26300 Curtiss Wright Parkway, City of Richmond Heights for the period 1/1/2017 – 6/30/2024, to extend the time period to 6/30/2025, to expand the scope of the lease to include 2 storage units in County T-Hangar Building, effective 7/1/2024, and for additional revenue in the amount not-to-exceed \$22,173.00.

Funding Source: Revenue Generating

John Myers, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-474 was approved by unanimous vote.

**BC2024-475**

Department of Public Works/Division of Public Utilities, submitting an amendment to Contract No. 3610 (fka Contract No. 3376, 2339 and 2295) with Go Sustainable Energy, LLC for consulting services for utility microgrid development and design, microgrid design assistance in the Aerozone region for the period 4/20/2022 – 4/20/2025 to extend the time period to 2/28/2026, to expand the scope of services to include the Euclid and Brooklyn microgrid projects, grant writing and supportive services, and to replace the insurance requirements, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$335,000.00.

Funding Source: 90% U.S. Department of Energy Grant and 10% Sustainability Projects Fund

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-475 was approved by unanimous vote.

**BC2024-476**

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bynder, LLC in the amount not-to-exceed \$12,000.00 for renewal of Gather Content Transform annual subscription for the period 5/11/2024 – 5/10/2025.
- b) Recommending an award and enter into Purchase Order No. 24002295 with Bynder, LLC in the amount not-to-exceed \$12,000.00 for renewal of Gather Content Transform annual subscription for the period 5/11/2024 – 5/10/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-476 was approved by unanimous vote.

**BC2024-477**

Fiscal Office, on behalf of the County Executive’s Office, recommending an award on RQ13880 and enter into Contract No. 4512 with McCaulley & Company LLC (18-6) in the amount not-to-exceed \$375,000.00 for Federal Advocacy Services for the period 7/1/2024-12/31/2026.

Funding Source: 33.33% General Fund; 33.34% Road and Bridge Fund; 33.33% Health and Human Services Levy Fund

Domonique Tatum, Fiscal Office, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-477 was approved by unanimous vote.

**BC2024-478**

Personnel Review Commission, recommending an award on RQ13869 and enter into Contract No. 4516 with Synap Learning Limited (15-7) in the amount not-to-exceed \$144,000.00 for pre-employment testing software and remote proctoring services for the period 6/23/2024 – 6/22/2027.

Funding Source: General Fund

George Vaughn, Personnel Review Commission, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-478 was approved by unanimous vote.

**BC2024-479**

Court of Common Pleas/Juvenile Court Division,

- c) Submitting an RFP Exemption, which will result in an award recommendation to Weston Hurd, LLP in the amount not-to-exceed \$40,000.00 for legal services and representation in litigations related to labor matters with Laborer’s Local 860 for the period 1/1/2023 – 12/31/2024.
- d) Recommending an award and enter into Contract No. 4580 with Weston Hurd, LLP in the amount not-to-exceed \$40,000.00 for legal services and representation in litigations related to labor matters with Laborer’s Local 860 for the period 1/1/2023 – 12/31/2024.

Funding Source: General Fund

Laterra Brown, Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-479 was approved by unanimous vote.

**BC2024-480**

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 \$23,020.00 for a state contract purchase of (12) HPE hard drives and (1) HPE drive enclosure for additional storage capabilities.
- b) Recommending an award on Purchase Order No. 24002412 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$23,020.00 for a state contract purchase of (12) HPE hard drives and (1) HPE drive enclosure for additional storage capabilities.

Funding Source: General Fund

Josh Brower, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-480 was approved by unanimous vote.

**BC2024-481**

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4608 with Camp Ho Mita Koda Foundation (45-1) in the amount not-to-exceed \$22,500.00 for the Camp HOPE America Model Program, effective upon signatures of all parties through 8/10/2024.

Funding Source: Health and Human Services Levy Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, and Kimberlee Bizup, Witness/Victim Service Center, presented. Councilwoman Turner asked how are the participants identified and is transportation provided. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2024-481 was approved by unanimous vote.

**BC2024-482**

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corporation in the amount not-to-exceed \$70,369.60 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2024 – 7/7/2025.
- b) Recommending an award on Purchase Order No. 24002471 to Carahsoft Technology Corporation in the amount not-to-exceed \$70,369.60 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2024 – 7/7/2025.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-482 was approved by unanimous vote.

**BC2024-483**

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for temporary housing for homeless single adult males in Cuyahoga County with substance abuse issues for the period 7/1/2024 – 6/30/2025.
- b) Recommending an award and enter into Contract No. 4600 with Stella Maris, Inc. in the amount not-to-exceed \$265,000.00 for temporary housing for homeless single adult males in Cuyahoga County with substance abuse issues for the period 7/1/2024 – 6/30/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-483 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item Nos. BC2024-484 through BC2024-485; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2024-484**

Sheriff’s Department, recommending to amend Board Approval No. BC2024-95, dated 2/5/2024, which approved a Direct Open Market Purchase and made an award on Purchase Order No. 24000401 to HMS Industries, LLC for (1) Chest compression system and accessories for use by the Corrections Center, by changing the amount from \$20,698.32 to \$21,736.30.

Original Funding Source: General Fund

**BC2024-485**

Fiscal Department, presenting proposed travel/membership requests for the week of 6/24/2024:

| Dept:            | Department of Public Safety and Justice Services |                   |             |               |                                 |            |            |                   |
|------------------|--|-------------------|-------------|---------------|---------------------------------|------------|------------|-------------------|
| Event:           | 2024 National Homeland Security Conference       |                   |             |               |                                 |            |            |                   |
| Source:          | National Homeland Security Association           |                   |             |               |                                 |            |            |                   |
| Location:        | Miami Beach, FL                                  |                   |             |               |                                 |            |            |                   |
|                  |  |                   |             |               |                                 |            |            |                   |
| Staff            | Travel Dates                                     | Registration<br>* | Meals<br>** | Lodging<br>** | Ground<br>TRN/<br>Mileage<br>** | Air<br>*** | Total      | Funding<br>Source |
| Serena<br>Steele | 7/21/2024 –<br>7/25/2024                         | \$775.00          | \$268.00    | \$702.24      | \$337.88                        | \$627.96   | \$2,711.08 | General Fund      |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The National Homeland Security Conference brings together professionals in Homeland Security, Law Enforcement, Fire and Emergency Management. They include officials in federal agencies, nonprofit agencies, business owners, universities and decision makers to learn about emerging trends in homeland security. This conference will help me and the emergency management team in our efforts to coordinate volunteers while working on a Long-term Recovery Plan for the County as well as participating in the various planning and training initiatives. There will be training sessions as well as a roundtable to discuss current issues.

