



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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 7/22/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-548

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to APG Office Furnishings in the amount not-to-exceed \$10,690.51 for a joint cooperative purchase and installation of various furniture and fixtures for the construction of (1) workstation and (8) replacement chairs for the County Animal Shelter.
- b) Recommending an award on Purchase Order No. 24003033 to APG Office Furnishings in the amount not-to-exceed \$10,690.51 for a joint cooperative purchase and installation of various furniture and fixtures for the construction of (1) workstation and (8) replacement chairs for the County Animal Shelter.

Funding Source: General Fund

BC2024-549

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Great Lakes Truck Driving School, Inc. in the amount not-to-exceed \$100,000.00 for Class B CDL Skills Training and Testing services for Department of Public Works employees effective upon contract signatures of all parties for a period of 2 years.

- b) Recommending an award and enter into Contract No. 4713 with Great Lakes Truck Driving School, Inc. in the amount not-to-exceed \$100,000.00 for Class B CDL Skills Training and Testing services for Department of Public Works employees effective upon contract signatures of all parties for a period of 2 years.

Funding Source: Sanitary Fund

BC2024-550

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in a payment to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$17,868.29 as final payment for armed guard and armored truck services for various County Departments for the period 5/1/2024 – 5/31/2024.
- b) Recommending a payment on Purchase Order No. 24002688 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$17,868.29 as final payment for armed guard and armored truck services for various County Departments for the period 5/1/2024 – 5/31/2024.

Funding Source: 64% General Fund, 16% Other Health & Safety and 20% Cuyahoga Support Enforcement

BC2024-551

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Ohio Legal Help in the amount not-to-exceed \$54,000.00 for annual software license subscription, maintenance and support, development of auto purge functionality and implementation of the ChatBot feature for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform effective upon contract signatures of all parties through 12/31/2025.
- b) Recommending an award and enter into Contract No. 4101 with Ohio Legal Help in the amount not-to-exceed \$54,000.00 for annual software license subscription, maintenance and support, development of auto purge functionality and implementation of the ChatBot feature for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform effective upon contract signatures of all parties through 12/31/2025.

Funding Source: 50% General Fund and 50% and Title IV-D Fund

BC2024-552

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2996 with Gracehaven, Inc. for Safe Space Housing services for Court referred youth for the period 7/1/2022 – 6/30/2024 to extend the time period to 6/30/2026, to change the terms, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$50,000.00.

Funding Source: RECLAIM Grant

BC2024-553

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Spread the Love Foundation in the amount not-to-exceed \$400,000.00 for educational and vocational services for Court referred youths ages 13 to 18 with high risk for recidivism for the period 6/1/2024 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 4666 with Spread the Love Foundation in the amount not-to-exceed \$400,000.00 for educational and vocational services for Court referred youths ages 13 to 18 with high risk for recidivism for the period 6/1/2024 – 6/30/2026.

Funding Source: RECLAIM Grant

BC2024-554

Department of Public Safety and Justice Services, recommending an award on RQ14228 and enter into Contract No. 4696 with Howse Solutions, LLC (13-1) in the amount not-to-exceed \$99,900.00 for assessment of County programs related to childhood exposure to violence, effective upon signatures of all parties through 11/30/2024.

Funding Source: Health and Human Services Levy Fund

BC2024-555

Department of Health and Human Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to R-CAP Security, LLC in the amount not-to-exceed \$49,800.00 for fingerprinting services and background checks for employees in various Department of Health and Human Services agencies effective upon contract signatures of all parties through 9/30/2024.
- b) Recommending an award and enter into Contract No. 4727 with R-CAP Security, LLC in the amount not-to-exceed \$49,800.00 for fingerprinting services and background checks for employees in various Department of Health and Human Services agencies effective upon contract signatures of all parties through 9/30/2024:

- 1) Department of Health and Human Services/Cuyahoga Job and Family Services
- 2) Department of Health and Human Services/Division of Children and Family Services
- 3) Department of Health and Human Services/Office of Child Support Services

Funding Source: 66% Federal/State and 44% Health and Human Services Levy Fund

C. – Exemptions

BC2024-556

Department of Information Technology, requesting an alternative procurement process, which will result in award recommendation(s) and issuance of Purchase Order(s) to one or more State Term and/or Joint Cooperative Purchasing vendors who are authorized providers or resellers of VMware Products, Licenses and Supportive Services in the total amount not-to-exceed \$250,000.00 for a period of 1 year.