|                  |                          |                |          |            |                        |          |            |   |
|------------------|--------------------------|----------------|----------|------------|------------------------|----------|------------|---|
| Dept:            | Public Defender's Office |                |          |            |                        |          |            |   |
| Event:           | 2024 Summer Session      |                |          |            |                        |          |            |   |
| Source:          | Gideon's Promise         |                |          |            |                        |          |            |   |
| Location:        | Atlanta, GA              |                |          |            |                        |          |            |   |
| Staff            | Travel Dates             | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source  |
| Andrew Schriver  | 7/26/2024 – 7/28/2024    | \$662.50       | \$44.00  | \$0.00     | \$218.74               | \$398.95 | \$1,324.19 | General Fund 78% reimbursed by Office of the Ohio Public Defender |
| Rachelle Summers | 7/26/2024 – 7/28/2024    | \$662.50       | \$44.00  | \$0.00     | \$218.74               | \$398.95 | \$1,324.19 | General Fund 78% reimbursed by Office of the Ohio Public Defender |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The programming is designed to provide hands on training for new lawyers designed at transforming practice techniques as well the mindset of the Public Defender.

|               |                                   |                |          |            |                        |          |            |                      |
|---------------|-----------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------------|
| Dept:         | Department of Public Works        |                |          |            |                        |          |            |                      |
| Event:        | PWX 2024                          |                |          |            |                        |          |            |                      |
| Source:       | American Public Works Association |                |          |            |                        |          |            |                      |
| Location:     | Atlanta, GA                       |                |          |            |                        |          |            |                      |
| Staff         | Travel Dates                      | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source       |
| Michael Dever | 9/7/2024 – 9/11/2024              | \$858.00       | \$256.00 | \$880.00   | \$160.00               | \$450.00 | \$2,604.00 | Road and Bridge Fund |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Public Works Expo Conference provides a first-class multi-modal learning experience designed for professionals at all levels and across the entire spectrum of public works. It includes traditional and interactive sessions, seminars, workshops, and networking opportunities.

|               |                                |                |          |            |                        |          |            |                            |
|---------------|--------------------------------|----------------|----------|------------|------------------------|----------|------------|----------------------------|
| Dept:         | Sheriff's Department           |                |          |            |                        |          |            |                            |
| Event:        | NSA 2024 Annual Conference     |                |          |            |                        |          |            |                            |
| Source:       | National Sheriffs' Association |                |          |            |                        |          |            |                            |
| Location:     | Oklahoma City, OK              |                |          |            |                        |          |            |                            |
| Staff         | Travel Dates                   | Registration * | Meals ** | Lodging ** | Ground TRN/ Mileage ** | Air ***  | Total      | Funding Source             |
| Harold Pretel | 6/25/2024 – 6/28/2024          | \$556.50       | \$165.00 | \$582.00   | \$300.00               | \$577.00 | \$2,180.50 | Law Enforcement Trust Fund |

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To meet with Sheriffs, high level leadership from federal agencies, and members of congress that come together to explore current legislation, learn about relevant topics and explore trending technologies and different products. Also, to obtain credit hours mandated by Ohio Revised Code



**V. – OTHER BUSINESS**

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

**Item No. 1**

Court of Common Pleas/Juvenile Court Division, submitting a Funding Application Update to a grant agreement and funding application to the State of Ohio, Department of Youth Services for various programs in connection with the RECLAIM Ohio Grant for the period 7/1/2023 – 6/30/2025 in the total amount of \$9,796,596.67 which includes the carryover of funds from SFY2024 RECLAIM OHIO in the amount of \$4,331,886.63 to SFY2025 RECLAIM Ohio.

Funding Source: SFY2025 RECLAIM Ohio Grant

**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             | Foundational Pharmacy Strategies | Pharmacy consulting services | \$-0-  | Department of Human Resources | N/A                | N/A            | 6/12/2024 (Executive) |

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn the item; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:17 am.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2024-486**

|                           |  |  |  |
|---------------------------|--|--|--|
| Title                     | Public Works /Industrial First Inc / Contract / Roof Repair, Maintenance & Survey  |  |  |
| Department or Agency Name | Department of Public Works   |  |  |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><input 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 Name      | Time Period             | Amount       | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|------------------|-------------------------|--------------|---------------------------------|--------------|
| O                                    | 4520                                 | Industrial First | 6.1.2024 –<br>5.31.2026 | \$440,000.00 | Pending                         | Pending      |

|   |
|---|
| <p>Service/Item Description (include quantity if applicable).<br/>Public Works is requesting approval of a contract, per the chart above, for as-needed roof repairs, maintenance &amp; surveys at various County Buildings.</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<br/>(provide details in Service/Item Description section above)<br/>The County has contracted with the vendor in the past for Roof repair services , maintenance &amp; survey.</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/>To secure a vendor that will provide as-needed roof repair services, maintenance and surveying of the roofs at various County buildings.</p>  |

|  |  |
|--|--|
| <p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p> |  |
| <p>Vendor Name and address:<br/>Industrial First, Inc.<br/>25840 Miles Road<br/>Bedford Hts., Ohio 44146</p>   | <p>Owner, executive director, other (specify):<br/>Greg Klik, Vice President</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 |
|-------------------------|-----------------------------|

|   |  |
|---|--|
| RQ# _____ (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:  | 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) 120 / 1   | <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 ( 4% ) SBE ( 3% ) MBE ( 3% ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase   |
|   | <input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?<br>NA  | <input type="checkbox"/> Contract Amendment - (list original procurement)  |
|   | <input type="checkbox"/> Other Procurement Method, please describe:  |

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

|   |
|---|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<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>PW750100  |
| 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 checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission  |
| Reason: Took time to change the format from an RFB to an RFP, verify information's accuracy, buildings, square footages etc. After RFP closed the vendor needed to submit proof of their DEI compliance and other required documents. |
| Timeline  |

|  |           |
|--|-----------|
| Project/Procurement Start Date (date your team started working on this item):  | 1.31.2024 |
| Date documents were requested from vendor:   | 5.20.24   |
| Date of insurance approval from risk manager:  | 6.10.24   |
| Date Department of Law approved Contract:  | 6.11.24   |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a  |           |
| If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) |           |
| Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)      |           |

| HISTORY (see instructions):                         |                                |                        |                        |              |   |              |
|---|--------------------------------|------------------------|------------------------|--------------|---|--------------|
| Prior Original (O) and subsequent Amendments (A-# ) | Contract No. (If PO, list PO#) | Vendor Name            | Time Period            | Amount       | Date BOC/Council Approved                 | Approval No. |
| 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   | CE1800465                      | Industrial First, Inc. | 12.1.2018 – 11.30.2021 | \$331,830.00 | 11.26.2018                                | BC2018-834   |
| A-1   | CM719                          |                        | 12.1.2021- 11.30.2022  | \$0.00       | 1.24.2022                                 | BC2022-58    |
| A-2   | CM2361                         |                        | 12.1.2022 – 11.30.2023 | \$0.00       | 1.9.2023                                  | BC2023-22    |
| A-3   | CM2361                         |                        | 12.1.2023 – 5.31.2024  | \$55,000.00  | 11.13.2023                                | BC2023-714   |

**BC2024-487**

|                                  |  |  |
|----------------------------------|--|--|
| <b>Title</b>                     | 2024 DPW requesting to enter into a seven-month contract with SAW Inc. for custodial services at the William Patrick Day Building.   |  |
| <b>Department or Agency Name</b> | Department of Public Works   |  |
| <b>Requested Action</b>          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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. |
|--------------------------------|--------------------------------|-------------|---------------------|----------|---------------------------|--------------|
|                                |                                | SAW Inc.    | 07/01/24 – 01/31/25 | \$72,303 | TBD                       |              |

|   |
|---|
| <p><b>Service/Item Description (include quantity if applicable).</b></p> <p>Requesting approval of a seven-month contract with SAW Inc. for custodial services at the William Patrick Day Building. The total contract amount will be \$72,303.</p> |
|---|

|   |  |
|---|--|
| <b>Indicate whether:</b> <input checked="" type="checkbox"/> <b>New service/purchase</b> <input type="checkbox"/> <b>Existing service/purchase</b> <input type="checkbox"/> <b>Replacement for an existing service/purchase</b> (provide details in Service/Item Description section above) |  |
| <b>For purchases of furniture, computers, vehicles:</b> <input type="checkbox"/> <b>Additional</b> <input type="checkbox"/> <b>Replacement</b><br><b>Age of items being replaced:</b> _____ <b>How will replaced items be disposed of?</b> _____  |  |
| <b>Project Goals, Outcomes or Purpose (list 3):</b><br><br>The goal of the project is to enter into a short term (seven month) contract with SAW Inc. to provide continued custodial services at the William Patrick Day building.  |  |

|  |  |
|--|--|
| <b>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)</b> |  |
| Vendor Name and address:<br>SAW Inc.<br>14775 Broadway Ave.<br>Maple Hts., OH 44137  | Owner, executive director, other (specify):<br><br>Judith Carey, CEO |
| Vendor Council District: 8   | 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><br>N/A   | Provide a short summary for not using competitive bid process.<br><br>SAW Inc. currently provides custodial services for the WPD building. The County would like to support the continued presence of SAW Inc., which provides adults with developmental disabilities the opportunity for work and training.<br><br>*See Justification for additional information. |
| The total value of the solicitation: _____  | <input type="checkbox"/> Exemption   |
| Number of Solicitations (sent/received)    /<br><br>N/A   | <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<br>(   ) 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>N/A<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 checked="" type="checkbox"/> No, please explain: _____   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process   |

|   |  |
|---|--|
| SAW currently provides custodial services for the building. |  |
| 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: |

|  |  |
|--|--|
| <b>Is Purchase/Services technology related</b> <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.          |  |

|   |
|---|
| <b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br><br>General Fund   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| <b>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</b><br><br>PW750100 55200   |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|  |
|--|
| <b>Provide status of project.</b>  |
| 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 |
| <b>Reason:</b>   |
| <b>Timeline</b>  |
| 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)   |

| <b>HISTORY</b> (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. |
|  |                                |             |             |        |                           |              |

**BC2024-488**

|                                  |  |
|----------------------------------|--|
| <b>Title</b>                     | Public Works /T.D. Security Ltd, Inc. / Contract / Security / William Pat Day Building   |
| <b>Department or Agency Name</b> | Department of Public Works   |
| <b>Requested Action</b>          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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. |
|--------------------------------|--------------------------------|--------------------------|---------------------|----------|---------------------------|--------------|
| A                              | CM4660                         | T.D. Security Ltd., Inc. | 07/01/24 – 01/31/25 | \$42,750 | Pending                   | Pending      |

**Service/Item Description (include quantity if applicable).**  
 Public Works is requesting approval of a contract, per the chart above, to secure a 7-month contract for security at the William Pat Day 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):**  
 1. The goal of the project is to enter into a short term (seven month) contract with T.D. Security Inc. 2 To provide continued security services at the William Patrick Day building. 3. During this time, the Sheriff’s Department will advise if they are able to provide this service as of February 1, 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:<br>T.D. Security Inc.<br>3890 Rocky River Drive<br>Cleveland, OH 44111 | Owner, executive director, other (specify):<br>Dennis W. Matson, CEO/President |
| 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><br>T.D. Security Inc. currently provides security services for the WPD building. The County & Sheriff’s Department would like to continue the services while we determine if the Sheriff’s Department can manage the security starting February 1, 2025. |

|   |  |
|---|--|
|   | *See Justification for additional information.   |
| The total value of the solicitation: \$42,750.00  | <input checked="" type="checkbox"/> Exemption  |
| Number of Solicitations (sent/received) /<br><br>N/A  | <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<br>( ) 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>N/A<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 checked="" type="checkbox"/> Yes <input type="checkbox"/><br>No, please explain:  | <input type="checkbox"/> Government Purchase   |
| T.D. Security currently provides security for the building.   | <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)  |
|   | <input type="checkbox"/> Other Procurement Method, please describe:  |

|   |  |
|---|--|
| <b>Is Purchase/Services technology related</b> <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.                     |  |

|   |
|---|
| <b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br><br>General Fund   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |
| <b>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</b><br><br>PW750100 55200   |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|  |
|--|
| <b>Provide status of project.</b>  |
| 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 |



|   |  |
|---|--|
| <b>Reason:</b>  |  |
| <b>Timeline</b>   |  |
| 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)            |  |

| <b>HISTORY</b> (see instructions):                        |                                       |                    |                    |               |                                  |                     |
|---|---------------------------------------|--------------------|--------------------|---------------|----------------------------------|---------------------|
| <b>Prior Original (O) and subsequent Amendments (A-#)</b> | <b>Contract No. (If PO, list PO#)</b> | <b>Vendor Name</b> | <b>Time Period</b> | <b>Amount</b> | <b>Date BOC/Council Approved</b> | <b>Approval No.</b> |
|   |                                       |                    |                    |               |                                  |                     |

**BC2024-489**

|                           |  |
|---------------------------|--|
| Title                     | Department of Public Works-Animal Shelter-2023 Online Pet Licensing-Pethealth Service (USA) Inc.   |
| 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<br><input checked="" type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| <b>Original (O)/ Amendment (A-#)</b> | <b>Contract No. (If PO, list PO#)</b> | <b>Vendor Name</b>           | <b>Time Period</b> | <b>Amount</b> | <b>Date BOC/Council Approved</b> | <b>Approval No.</b> |
|--------------------------------------|---------------------------------------|------------------------------|--------------------|---------------|----------------------------------|---------------------|
| O                                    | 24002561                              | Pethealth Services (USA) Inc | Upon Execution     | \$6,128.20    | PENDING                          | PENDING             |

|  |
|--|
| <p>Service/Item Description (include quantity if applicable).<br/>         Public Works is requesting approval of a purchase order to cover online pet licensing for the cost of \$6,128.20. Annual cost of licensing can vary depending on number dog licenses processed through the online portal for the Animal Shelter and this PO will cover those charges for the previous year.</p> |
| <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>   |
| <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br/>         Age of items being replaced: _____ How will replaced items be disposed of?</p>   |
| <p>Project Goals, Outcomes or Purpose (list 3):<br/>         The vendor provides online dog licensing options to customers in Cuyahoga County and this PO will cover those fees that are tied back to dog licensing within the County.</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): |
| Pethealth Services (USA) Inc.<br>710 Dorval Drive<br>Oakville ON, L6K3Y1, Canada<br>Remittance: PO Box 2150, Buffalo, NY 14240  | Nicole Bennett, CEO                         |
| Vendor Council District: NA   | Project Council District: NA                |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   | NA  |

| 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>EXEMPTION<br><br>*See Justification for additional information.  |
| The total value of the solicitation:   | <input checked="" type="checkbox"/> Exemption  |
| Number of Solicitations (sent/received) /<br><br>NA  | <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<br>( ) 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 <input type="checkbox"/> No, please explain:<br><br>NA   | <input type="checkbox"/> Government Purchase<br><br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?<br><br>NA   | <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.              |  |