Funding Source: General Fund

BC2024-557

Department of Health and Human Services/Division of Senior and Adult Services, requesting approval of an exemption from aggregation of contracts pursuant to County Code 501.05(C), Cuyahoga County Board of Control, Contracting and Purchasing Ordinance No. O2012-0015, Section 3.5.b. with various providers selected through an alternative procurement process which was approved by Board of Control BC2024-355, dated 5/6/2024 in the total amount of \$1,062,324.00 for various services in connection with implementing the Healthy Aging Grant Program for the period 5/6/2024 to 9/30/2024.

- a) The Cleveland Society for the Blind dba Cleveland Sight Center in the amount of \$250,000.00 for Enhancing Independence for Blind or Visually Impaired.
- b) Greater Cleveland Neighborhood Centers Association, Inc. in the amount of \$150,000.00 for the IConnect Program.
- c) Community Housing Solutions in the amount of \$499,999.00 for Home Repair to Facilitate Aging in Place.
- d) Fairhill Partners in the amount of \$119,200.00 for Adult Development Programs.
- e) The Cleveland Music School Settlement dba The Music Settlement in the amount of \$43,125.00 for the Creating Aging Department.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

D. – Consent Agenda

BC2024-558

Department of Public Works, submitting an amendment to Agreement No. 1773 with Lutheran Metropolitan Ministry for food service operations at the Virgil E. Brown Building, incorporating culinary training, work experience and wraparound therapeutic programming services to incarcerated individuals enrolled in the Culinary Arts Training and Chopping for Change Programs for the period 7/1/2021 – 6/30/2024 to extend the time period to 12/31/2024, to change the scope of services and terms, effective upon contract signatures of all parties.

Funding Source: Revenue Generating

BC2024-559

Fiscal Department, presenting proposed travel/membership requests for the week of 7/29/2024:

Dept:	Medical Examiner’s Office							
Event:	NAME 58 th Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Denver, CO							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alison Krywanczyk	9/19/2024 – 9/23/2024	\$975.00	\$123.00	\$958.44	\$120.00	\$450.95	\$2,627.39	FY2023 Coverdell Grant
Joseph Felo	9/18/2024 – 9/24/2024	\$950.00	\$223.00	\$1,382.10	\$265.84	\$268.95	\$3,089.89	FY2023 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Attendance at the annual National Association of Medical Examiner's Conference in Denver, Colorado to obtain continuing medical education credits which are needed to retain my board certification status and Ohio medical license. During the conference I will also be attending the annual Editorial Board meeting for the American Journal of Forensic Medicine and Pathology as a member of the board and supervising a research presentation by one of our medical residents.

BC2024-560

Department of Purchasing, presenting proposed purchases for the week of 7/29/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002933	(31) Wireless temperature monitoring units for laboratory refrigerators and freezers	Department of Public Safety and Justice Services	Computer Aided Solutions LLC dba CAS Datalogger	\$9,255.00	American Rescue Plan Act (ARPA) Fund Crime

	for use by the Medical Examiner's Office				Lab Backlog Grant Fund
24002040	Purchase and installation of (3) prisoner transport camera video system and accessories	Sheriff's Department	Hall Public Safety Upfitters	\$21,961.50	General Fund
24003058	Replacement (200) inmate mattresses	Sheriff's Department	Victory Supply LLC	\$13,190.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24003045	Emergency veterinary services for the Animal Shelter for July, 2024*	Department of Public Works	VCA Great Lakes Veterinary Specialists	\$5,932.60	General Fund
24002977	Out-of-home placement services for the period 6/4/2024 – 6/30/2024*	Division of Children and Family Services	Keystone Memphis LLC dba McDowell Center for Children	\$27,000.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

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

*Approval No. BC2024-77, dated 1/29/2024, which amended Approval No. BC2023-561, dated 9/5/2023, which amended various Board Approvals on various dates, which authorized an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Purchases Processed Not-to-Exceed \$5,000.00 for the period 6/1/2024 – 6/30/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title "07/29/24 – Board of Control Meeting".