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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?  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.  
PW280100 55200

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

**BC2024-490**

|                           |   |
|---------------------------|---|
| Title                     | Fiscal Department / Point and Pay, LLC / Contract Amendment / 1 Year Contract Amendment for 3rd party online tax payment collections via credit card, debit card, or ACH transactions.  |
| Department or Agency Name | Fiscal Department   |
| Requested Action          | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<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                              | 1335                           | Point and Pay, LLC | 09/01/2021 – 08/31/2024 | \$0.00      | 08/16/2021                | BC2021-453   |
| A-1                            | 1335                           | Point and Pay, LLC | 09/01/2024 – 08/31/2025 | \$50,000.00 | Pending                   | Pending      |

Service/Item Description (include quantity if applicable).

Fiscal Department is requesting approval of a contract amendment, per the chart above, to secure a 1 year contract amendment for 3rd party online tax payment collections via credit card, debit card, or ACH transactions.

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|---|
| Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) |
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br>Age of items being replaced: _____ How will replaced items be disposed of?   |
| Project Goals, Outcomes or Purpose (list 3):<br>To secure a 1 year contract amendment for 3rd party online tax payment collections via credit card, debit card, or ACH transactions.  |

|   |  |
|---|--|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) |  |
| Vendor Name and address:  | Owner, executive director, other (specify):                      |
| Point and Pay, LLC<br>110 State Street East<br>Oldsmar, FL 34677  | Jacque Kuntz<br>Director, Proposal Management & Sales Operations |
| 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>We are amending the contract to extend the end date by 1 year. This allows for the completion of the formal bid and to select a vendor.<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  |
| 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 checked="" type="checkbox"/> Contract Amendment - (list original procurement)<br>Informal Bid |
|  | <input type="checkbox"/> Other Procurement Method, please describe:                                  |

|  |  |
|--|--|
| Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below: |  |
| <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.  | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.                    |  |
| Are the purchases compatible with the new ERP system? <input checked="" 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% 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>FS100130  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

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

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

**BC2024-491**

|                           |   |  |
|---------------------------|---|--|
| Title                     | Comprehensive real estate database access and respective license subscription |  |
| 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<br><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 Name                           | Time Period | Amount      | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|---------------------------------------|-------------|-------------|---------------------------------|--------------|
|                                      | 24002589                             | CoStar Realty<br>Information,<br>Inc. | N/A         | \$16,931.40 | Pending                         | Pending      |

Service/Item Description (include quantity if applicable).  
Fiscal Department is requesting approval of a purchase order, per the chart above, to secure a purchase order for access to a comprehensive real estate database access and respective license subscription.

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):  
CoStar Realty Information, Inc. is the current and historical provider of this database subscription for the Appraisal Department and Board of Revisions. Access to this comprehensive database with real estate information is necessary in the valuation and appraisal of properties in the county. CoStar is a proven product with known quality.

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): |
| CoStar Realty Information Inc<br>600 W Superior Ave #1310<br>Cleveland, OH 44114              | Charles Spryn<br>Account Executive          |
| Vendor Council District:  | Project Council District:                   |
| If applicable provide the full address or list the municipality(ies) impacted by the project. |   |

| COMPETITIVE PROCUREMENT  | NON-COMPETITIVE PROCUREMENT  |
|--|--|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<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>The vendor has not terminated services. This PO is to pay for services during the ongoing contract negotiations.<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<br>( ) 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 <input type="checkbox"/> No, please explain:   | <input type="checkbox"/> Government Purchase<br><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <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 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:<br>01/19/2023 |
| Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.                  |  |
| Are the purchases compatible with the new ERP system? <input checked="" 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 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>FS305100  |
| 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 checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |  |
| Reason: Turn over in company and vendor does not provide timely response and issues resolving contract language  |  |
| Timeline   |  |
| Project/Procurement Start Date (date your team started working on this item):  | 11/29/2022   |
| Date documents were requested from vendor:   | 11/29/2022   |
| Date of insurance approval from risk manager:  | N/A services were already provided                 |
| Date Department of Law approved Contract:  | Law Department approved processing of PO 5/20/2024 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:  |  |
| If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Vendor has not discontinued services            |  |
| Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)  |  |

| HISTORY (see instructions):                        |                                |                                 |                         |             |                           |              |
|--|--------------------------------|---------------------------------|-------------------------|-------------|---------------------------|--------------|
| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name                     | Time Period             | Amount      | Date BOC/Council Approved | Approval No. |
| O  | 1475                           | CoStar Realty Information, Inc. | 04/01/2021 – 03/31/2023 | \$31,500.24 | 07/26/2021                | BC2021-375   |

**BC2024-492**

|                                  |  |
|----------------------------------|--|
| <b>Title</b>                     | GARDA Armed Guard & Armored Truck Services 2024-2025   |
| <b>Department or Agency Name</b> | Department of Purchasing   |
| <b>Requested Action</b>          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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                             | 4332                           | GARDA GL Great Lakes, Inc. | 7/1/2024-6/30/2025 | \$109,000.00 | Pending                   | Pending      |

|   |
|---|
| <b>Service/Item Description (include quantity if applicable).</b>   |
| Contract with Garda for Armed Guard and Armored Truck services for the term 7/1/2024-6/30/2025 for various downtown and other service locations in the City of Cleveland in the amount NTE \$109,000.00. This will be a secondary contract for these services. Other locations will be serviced by the original vendor. |
| <b>Indicate whether:</b> <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)  |
| <b>For purchases of furniture, computers, vehicles:</b> <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br><b>Age of items being replaced:</b> <b>How will replaced items be disposed of?</b>  |
| <b>Project Goals, Outcomes or Purpose (list 3):</b>   |
| 1. To pick-up from locations completed per contract schedule<br>2. Deliver/deposit to bank/vault and delivery of cash, as needed, per contract schedule<br>3. Proper billing per contract schedule  |

|  |  |
|--|--|
| <b>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)</b> |  |
| Vendor Name and address:<br>GARDA CL Great Lakes, Inc.<br>7029 Pearl Road, Suite 300, Cleveland, Ohio 44130  | Owner, executive director, other (specify):<br>Stephan Cretier<br>Founder, Chairman, President & CEO |
| Vendor Council District: 4   | Project Council District: various City locations   |



|   |  |
|---|--|
| 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  |
| 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<br>(   ) 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 <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: _____  |

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

|   |
|---|
| <b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.<br><br>70% General Fund<br><br>30% Cuyahoga Support Enforcement |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): _____  |
| <b>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</b><br><br>CP100170 55130; SH100140 55130; PB100100 55130; HS245100 55130; CC100100 55130;          |

|   |
|---|
| JC100110 55130; FS100130 55130  |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|  |  |
|--|--|
| <b>Provide status of project.</b> To begin 7/1/2024  |  |
| 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 |  |
| <b>Reason:</b>   |  |
| <b>Timeline</b>  |  |
| 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)   |  |

| <b>HISTORY</b> (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. |
|  |                                |             |             |        |                           |              |

|                                  |  |
|----------------------------------|--|
| <b>BC2024-493</b>                |  |
| <b>Title</b>                     | Brink's Armed Guard & Armored Truck Services 2024-2025   |
| <b>Department or Agency Name</b> | Department of Purchasing   |
| <b>Requested Action</b>          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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                             | 4605                           | Brink's U.S., a Division of Brink's Incorporated | 7/1/2024-6/30/2025 | \$90,000.00 | Pending                   | Pending      |

|   |
|---|
| <b>Service/Item Description (include quantity if applicable).</b>   |
| Contract with Brink's for Armed Guard and Armored Truck services for the time period July 1, 2024 – June 30, 2025 for Fiscal Office/Auto Title Bureau locations and the Cuyahoga County Animal Shelter locations in the amount NTE \$90,000.00. We are also contracting with a secondary provider for other County departments that require these services. |
| <b>Indicate whether:</b> <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)  |
| <b>For purchases of furniture, computers, vehicles:</b> <input type="checkbox"/> Additional <input type="checkbox"/> Replacement<br><b>Age of items being replaced:</b> _____ <b>How will replaced items be disposed of?</b> _____  |
| <b>Project Goals, Outcomes or Purpose (list 3):</b><br>1. To pick-up from locations completed per contract schedule<br>2. Deliver/deposit to bank/vault and delivery of cash, as needed, per contract schedule<br>3. Proper billing per contract schedule   |

|  |  |
|--|--|
| <b>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)</b> |  |
| Vendor Name and address:<br>Brink's U.S., a Division of Brink's Incorporated<br>1422 Superior Avenue E, Cleveland, Ohio 44114  | Owner, executive director, other (specify):<br>Mark Eubanks<br>President & CEO |
| Vendor Council District: 7   | Project Council District: various County locations                             |
| If applicable provide the full address or list the municipality(ies) impacted by the project.  |  |

| <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><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<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 <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: |
|--|---|

|   |  |
|---|--|
| <b>Is Purchase/Services technology related</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. <b>If yes, complete section below:</b> |  |
| <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.                 |  |

|   |
|---|
| <p><b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>56% General Fund</p> <p>44% Other health &amp; safety</p>   |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):  |
| <p><b>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</b></p> <p>FS100150 55130; PW280100 55130 PW-KENNEL</p>  |
| Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

|  |
|--|
| <p><b>Provide status of project.</b> To begin 7/1/2024</p>   |
| 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 |
| <b>Reason:</b>   |
| <b>Timeline</b>  |
| 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)   |

| <b>HISTORY</b> (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 | 3267 | Brink's U.S., a Division of Brink's Incorporated | 1/1/2023 – 12/31/2023 | \$250,000.00 | 4/10/2023 | BC2023-203 |
| A | 3267 | Brink's U.S., a Division of Brink's Incorporated | 1/1/2023 – 12/31/2023 | \$6,500.00   | 7/31/2023 | BC2023-476 |

**BC2024-494**

|                           |  |
|---------------------------|--|
| Title                     | Medical Examiner's Office requests to amend CM#1831 contract with VertiQ Software LLC to extend the term for the period 9/1/2024 thru 8/31/2025, for annual maintenance fees for the amount of \$12,596.00.  |
| Department or Agency Name | Medical Examiner's Office  |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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                              | CE1400287                      | VertiQ Software LLC | 9/1/2014-8/31/2019   | \$49,220.00 | 10/6/2014                 | CPB2014-761  |
| A-1                            | CM#549 Copied to CM#1831       | VertiQ Software LLC | 9/1/2019-8/31/2024   | \$57,099.96 | 9/9/2019                  | BC2019-680   |
| A #2                           | CM#1831                        | VertiQ Software LLC | 9/1/2024 – 8/31/2025 | \$12,596.00 | Pending                   | Pending      |

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| Service/Item Description (include quantity if applicable).<br>Annual maintenance for Case Management Software for the Medical Examiner's Office  |
| Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase<br>(provide details in Service/Item Description section above) |
| 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>Software maintenance<br>Upgrades<br>Troubleshooting  |

|   |   |
|---|---|
| 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): |
| VertiQ Software LLC<br>PO Box 787<br>Morgan Hill, CA 95038  | Anthony Kessel, CEO                         |

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

| COMPETITIVE PROCUREMENT   | NON-COMPETITIVE PROCUREMENT   |
|---|---|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<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                                |
| 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 <input type="checkbox"/> No, please explain:  | <input type="checkbox"/> Government Purchase  |
|   | <input type="checkbox"/> Alternative Procurement Process  |
| How did pricing compare among bids received?  | <input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP Exemption Award on RQ IS-14-31325 CPB2014-761 10/6/2014<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 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% 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>ME100100  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

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

HISTORY (see instructions): see chart above

**BC2024-495**

|                           |  |
|---------------------------|--|
| Title                     | The Medical Examiner's Office plans to contract with Promega Corporation, for a one-year period from the time of contract execution, for preventive maintenance services for three (3) Maxwell RSC 48 DNA/RNA extraction purification instruments for the ME's DNA Lab in the amount of \$11,134.00. |
| Department or Agency Name | Medical Examiner's Office  |
| Requested Action          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating<br><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                              | CME 3604                       | Promega Corporation | Execution – 1 year | \$11,134.00 | Pending                   | Pending      |

|   |
|---|
| Service/Item Description (include quantity if applicable). Preventive maintenance services for three (3) Maxwell RSC 48 DNA/RNA extraction purification instruments for the ME's DNA Lab.   |
| 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) |
| 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>Repair, maintenance, parts<br>Support services  |

|   |   |
|---|---|
| In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify) |   |
| Vendor Name and address:  | Owner, executive director, other (specify): |
| Promega Corporation<br>2800 Woods Hollow Road<br>Madison, WI 53711  | William Linton, CEO                         |
| Vendor Council District:  | Project Council District:                   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   |   |

| COMPETITIVE PROCUREMENT  | NON-COMPETITIVE PROCUREMENT  |
|--|--|
| RQ# _____ (Insert RQ# for formal/informal items, as applicable)<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><i>Requesting an RFP exemption for this purchase. The warranty has expired for this equipment, the annual preventive maintenance is needed to ensure the equipment is performing properly. Equipment Maintenance is proprietary and cannot be bid.</i><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<br>( ) 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 <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.  
 100% General Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  
 ME105105/ 55220

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-# ) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|---|--------------------------------|-------------|-------------|--------|---------------------------|--------------|
|   |                                |             |             |        |                           |              |

**BC2024-496**

|                           |  |
|---------------------------|--|
| Title                     | OHS; Family Promise of Greater Cleveland; 2024-2025 Contract for Rapid Rehousing and Shelter for Families  |
| Department or Agency Name | Office of Homeless 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<br><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                              | 4498                           | Family Promise of Greater Cleveland | 6/1/24 – 5/31/25 | \$155,643.00 | Pending                                   | pending      |

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

The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to CoC services. Family Promise operates one of four family shelters within the CoC, with a focus on youth adult families. Family Promise offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.