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

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

I – CALL TO ORDER

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

Attending:

Eric Janus, Chief of Staff (Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Michael Dever, Director Department of Public Works
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Councilmember Dale Miller

II. – REVIEW MINUTES – 7/15/2024

Michael Chambers motioned to approve the minutes from the July 15, 2024, meeting; Michael Dever 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

BC2024-541

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$37,440.00 for the purchase of (30) each Skill Drive and Business Plan Enterprise Training Platforms for the period 10/30/2024-10/29/2025.
- b) Recommending an award on Purchase Order No. 24002867 to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$37,440.00 for the purchase of (30) each Skill Drive and Business Plan Enterprise Training Platforms for the period 10/30/2024-10/29/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-541 was approved by unanimous vote.

BC2024-542

Department of Information Technology, submitting an amendment to Agreement No. 4513 with Cuyahoga County Board of Developmental Disabilities for Voice Over Internet Protocol (VOIP) services for the period 1/1/2018 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms, effective upon contract signatures of all parties and for additional revenue in the estimated amount of \$17,760.00.

Funding Source: Revenue Generating

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-542 was approved by unanimous vote.

BC2024-543

Department of Human Resources, submitting an amendment to Contract No. 1175 (fka Contract No. AG1800067) with The MetroHealth System for the MetroHealth Select Network health benefit plan for County employees and their eligible dependents for the period 1/1/2016 – 6/30/2024 to extend the time period to 6/30/2025; to change the terms effective 1/1/2024; no additional funds required.

Funding Source: Self-Insurance Fund

Gloria Langford, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-543 was approved by unanimous vote.

BC2024-544

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3936 with The Musketeer Association for positive youth development services for Court referred youths ages 12 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2024 to extend the time period to 6/30/2026, to change the terms effective 7/1/2024, and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-544 was approved by unanimous vote.

BC2024-545

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to MST Group LLC, dba MST Services in the amount not-to-exceed \$21,300.00 for licensures for Multi-Systemic Therapy services for the period 7/1/2024-6/30/2026.

- b) Recommending an award and enter into Contract No. 4688 with MST Group LLC, dba MST Services in the amount not-to-exceed \$21,300.00 for licensures for Multi-Systemic Therapy services for the period 7/1/2024-6/30/2026.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2024-545 was approved by unanimous vote.

C. – Consent Agenda

Trevor McAleer commented we should acknowledge the Sheriff’s staff that helped out for the RNC; we had the same help when we hosted back in 2016 so I think for the record we should acknowledge their work and willingness to travel to Milwaukee. Michael Chambers commented “thank you” is noted. Eric Janus included his thanks and commented for the record that first of all, we anticipate that we will be reimbursed, but most importantly, you know in talking to the Sheriff’s Office, we just wanted to pay it forward based on so many communities coming to assist us when we hosted. Dale Miller asked if we are planning to send people to the Democratic Convention. Eric Janus will provide a definitive answer to that but believes the answer is yes. There were no further questions or comments on the remaining Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-546 through BC2024-547; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-546

Fiscal Department, presenting proposed travel/membership requests for the week of 7/22/2024:

Dept:	Department of Health and Human Services/Division of Children and Family Services							
Event:	The Youth Villages Site Visit							
Source:	The Youth Villages							
Location:	Memphis, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Merriman	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$309.67	\$770.00	\$1,502.67	50% HHS Levy and 50% State and Federal Reimbursement
Rachel Benders	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	50% HHS Levy and 50% State and Federal Reimbursement

Jacqueline Fletcher	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	66% HHS Levy and 34% Title IV-E Funds
Karen Stormann	7/28/2024 – 7/30/2024	\$0.00	\$123.00	\$300.00	\$60.00	\$770.00	\$1,253.00	66% HHS Levy and 34% Title IV-E Funds

*Paid to host

**Staff reimbursement

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

****David Merriman’s transportation is higher due to renting a vehicle.

Purpose:

Cuyahoga County senior leadership are scheduled to visit and tour The Youth Villages in Memphis, Tennessee, July 29th and July 30th. This visit is to help facilitate the Child Wellness Campus in Cuyahoga County. Staff will be visiting several facilities, but they all are within 5-15 minutes for The Youth Villages Operations Center.