This is a new contract for an existing service.

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

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Project Goals, Outcomes or Purpose (list 3):

- Provide safe, decent shelter for families facing homelessness and/or domestic violence;
- Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance;
- Link families with ongoing community supports to ensure housing stability.

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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:<br>Family Promise<br>3470 E. 152 <sup>nd</sup> Street<br>Cleveland, OH 44102 | Owner, executive director, other (specify):<br>Jacqueline Salter, executive director |
| Vendor Council District:<br>9   | Project Council District:<br>County-wide   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.         | N/A  |

| 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><br>RFP exemption due to subgrant<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 (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:  | <input type="checkbox"/> Government Purchase   |
|   | <input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?  | <input type="checkbox"/> Contract Amendment (list original procurement)  |
|   | <input type="checkbox"/> Other Procurement Method, please describe:  |

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

|   |  |
|---|--|
| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.<br>36% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant - HS220110<br>64% - Health & Human Services Levy Funds - HS260350 |  |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):  |  |

|   |   |
|---|---|
| Provide status of project.  |   |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase    | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Reason: HUD was late in issuing grant agreements indicating award amount  |   |
| Timeline:<br>Project/Procurement Start Date<br>(date your team started working on this item):                         | 5/1/24  |
| Date documents were requested from vendor:  | 4/15/24, 4/30/24, 5/18/24, 5/31/24  |
| Date of insurance approval from risk manager:   | 6/5/24  |
| Date Department of Law approved Contract:   | 6/5/24  |
| Date item was entered and released in Infor:  | 6/10/24   |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: |   |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)       |   |
| Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)              |   |

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

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor Name  | Time<br>Period      | Amount    | Date BOC<br>Approved/<br>Council's<br>Journal Date | Approval No. |
|--------------------------------------|--------------------------------------|--|---------------------|-----------|--|--------------|
| O                                    | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/22 –<br>5/31/23 | \$994,088 | 1/24/23  | R2023-0017   |
| A- #1                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/23 –<br>5/31/24 | \$500,000 | 6/26/23  | BC2023-402   |
| A- #2                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 5/31/24             | \$494,088 | 12/4/23  | BC2023-790   |

**BC2024-497**

|                           |  |
|---------------------------|--|
| Title                     | OHS; Journey Center for Safety & Healing; 2024-2025 Contract for Rapid Rehousing and Shelter for Families  |
| Department or Agency Name | Office of Homeless 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<br><input 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 Name                                  | Time Period         | Amount       | Date BOC<br>Approved/<br>Council's<br>Journal Date | Approval No. |
|--------------------------------------|--------------------------------------|--|---------------------|--------------|--|--------------|
| O                                    | 4499                                 | Journey<br>Center for<br>Safety &<br>Healing | 6/1/24 –<br>5/31/25 | \$303,130.00 | Pending  | pending      |

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

The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to CoC services. Journey Center operates one of four family shelters within the CoC, with a focus on survivors of domestic violence. Journey Center is in a confidential location and offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.

This is a new contract for an existing service.

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):   |   |     |
| <ul style="list-style-type: none"> <li>• Provide safe, decent shelter for families facing homelessness and/or domestic violence;</li> <li>• Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance;</li> <li>• Link families with ongoing community supports to ensure housing stability.</li> </ul> |   |     |
| If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" 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:<br>Journey Center<br>P.O. Box 5466<br>Cleveland, Ohio 44101  | Owner, executive director, other (specify):<br>Robin Johnson, interim executive director |
| Vendor Council District:<br>n/a – confidential location   | Project Council District:<br>County-wide   |
| If applicable provide the full address or list the municipality(ies) impacted by the project.   | n/a  |

| 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><br>RFP exemption due to subgrant<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 (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) 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 type="checkbox"/> No. If yes, complete section below: N/A    |  |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase.   | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.                           |  |
| Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. |  |

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

67% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant - HS220110

33% - Health & Human Services Levy Funds - HS260350

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

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

Provide status of project.

New Service or purchase  Recurring service or purchase Is contract late  No  Yes, In the fields below provide reason for late and timeline of late submission

Reason: HUD was late in issuing grant agreements indicating award amount

Timeline: 5/1/24

Project/Procurement Start Date (date your team started working on this item):

Date documents were requested from vendor: 4/15/24, 4/30/24, 5/15/24, 5/31/24, 6/11/24

Date of insurance approval from risk manager: 6/12/24

Date Department of Law approved Contract: 6/12/24

Date item was entered and released in Infor: 6/13/24

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

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

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

HISTORY (see instructions):

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor Name  | Time<br>Period      | Amount    | Date BOC<br>Approved/<br>Council's<br>Journal Date | Approval No. |
|--------------------------------------|--------------------------------------|--|---------------------|-----------|--|--------------|
| O                                    | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/22 –<br>5/31/23 | \$994,088 | 1/24/23  | R2023-0017   |
| A- #1                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/23 –<br>5/31/24 | \$500,000 | 6/26/23  | BC2023-402   |
| A- #2                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 5/31/24             | \$494,088 | 12/4/23  | BC2023-790   |

**BC2024-498**

|                           |  |
|---------------------------|--|
| Title                     | OHS; Salvation Army; 2024-2025 Contract for Rapid Rehousing and Shelter for Families   |
| Department or Agency Name | Office of Homeless 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<br><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                              | 4500                           | Salvation Army | 6/1/24 – 5/31/25 | \$374,731.00 | Pending                                   | pending      |

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

The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to services within the Homeless Continuum of Care. Salvation Army operates one of four family shelters within the CoC, offering case management focuses on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.

This is a new contract for an existing service.

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 safe, decent shelter for families facing homelessness and/or domestic violence;
- Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance;
- Link families with ongoing community supports to ensure housing stability.

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:<br>Salvation Army<br>440 West Nyack Rd<br>West Nyack, NY 10994       | Owner, executive director, other (specify):<br>Michael Southwick, secretary |
| Vendor Council District:<br>n/a – out of state corporate location                             | Project Council District:<br>County-wide                                    |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1710 Prospect Avenue<br>Cleveland, OH 44115                                 |

| 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><br>RFP exemption due to subgrant<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 (%): ( 0 ) DBE ( 0 ) SBE<br>( 0 ) MBE ( 0 ) 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><input type="checkbox"/> Alternative Procurement Process   |
| How did pricing compare among bids received?   | <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 type="checkbox"/> No. If yes, complete section below: N/A    |  |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase.   | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.                           |  |
| Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. |  |
| Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.          |  |

|   |  |
|---|--|
| FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.<br>47% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant - HS220110<br><br>53% - Health & Human Services Levy Funds - HS260350 |  |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):  |  |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):  |  |

|  |   |
|--|---|
| Provide status of project.   |   |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase | Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |



|   |  |
|---|--|
| Reason: HUD was late in issuing grant agreements indicating award amount  |  |
| Timeline:<br>Project/Procurement Start Date<br>(date your team started working on this item):                         | 5/1/24   |
| Date documents were requested from vendor:  | 4/15/24, 4/30/24, 5/8/24, 5/10/24, 5/25/24, 6/5/24 |
| Date of insurance approval from risk manager:   | 6/10/24  |
| Date Department of Law approved Contract:   | 6/10/24  |
| Date item was entered and released in Infor:  | 6/10/24  |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: |  |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)       |  |
| Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)              |  |

| HISTORY (see instructions):          |                                      |  |                     |           |  |              |
|--------------------------------------|--------------------------------------|--|---------------------|-----------|--|--------------|
| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor Name  | Time<br>Period      | Amount    | Date BOC<br>Approved/<br>Council's<br>Journal Date | Approval No. |
| O                                    | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/22 –<br>5/31/23 | \$994,088 | 1/24/23  | R2023-0017   |
| A- #1                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 6/1/23 –<br>5/31/24 | \$500,000 | 6/26/23  | BC2023-402   |
| A- #2                                | 2806<br>2903<br>2811<br>2812         | Family Promise<br>Journey Center<br>Salvation Army<br>West Side Catholic | 5/31/24             | \$494,088 | 12/4/23  | BC2023-790   |