Dept:	Sheriff’s Department							
Event:	Republican National Convention							
Source:	City of Milwaukee							
Location:	Milwaukee, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Reese	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Kozub	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Thomas Ostrowski	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Matt Massey	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

Terricko Marshall	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Cody Hutchison	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Isen Vajusi	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Adam Babics	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Cepik	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Darryl Day	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Chris Holmes	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Dave Thomas	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Eric Enk	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Eric Mahon	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
James McClary	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

Jule Hall	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund
Marilyn Browski	7/13/2024 – 7/19/2024	\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$350.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

**** Late-Write-Up: Waiting on approval from the Executive Office.

***** All Expenses will be reimbursed by the City of Milwaukee through Ohio’s Emergency Management Agency

Purpose:

To provide mutual aid to the Milwaukee Police Department during the Republic National Convention.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood							
Event:	Zero to Three Learn Conference 2024							
Source:	Zero to Three							
Location:	Long Beach, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alyssa Swiatek	7/30/2024 – 8/2/2024	\$515.00	\$180.00	\$604.12	\$209.15	\$519.00	\$2,027.27	Health and Human Services Levy

*Paid to host

**Staff reimbursement

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

Purpose:

The Zero to Three conference will be presenting cutting-edge information and research, discussions focused on innovations in the field and a chance to share insights on where this group is heading. Also, the opportunity to meet and connect with various professionals in the early childhood field. Speakers at the event are some of early childhood's most inspiring thinkers, leaders, researchers and doers.

BC2024-547

Department of Purchasing, presenting proposed purchases for the week of 7/22/2024:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002887	(7) Clean screens for use by the Toxicology Lab	Medical Examiner's Office	UCT, LLC	\$7,994.87	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24002925	Factory Authorized – Repairs of Vactor S-226*	Department of Public Works	Jack Doheny Company	\$15,505.09	General Fund
24002955	Out-of-home care placement services for the period 6/4/2024, 6/7/2024 and 6/13/2024**	Division of Children and Family Services	Secure Transportation Services	\$19,985.00	66% Health and Human Services Levy and 34% Title IV-E reimbursement

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

**Approval No. BC2024-77, dated 1/29/2024, which amended BC2023-561, dated 9/5/2023, which amended Approval No. BC2022-767, dated 12/12/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers in the total amount not-to-exceed \$250,000.00 for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a Memorandum of Understanding with the Board of Park Commissioners of the Cleveland Metropolitan Park District to outline the roles and responsibilities of the parties for the development of a new lakefront trail and linear park in connection with Beulah-Euclid Beach Connector Project effective upon signatures of all parties through 12/31/2025.

Item No. 2

Fiscal Office, on behalf of the Department of Regional Collaboration, submitting a grant award from the Cleveland Foundation in the total amount of \$240,000.00 for (4) Public Service Fellows for the period 7/1/2024 – 8/31/2025.

Funding Source: Cleveland Foundation

Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting a Sub-Recipient Agreement with Cuyahoga County District Board of Health in the total amount not-to-exceed \$55,471.00 for various services in connection with the FY2024 Ryan White HIV/AIDS Treatment Extension Act Part A Program A and Minority Aids Initiative for the period 3/1/2024 – 2/28/2025.

- a) Home and Community Health Care \$43,705.00
- b) Home Health Care \$11,766.00

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend Contract No. 3152	Family First Childcare Center dba Family First Village	Planning and coordinating structured age-appropriate activities, supportive services for children and their families, and transportation services for children at Jane Edna Hunter Building awaiting placement, to change the terms, effective 7/1/2024	\$-0-	Department of Health and Human Services/Division of Children and Family Services	1/1/2023 – 6/30/2024 to extend the time period to 12/31/2024	(Original) Health and Human Services Levy Fund	7/1/2024 (Executive) 7/2/2024 (Law Dept.)
No RQ	Agreement No. 4673	City of Newburgh Heights	Provision of local non-federal matching funds for the Operations and Safety Program in connection with	\$2,087.39	Department of Public Safety and Justice Services	Effective upon contract signature of all parties – 11/30/2024	General Fund	7/10/2024 (Executive) 7/11/2024 (Law)

			the FY2024 Assistance to Firefighters Grant Program					
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VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:10 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-548

Title	Public Works /APG Office Furnishings / Purchase Order /Office Furnishings for County Animal Shelter
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24003033	APG Office Furnishings	NA	\$10,690.51	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Public Works is requesting approval of a purchase order, per the chart above, in the amount of \$10,690.51 for the procurement of office furnishings for the Animal Shelter.</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 checked="" type="checkbox"/> Replacement Age of items being replaced: old, age is unknown. How will replaced items be disposed of? Use workstation will be placed back in inventory and the 8 chairs will be disposed of as they are very old, broken and worn.</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> To procure new office furnishings, a workstation and 8 chairs, for the Animal Shelter in the amount of \$10,690.51. This furniture will replace older equipment located at the Animal Shelter.

<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: APG Office Furnishings 12075 Northwest Blvd, Suite 100 Cincinnati, Ohio 45246</p>	<p>Owner, executive director, other (specify): Joe Moran, Sales Rep</p>

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) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. The County intends on utilizing the Joint Cooperative procurement process with Omnia Partners – Herman Miller Omnia Contract 2020000622 – Exempris – Sit On It Omnia Contract R191803 – for the purchase of these office furnishings. By procuring via the Joint Cooperative Contracts, this gives the County access to previously bid and/or negotiated prices and services. *See Justification for additional information.
The total value of the solicitation: \$10,690.51	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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:

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

<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. General Fund – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW280100 / 55130
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):

BC2024-549

Title	Public Works - CDL Class B Driving School – Great Lakes Truck Driving School Contract
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM4713	Great Lakes Truck Driving School	Execution for a period of 2 years	\$100,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
This is for a two (2) year contract with Great Lakes Truck Driving School, Inc., for Class B CDL Skill Training and Testing for County employees on a as needed basis

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

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

Project Goals, Outcomes or Purpose (list 3):
This is for a two (2) year contract with Great Lakes Truck Driving School, Inc., for Class B CDL Skill Training and Testing for County employees on a as needed basis

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):
Great Lakes Truck Driving School 27740 Royalton Rd. Columbia Station, Ohio 44028	Don Mutters, Director
Vendor Council District:	Project Council District:
NA	NA
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) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. EXEMPTION *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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: NA	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? 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. 100% Sanitary
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. PW715200 53000
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):	5.16.24

Date documents were requested from vendor:	5.16.24
Date of insurance approval from risk manager:	6.26.24
Date Department of Law approved Contract:	6.26.24
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 been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-550

Title	RFP Exemption / Brink's PO 24002688 EXMT
Department or Agency Name	Department of Purchasing
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	24002688 EXMT	Brink's U.S., a Division of Brink's, Incorporated		\$17,868.29	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Armed guard and armored truck services for May 2024.

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

Project Goals, Outcomes or Purpose (list 3):
 1. Pickup from locations. 2. Deliver for deposit to bank/vault. 3. Delivery of cash to Treasurer.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
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Brink's U.S. a Division of Brink's Incorporated 1422 Superior Ave. E., Cleveland, Ohio 44114	David Schultz Business Development Director
Vendor Council District:	Project Council District:
7	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Various County locations

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

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

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

64% General Fund
 16% Other health & safety
 20% Cuyahoga Support Enforcement

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: Invoice submitted for services rendered June 2024. The vendor confirmed the fuel surcharges were incorrect on July 10, 2024 and Purchasing-completed verification of payment amount occurred on 7/11/2024. There were delays in getting a new contract with this vendor starting July 1, 2024 and a secondary contract with a new vendor. Rather than amend an expired contract, we are paying the current invoices on purchase order during on-going negotiations. We cannot forgo deposits into County accounts should the vendor choose to stop service until payments made. A request for PO for services for June will be submitted at a later date. A final request for PO for services for July will be processed in the future as the secondary vendor needed start-up time after the 7/1/2024 approval of contracts.

Timeline: Project/Procurement Start Date (date your team started working on this item):	November 2023
Date documents were requested from vendor:	12/5/2023
Date of insurance approval from risk manager:	3/27/2023
Date Department of Law approved Contract:	n/a
Date item was entered and released in Infor:	7/11/2024

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)
 Director of Purchasing advised vendor via e-mail on 12/18/2023 to continue current services during contract negotiations.