**BC2024-499**

|                           |   |
|---------------------------|---|
| Title                     | OHS; Bitfocus, Inc; 2024- 2029 Contract for Homeless Management Information System Services   |
| Department or Agency Name | Office of Homeless 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<br><input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/<br>Amendment (A-<br># ) | Contract<br>No. (If PO,<br>list PO#) | Vendor<br>Name   | Time Period       | Amount       | Date BOC<br>Approved/<br>Council's<br>Journal Date | Approval No. |
|---------------------------------------|--------------------------------------|------------------|-------------------|--------------|--|--------------|
| O                                     | 4574                                 | Bitfocus,<br>Inc | 1/1/25 – 12/31/29 | \$495,000.00 | Pending  | Pending      |

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

Bitfocus provides the system administration for Clarity, the software product used to operate a Homeless Management Information System (HMIS), as required by HUD for all Homeless Continuums of Care. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. HMIS enables communities to collect information from projects serving homeless families and individuals to use as part of their needs analyses and to establish funding priorities.

This is a new contract for an existing service.

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):

- Collect, document, and generate data reports on services and housing provided to homeless persons
- Analyze data to provide aggregated client demographics and project outcome reports
- Provide specialized reporting capacity to OHS as specified by HUD

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

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

|   |   |
|---|---|
| Vendor Name and address:<br>Bitfocus<br>5940 South Rainbow Blvd. Suite 400<br>Las Vegas, Nevada 89118 | Owner, executive director, other (specify):<br>Jeff Ugai, Chief Operating Officer |
| Vendor Council District:<br>N/A – out of state  | Project Council District:<br>County-wide  |
| If applicable provide the full address or list the municipality(ies) impacted by the project.         | N/A   |

| 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><br>This is a new contract for an existing service that was competitively procured in 2019. Bitfocus/Clarity will be added to the IT standards list so we would not want to competitively procure.<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 (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) 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:<br>5/30/24 |
| 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 checked="" type="checkbox"/> No, please explain.   |   |

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

|   |   |
|---|---|
| Provide status of project.  |   |
| <input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase    | Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |
| Timeline:   | 5/1/24  |
| Project/Procurement Start Date (date your team started working on this item):   |   |
| Date documents were requested from vendor:  | 5/23/24   |
| Date of insurance approval from risk manager:   | 6/5/24  |
| Date Department of Law approved Contract:   | 6/5/24  |
| Date item was entered and released in Infor:  | 6/7/24  |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: |   |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)       |   |
| Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)              |   |

| HISTORY (see instructions):    |                                |             |                   |              |   |              |
|--------------------------------|--------------------------------|-------------|-------------------|--------------|---|--------------|
| Original (O)/ Amendment (A-# ) | Contract No. (If PO, list PO#) | Vendor Name | Time Period       | Amount       | Date BOC Approved/ Council's Journal Date | Approval No. |
| O                              | 1003                           | Bitfocus    | 1/1/20 – 12/31/24 | \$536,560.00 | 2/25/20                                   | R2020-0050   |

|       |      |          |                   |             |         |            |
|-------|------|----------|-------------------|-------------|---------|------------|
| A - 1 | 1003 | Bitfocus | 1/1/22 – 12/31/22 | \$81,800.00 | 3/7/22  | BC2022-141 |
| A - 2 | 1003 | Bitfocus | 1/1/23 – 12/31/23 | \$81,800.00 | 3/32/23 | BC2023-182 |
| A - 3 | 1003 | Bitfocus | 1/1/24 – 12/31/24 | \$81,800.00 | 2/20/24 | BC2023-138 |

**C. – Exemptions**

**BC2024-500**

|                             |  |
|-----------------------------|--|
| <b>TITLE</b>                | Department of Public Works – Home Depot Purchase Order |
| <b>DEPARTMENT OR AGENCY</b> | Department of Public Works                             |

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

|   |  |
|---|--|
| <b>DESCRIPTION/<br/>EXPLANATION OF<br/>REQUEST:</b> | <p>Department of Public Works, recommending to amend Board Approval No. BC2024-24, dated 1/6/2024, which made an award recommendation to Home Depot U.S.A., Inc. for routine equipment and material purchases for period 1/1/2024 - 12/31/2024 for various divisions, by changing the total amount not-to-exceed from \$49,500.00 to \$94,500.00:</p> <p>Facilities Division in the amount not-to-exceed \$49,250.00.<br/> Sanitary Division in the amount not-to-exceed \$12,000.00.<br/> Animal Shelter in the amount not-to-exceed 4,500.00.<br/> Fleet Division in the amount not-to-exceed \$23,750.00.<br/> Road and Bridge Division in the amount not-to-exceed \$5,000.00.</p> <p>Funding Source: 67% General Fund, 22% Sanitary Sewer Fund, 2% Road and Bridge Fund, 4.5% Fleet Division and 4.5% Dog and Kennel Fund</p> <p>This will allow Public Works business units to make needed equipment and material purchases at a local big-box retail store where inventory/stock levels and alternate/backup options are optimal. The Purchase Order number is 24000649-EXMT.<br/> Home Depot is the selected vendor because it would be very difficult to bid big box retail stores where stocked items are extensive and there is no way to forecast identifiable material needed to be included in a bid process. Home Depot has many locations throughout Cuyahoga County including Cleveland’s Steelyard Commons location which is in close proximity to Downtown Cuyahoga County buildings as well as the large Harvard Maintenance Garage where our Sanitary, Road &amp; Bridge, and Fleet divisions are located and are known to need materials from Home Depot for immediate business needs.</p> |
|---|--|

| <b>CURRENT/HISTORICAL<br/>INFORMATION</b> | <b>DATE BOC APPROVED/<br/>COUNCIL’S JOURNAL DATE</b> | <b>APPROVAL NO.</b> |
|---|--|---------------------|
| <b>ORIGINAL (O)</b>                       | 1/6/24   | BC2024-24           |
| <b>AMENDMENT (A)</b>                      | Pending  | Pending             |

**BC2024-501**

|               |                                    |
|---------------|------------------------------------|
| TITLE         | Multi-System Youth Local 2024-2025 |
| DEPARTMENT OR | Family and Children First Council  |

|                  |  |
|------------------|--|
| REQUESTED ACTION | <input checked="" type="checkbox"/> Alternative Procurement<br><input type="checkbox"/> Amendment to Alternative Procurement |
|------------------|--|

| LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE | DATE BOC APPROVED/COUNCIL’S JOURNAL DATE  | APPROVAL NO. |
|--|---|--------------|
|  | 9/7/2021  | BC2021-495   |
|  | 7/24/2023   | BC2023-466   |
| DESCRIPTION/<br>EXPLANATION OF<br>REQUEST:   | Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00. <ul style="list-style-type: none"> <li>FCFC is given funding from the state to provide supports to parents and not relinquish custody to receive services per Section 333.95 of the ORC under section 121.374 plan.</li> <li>To allow various vendors to be paid through the alternative procurement method which will allow the FCFC office to process invoices once the applications are received.</li> </ul> |              |

|                 |   |
|-----------------|---|
| FUNDING SOURCE: | Is funding for this included in the approved budget?  |
|                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):   |
|                 | Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source. |
|                 | Multi System Youth Local  |

**D. – Consent Agenda**

**BC2024-502**

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](mailto:Info@Ret3.org). for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

[Info@Ret3.org](mailto:Info@Ret3.org)  
 1814 E. 40th Street  
 Cleveland, Ohio 44103  
 Kenny Kovach-Director

| Description | Cuyahoga County Serial No. | Service Tague No. |
|-------------|----------------------------|-------------------|
| Dell Tower  | 65887                      |                   |
| Dell Tower  | 65888                      |                   |

|                           |               |         |
|---------------------------|---------------|---------|
| Dell Inspiron 1100 Laptop | no County tag | 6F77P41 |
| Dell Vostro 1400 Laptop   | no County tag | C4SBQF1 |
| Dell Vostro 1400 Laptop   | no County tag | F4SBQF1 |

**BC2024-503**

(See related items for proposed travel/memberships for the week of 7/1/2024 in Section D above).

**BC2024-504**

(See related items for proposed purchases for the week of 7/1/2024 in Section D above).

**V. – OTHER BUSINESS**

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

**Item No. 1**

|               |   |
|---------------|---|
| TITLE         | The Time Capsule Semiquincentennial Commemoration Project |
| DEPARTMENT OR | Domestic Relations Court                                  |

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| 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 (for grants with Cash Match and/or Subrecipients).<br><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).<br>➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).<br><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).<br><input type="checkbox"/> Grant Amendments<br><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive) |
|--|--|

| GRANT CURRENT/HISTORICAL INFO | NAME OF GRANT    | TIME PERIOD           | AMOUNT     | PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) | APPROVAL NO. |
|-------------------------------|------------------|-----------------------|------------|---|--------------|
| ORIGINAL (O)                  | America 250-Ohio | 06/15/2024-05/31/2025 | \$2,000.00 | N/A   |              |
| AMENDMENT (A-1)               |                  |                       |            |   |              |

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| DESCRIPTION/ EXPLANATION OF THE GRANT:       | The Time Capsule Semiquincentennial Commemoration Project will serve to commemorate the importance of the Ohio judiciary and celebrate the anniversary of our Founding Fathers adopting the Declaration of Independence. |
| PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3): | Showcase Ohio’s judicial history and contribution to U.S. history  |
|  | Highlight the importance of the Ohio judiciary as part of the historical celebration of America’s 250 <sup>th</sup> birthday   |
|  | Provide a display to be housed at the Old Courthouse that can be used throughout the community up to and beyond the 2026 Semiquincentennial Celebration  |

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| GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|

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| IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.<br>FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT. |  |
| SUBRECIPIENT'S NAME AND ADDRESS:   |  |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR   |  |
| SUBRECIPIENT'S COUNCIL DISTRICT:   |  |
| DOLLAR AMOUNT ALLOCATED:   |  |

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

|                 |  |
|-----------------|--|
| FUNDING SOURCE: | Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.  |
|                 | The Ohio Commission for the U.S. Semiquincentennial (aka America 250-Ohio)   |
|                 | 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. 2**

|               |   |
|---------------|---|
| TITLE         | 2023 HOMELESS CONTINUUM OF CARE COORDINATED ENTRY- REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL |
| DEPARTMENT OR | Office of Homeless Services   |

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

| GRANT CURRENT/ HISTORICAL INFO | NAME OF GRANT     | TIME PERIOD      | AMOUNT       | PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE) | APPROVAL NO. |
|--------------------------------|-------------------|------------------|--------------|---|--------------|
| ORIGINAL (O)                   | Coordinated Entry | 2/1/24 – 1/31/25 | \$968,045.00 | 7/24/23   | CON2023-81   |
| AMENDMENT (A-1)                |                   |                  |              |   |              |

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| AMENDMENT (A- )                              |  |  |  |  |  |
| DESCRIPTION/ EXPLANATION OF THE GRANT:       | OHS received this grant through the FY2023 US Department of Housing and Urban Development Continuum of Care Competition. Coordinated Entry is the gateway to homeless services in Cuyahoga County. CI goals are to prevent homelessness, reduce length of stay in shelter, and reduce returns to homelessness. Coordinated Intake facilitates coordination and communication among shelters, transitional housing providers, permanent housing providers, and other homeless services. |  |  |  |  |
| PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3): | Serve as the single point of access for those needing homeless services in Cuyahoga County<br>Provide assessment of housing crisis and if possible, diversion from shelter<br>Refer anyone needing immediate shelter to an appropriate shelter resource  |  |  |  |  |

|   |   |
|---|---|
| GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                         |   |
| IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT. |   |
| SUBRECIPIENT'S NAME AND ADDRESS:  | FrontLine Service   |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR  | Susan Neth, Executive Director<br>1744 Payne Ave<br>Cleveland, OH 44114 |
| SUBRECIPIENT'S COUNCIL DISTRICT:  | 7   |
| DOLLAR AMOUNT ALLOCATED:  | \$718,328   |

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

|   |   |
|---|---|
| SUBRECIPIENT'S NAME AND ADDRESS:  | United Way of Greater Cleveland   |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR        | Sharon Sobo Jordan, President and CEO<br>1331 Euclid Ave<br>Cleveland, OH 44115 |
| SUBRECIPIENT'S COUNCIL DISTRICT:  | 7   |
| DOLLAR AMOUNT ALLOCATED:  | \$239,995   |
| PROJECT COUNCIL DISTRICT:   | County-wide   |
| PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE. | County-wide   |

|  |  |
|--|--|
| SUBRECIPIENT'S NAME AND ADDRESS:   | Cuyahoga Metropolitan Housing Authority  |
| LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR | Jeffrey Patterson, Chief Executive Officer<br>5715 Woodland Ave<br>Cleveland, OH 44104 |
| SUBRECIPIENT'S COUNCIL DISTRICT:   | 8  |



|   |             |
|---|-------------|
| DOLLAR AMOUNT ALLOCATED:  | \$9,722     |
| PROJECT COUNCIL DISTRICT:   | County-wide |
| PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE. | County-wide |

|                 |  |
|-----------------|--|
| FUNDING SOURCE: | Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.  |
|                 | United States Department of Housing and Urban Development Continuum of Care Program  |
|                 | 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. |

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**