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

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
	24002129 EXMT	Brink’s	4/1/2024- 4/30/2024	\$14,610.84	6/3/2024	BC2024-421

BC2024-551

Title	Ohio Legal Help Virtual Help Center (VHC) Maintenance & Subscription Fees	
Department or Agency Name	Domestic Relations Court	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	#4101	Ohio Legal Help	Upon Execution – 12/31/2025	\$54,000.00	Pending	Pending

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

Requesting approval of a contract as indicated in the chart above with Ohio Legal Help, in the amount not to exceed \$54,000.00 for the period Upon Execution - 12/31/2025.

Description of Services

1. Provide Court with basic support for the Platform and updates and revisions of the Platform as generally available from time to time;
2. Transmit and store Data using appropriate security, encryption, and transmission protocols and the Data Security Standards;
3. Handle Data with care, security, and discretion;
4. Provide application and database hosting for the Platform and related Data, including all hardware, software, and systems administration;
5. Provide the Platform and access to the Data only in accordance with applicable laws and government regulations, including compliance with applicable laws and government regulations; and,
6. Provide training and support to Court personnel and other appropriate stakeholders.

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

Project Goals, Outcomes or Purpose (list 3):

The project will further expand access to justice for self-represented litigants, improve case flow and assist with providing Help Center Services without hiring additional staff.

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: Ohio Legal Help 88 East Broad Street, Ste 720 Columbus, Ohio 43215	Owner, executive director, other (specify): Susan Choe, Executive Director
Vendor Council District: N/A	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Ohio Legal Help developed the Virtual Help Center Platform for the Domestic Relations Court through technology grant funding by the Supreme Court of Ohio. The maintenance and subscription fees contract is for services related to information technology that are proprietary and limited to a single source. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 01/11/2024
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? Yes 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.

DR100100 General Fund 50% DR100105 Bureau of Support (IV-D) 50%

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

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

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	January 2024
Date documents were requested from vendor:	January 2024
Date of insurance approval from risk manager:	March 22, 2024
Date Department of Law approved Contract:	March 22, 2024
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

O	2650	Ohio Legal Help	09/20/22-06/30/23	121225	9/20/22	BOC2022-552
A - 1	2650	Ohio Legal Help	9/30/23	0	6/5/23	Item of note (non-voted) Item No. 3
A - 2	2650	Ohio Legal Help	12/31/23	0	10/17/23	BOC2023-647

BC2024-552

Title	CONTRACT AMENDMENT FOR SAFE SPACE HOUSING GRACEHAVEN, INC.
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Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2996	Gracehaven, Inc.	7/1/2022– 6/30/2023	\$25,000.00	5/1/2023	BC2023-273
A-1	2996	Gracehaven, Inc.	7/1/2023- 6/30/2024	\$50,000.00	10/16/2023	BC2023-639
A-2	2996	Gracehaven, Inc.	7/1/2024- 6/30/2026	\$50,000.00	Pending	

Service/Item Description (include quantity if applicable). Cuyahoga County, Juvenile Court plans to amend the Safe Space Housing contract with Gracehaven to extend the time-period off the contract to June 30, 2026, increase the funds in the amount of \$50,000.00 for the time period from July 1, 2024, through June 30, 2026. A total of \$25,000.00 of the not to exceed amount is to be allocated from July 1, 2024, through June 30, 2025. This changes the not to exceed value of the contract from \$75,000.00 to \$125,000.00.

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: N/A How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3): This program will actively resist traumatization of individual youth in their care, while providing an organized and structured social, group, and daily living.

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: Gracehaven Inc. 5000 Arlington Centre Blvd 9B Columbus, Ohio 43220	Owner, executive director, other (specify): Scott Arnold, Executive Director
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a contract amendment. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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: This is a contract amendment.	<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) <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. 100% funded by RECLAIM Grant.

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.
JC330100

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: The delay is due to the RECLAIM Grant notification and award process.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.28.24
Date Department of Law approved Contract:	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? No Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2024-553

Title	Educational/vocational Services - Spread the Love Foundation
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	4666	Spread the Love Foundation	6/1/2024 - 6/30/2026	\$400,000.00	Pending	pending

Service/Item Description (include quantity if applicable). Vendor shall provide hands-on music & entertainment industry education and career development for a term starting June 1, 2024, until June 30, 2026. Funding for this contract shall not exceed \$400,000.00.
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 Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> Engage youth in prosocial activities, exposure opportunities, and skill development assessments. A workforce development model will be used to assist youth in exploring career paths, obtaining job placement, networking opportunities, and community enrichment experiences.

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: Spread the Love Foundation 6815 Euclid Ave., Cleveland, Ohio 44103	Owner, executive director, other (specify): Ossie Mae Neal, President & 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) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? RFP Exemption – County Code 501.12(D)	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Funded by the RECLAIM Grant
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. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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: The delay is due to the RECLAIM grant notification and award process.
Timeline
Project/Procurement Start Date (date your team started working on this item): 5/16/2024
Date documents were requested from vendor: 6/14/2024
Date of insurance approval from risk manager: 5/29/2024
Date Department of Law approved Contract: 6/10/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-554

Title	2024 Department of Public Safety and Justice Service Assessment of Programs Related to Childhood Exposure to Violence RFP
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <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	4696	Howse Solutions	Execution- November 30, 2024	\$99,900.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Department of Public Safety and Justice Services is seeking to conduct business with Howse Solutions to review the department’s programs for children who are exposed to violence.

 The review will cover an analysis of relevance, efficiency, and sustainability, as well as an examination of the program’s effectiveness with the result being a report outlining recommendations for Cuyahoga County that will guide future decisions regarding the direction of the programs.

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. Assessing the relevance, effectiveness, efficiency, and sustainability of DCI.
 2. Propose modernization of policies and procedures to establish a more streamlined service system.
 3. Providing actionable recommendations for the County to use for the future of the programs.

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

Vendor Name and address:	Owner, executive director, other (specify):
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Howse Solutions 5247 Wilson Mills Road #233 Richmond Heights. Ohio 44143	Christopher Howse President/CEO
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _14228__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 04/05/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 13 /1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (3%) SBE (7%) MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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? There were no other bids.	<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.
 100% Human and Health Services Levy

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.
 PJ 325100

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

Provide status of project.
 New 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):

BC2024-555

Title	Fingerprinting and Background Services for Health and Human Services
Department or Agency Name	Department of Health and Human Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <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	4727	R-Cap Security, LLC	effective upon contract signatures of	\$49,800.00	Pending	Pending

			all parties through 9/30/2024			
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Service/Item Description (include quantity if applicable).
 To conduct fingerprinting services and submit those fingerprints to a Federal Bureau of Investigation (“FBI”) and Bureau of Criminal Investigation (“BCI”) criminal background Check for the Office of Child Support Services, Division of Children and Family Services and Cuyahoga Jobs and Family Services.

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):
 Provide fingerprinting services and submission of those fingerprints for a FBI and BCI background check (“Services”) to the County.
 Provider shall provide portable fingerprinting machines, personnel and all necessary supplies in order to effectuate the fingerprinting and submitting of those fingerprints to the FBI and BCI background check process. Provider is responsible for submitting the fingerprint set in a workmanlike and proper manner to undergo the FBI and BCI background checks.
 Provider shall re-fingerprint that set and re-submit if any fingerprint set is returned as incomplete or unreadable to the appropriate background check(s)

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):
R-Cap Security, LLC 7800 Superior Avenue Cleveland, OH 44103	Charlotte Perkins,
Vendor Council District: district 7	Project Council District: County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Fingerprinting and Background searches have to be completed by 9/30/2024 *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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:

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. N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal/State – 66% and Health and Human Services Levy – 44%
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. HS245100 / 55130 / UCH00000 HS260195 / 55130 / UCH06100 HS215100 / 56010 / UCH05510
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. Project is new and will only cover a short period until September 30, 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	
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):

C.- Exemptions

BC2024-556

TITLE	VMWare License and Support
DEPARTMENT OR	Department of IT

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	N/A	
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Request: Approval of an alternative procurement for VMWare Support with a not to exceed of \$250,000.00 for any resellers on Ohio State Term or equivalent corporative purchasing agreement.</p> <p>Background: VMWare provides the capabilities for the Department of IT (DoIT) to use and manage virtual machines to support County business applications verse having physical servers – DoIT currently has 350-400 servers using virtualized technology.</p>	

	<p>Early this year Broadcom bought VMWare and halted all existing reseller agreements, while the County was in process of renewing support which happened via BC2024-104 (2/12/2024) for \$66,697.58. Broadcom issued a “do not deny” Support for any customers that had in flight agreements globally.</p> <p>DoIT has been working weekly for 6 months following up with Broadcom, our current reseller, and other government approved resellers. All customers under the previous cooperative purchasing method (including DoIT) received a notice on July 15th 2024 that the “do not deny” support is ending on 8/1/2024 while reseller agreements are still being negotiated.</p> <p>Once resellers can provide quotes for support it is critical for DoIT to be able to obtain support immediately.</p>
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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.
	Department of IT General Fund – IT100140

BC2024-557

TITLE	Exemption from Aggregation for Healthy Aging Grants
DEPARTMENT OR	HHS: Division of Senior and Adult Services

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe: Exemption from Aggregation for the Health Aging Grants
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Cuyahoga County Division of Senior and Adult Services received the Healthy Aging Grant (HAG) from the State of Ohio. DSAS plans to contract with various providers to implement the HAG. The purpose of the HAG is to address social determinants of health, foster an improved quality of life for older Ohioans, enabling them to remain in their homes and stay connected to their communities, preserve their personal assets, and promote a healthy, independent, active lifestyle. Healthy Aging Grants are also designed to support older Ohioans disproportionately impacted by the COVID-19 pandemic, many of whom continue to struggle with health and economic consequences.</p>	
		<ol style="list-style-type: none"> 1. Cleveland Society for the Blind dba Cleveland Sight Center for Enhancing Independence for Blind or Visually Impaired - \$250,000.00 2. Greater Cleveland Neighborhood Centers/NCA Inc. for the IConnect Program - \$150,000.00

	<ul style="list-style-type: none"> 3. Community Housing Solutions for Home Repair to Facilitate Aging in Place - \$499,999.00 4. Fairhill Partners for Adult Development Programs - \$119,200.00 5. The Cleveland Music School Settlement dba The Music Settlement – for the Creative Aging Department - \$43,125.00
	Time period 5/6/2024 to 9/30/2024
	Total amount: \$1,062,324.00

CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	Grant Approval: 2/5/2024	CON2024-16
AMENDMENT (A)	Alternative Procurement: 5/6/2024	BC2024-355

D. - Consent Agenda

BC2024-558

Title	Department of Public Works-Lutheran Metropolitan Ministry-Amendment to CM1773 contract extension	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	1773	Lutheran Metropolitan Ministry	07/01/2021- 06/30/2023	\$0	11/29/2021	BC2021-697
(A) 1	1773	Lutheran Metropolitan Ministry	07/01/2023- 06/30/2024	\$0	10/10/2023	BC2023-625
(A) 2	1773	Lutheran Metropolitan Ministry	7/1/24 - 12/31/2024	\$0	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is amending CM1773 with LMM for the operation of the café/food services at the Virgil Brown Building, to extend the time period to December 31, 2024.</p>

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): To amend the contract with LMM for the operation of the café/food services at the VEB Building, providing food options and services for visitors and building staff.

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):
Lutheran Metropolitan Ministries 1641 Payne Avenue Cleveland, OH 44144	Maria Foschia, President & CEO
Vendor Council District:	Project Council District:
NA	NA
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) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. AMENDMENT – Amending contract with previous/existing vendor at the VEB building. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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 (). NA-amendment

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) Non-Revenue Generating
	<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. NA-\$0-dollar agreement. Non-revenue generating
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. NA
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
The vendor ceased operations due to the pandemic and only recently desired to reopen. During the past several months, the vendor and stakeholders at the VEB building have been collaborating on reopening a food service at the building and negotiations have taken longer than planned while there is still a desire to reopen.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2.27.24
Date documents were requested from vendor:	3.13.24 and 7.1.24
Date of insurance approval from risk manager:	3.13.24
Date Department of Law approved Contract:	7.2.24
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 been made? No Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2024-559

(See related items for proposed travel/memberships for the week of 7/29/2024 in Section D above).

BC2024-560

(See related items for proposed purchases for the week of 7/29/2024 in Section D above).

Item of Note (non-voted)

Item No. 1

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 6/1/2024 – 6/30/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT