



**Cuyahoga County Board of Control Agenda
Monday, October 28, 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 – 10/21/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2024-688

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Roetzel & Andress, LPA in the amount not-to-exceed \$105,720.00 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.

- b) Recommending an award and enter into Contract No. 4741 with Roetzel & Andress, LPA in the amount not-to-exceed \$105,720.00 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

B. – New Items for Review

BC2024-763

Department of Public Works/Division of Public Utilities,

- a) Requesting authority to apply for grant funds from the U.S. Environmental Protection Agency in the amount of \$129,396,997.00 for Municipal Empowerment for Clean Energy and Conservation in connection with Climate Pollution Reeducation Grant for the period 10/1/2024 - 9/30/2029.

- b) Submitting a grant award from the U.S. Environmental Protection Agency in the amount of \$129,396,997.00 for Municipal Empowerment for Clean Energy and Conservation in connection with Climate Pollution Reeducation Grant for the period 10/1/2024 - 9/30/2029.

Funding Source: U.S. Environmental Protection Agency - Climate Pollution Reduction Grant

BC2024-764

Department of Public Works/Division of Public Utilities,

- a) Requesting authority to apply for grant funds from the U.S. Environmental Protection Agency in the amount of \$1,000,000.00 for Cuyahoga County Solar for Schools G2G 2024 in connection with Environmental Justice Government-to-Government for the period 10/1/2024 - 9/30/2027.
- b) Submitting a grant award from the U.S. Environmental Protection Agency in the amount of \$1,000,000.00 for Cuyahoga County Solar for Schools G2G 2024 in connection with Environmental Justice Government-to-Government for the period 10/1/2024 - 9/30/2027.

Funding Source: U.S. Environmental Protection Agency - Environmental Justice Government-to-Government (EJG2G) Program

BC2024-765

Department of Housing and Community Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Cleveland Mediation Center in the amount not-to-exceed \$170,366.00 for eviction prevention and Shelter Mediation Program services for the period 8/1/2024 – 4/30/2025.
- b) Recommending an award and enter into Contract No. 4890 with Cleveland Mediation Center in the amount not-to-exceed \$170,366.00 for eviction prevention and Shelter Mediation Program services for the period 8/1/2024 – 4/30/2025.

Funding Source: U.S. Treasury Emergency Rental Assistance 2 Funds

BC2024-766

Fiscal Office, submitting an amendment to Contract No. 3321 with Protiviti Government Services, Inc. through its staffing division Robert Half Government for temporary staffing services for the period 5/1/2023-4/30/2024 to extend the time period to 12/31/2025, to change the insurance requirements and for additional funds in the amount not-to-exceed \$175,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2024-767

Fiscal Office, submitting an amendment to Contract No. 4756 with First Suburbs Consortium for the purchase of Citizenserve On-Line Permitting and Regionalized Code Enforcement software licenses for up to 5 additional municipalities at full cost to the County, and between 2-5 additional municipalities at partial cost to the County, and for additional funds in the amount not-to-exceed \$200,000.00 effective upon contract signatures of all parties.

Funding Source: Real Estate Assessment Fund

BC2024-768

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$82,244.74 for a state contract purchase of various Cisco licenses for a period of 1 year with various effective dates between 11/5/2024 and 1/1/2025 for various departments.
- b) Recommending an award on Purchase Order No. 24003853 to TEC Communications, Inc. in the amount not-to-exceed \$82,244.74 for a state contract purchase of various Cisco licenses for a period of 1 year with various effective dates between 11/5/2024 and 1/1/2025 for various departments.

Funding Source: General Fund

BC2024-769

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$70,016.64 for a joint cooperative purchase of (1) Enterprise runZero, Inc. software license for the period 10/28/2024 – 10/27/2025.
- b) Recommending an award on Purchase Order No. 24004206 to SHI International Corp. in the amount not-to-exceed \$70,016.64 for a joint cooperative purchase of (1) Enterprise runZero, Inc. software license for the period 10/28/2024 – 10/27/2025.

Funding Source: General Fund

BC2024-770

Department of Information Technology on behalf of Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$16,264.45 for a joint cooperative purchase of (1) each SolarWinds Database Performance Analyzer, Storage Resource Monitor and Virtualization license upgrades.

b) Recommending an award on Purchase Order No. 24004214 to SHI International Corp. in the amount not-to-exceed \$16,264.45 for a joint cooperative purchase of (1) each SolarWinds Database Performance Analyzer, Storage Resource Monitor and Virtualization license upgrades.

Funding Source: General Fund

BC2024-771

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,135.00 for the purchase of (1) each Barracuda Advanced Threat Protection and Energize Updates software subscriptions for the period 8/30/2024 – 2/28/2025.

b) Recommending an award on Purchase Order No. 24004263 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,135.00 for the purchase of (1) each Barracuda Advanced Threat Protection and Energize Updates software subscriptions for the period 8/30/2024 – 2/28/2025.

Funding Source: General Fund

BC2024-772

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$174,333.66 for a joint cooperative purchase of various hardware, software, licenses and Cisco Smart Net Hardware Services and Support with various terms between 11/18/2024 and 12/31/2025.

b) Recommending an award on Purchase Order No. 24004314 to SHI International Corp. in the amount not-to-exceed \$174,333.66 for a joint cooperative purchase of various hardware, software, licenses and Cisco Smart Net Hardware Services and Support with various terms between 11/18/2024 and 12/31/2025.

Funding Source: General Fund

BC2024-773

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$99,887.22 for a joint cooperative purchase of enhanced maintenance services on various Hardware Security Modules for Countywide encryption and disaster recovery continuity for the period 11/9/2024 – 11/8/2027.

b) Recommending an award on Purchase Order No. 24004337 to SHI International Corp. in the amount not-to-exceed \$99,887.22 for a joint cooperative purchase of enhanced maintenance services on

various Hardware Security Modules for Countywide encryption and disaster recovery continuity for the period 11/9/2024 – 11/8/2027.

Funding Source: General Fund

BC2024-774

Department of Information Technology on behalf of the Board of Elections,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies in the amount not-to-exceed \$29,774.42 for the purchase of (3) Eaton UPS-uninterruptable power supply and (3), extended battery modules and various accessories for installation at 1801 Superior Avenue.

- b) Recommending an award on Purchase Order No. 24004362 to Advizex Technologies in the amount not-to-exceed \$29,774.42 for the purchase of (3) Eaton UPS-uninterruptable power supply and (3), extended battery modules and various accessories for installation at 1801 Superior Avenue.

Funding Source: General Fund

BC2024-775

Department of Human Resources, recommending an award on RQ14471 and enter into Contract No. 4927 with Clovers AI, Inc. (21-1) in the amount not-to-exceed \$140,400.00 for text analyzer software for biased language, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-776

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Phenomenex Inc. in the amount not-to-exceed \$8,162.00 for the purchase of (1500) Strata screens and (200) tubes for analytical research and development applications for the Toxicology Lab.

- b) Recommending an award on Purchase Order No. 24004290 to Phenomenex Inc. in the amount not-to-exceed \$8,162.00 for the purchase of (1500) Strata screens and (200) tubes for analytical research and development applications for the Toxicology Lab.

Funding Source: General Fund

BC2024-777

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Collaborative Testing Services Inc. in the amount not-to-exceed \$10,845.00 for the purchase of 2025 Annual proficiency tests and examination material for Cuyahoga County Regional Forensic Science Lab.

- b) Recommending an award on Purchase Order No. 24004407 to Collaborative Testing Services Inc. in the amount not-to-exceed \$10,845.00 for the purchase of 2025 Annual proficiency tests and examination material for Cuyahoga County Regional Forensic Science Lab.

Funding Source: General Fund

BC2024-778

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Fisher Scientific Company LLC in the amount not-to-exceed \$8,708.96 for a joint cooperative purchase of various laboratory supplies and chemicals for the Toxicology Department.
- b) Recommending an award on Purchase Order No. 24004439 to Fisher Scientific Company LLC in the amount not-to-exceed \$8,708.96 for a joint cooperative purchase of various laboratory supplies and chemicals for the Toxicology Department.

Funding Source: General Fund

BC2024-779

Medical Examiner's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Partners in Medical Education Inc. in the amount not-to-exceed \$6,475.00 for consulting services related to documentation review and site visit preparation for the upcoming follow-up Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025 for the period 10/28/2024 – 12/31/2024.
- b) Recommending an award and enter into Contract No. 4964 with Partners in Medical Education Inc. in the amount not-to-exceed \$6,475.00 for consulting services related to documentation review and site visit preparation for the upcoming follow-up Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025 for the period 10/28/2024 – 12/31/2024.

Funding Source: General Fund

BC2024-780

Department of Public Safety and Justice Services, on behalf of the Local Emergency Planning Committee, submitting a grant agreement with U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration in the amount of \$68,800.00 for the FY2022 Hazardous Materials Emergency Preparedness Grant Program Year 3 for the period 9/30/2024 – 9/30/2025.

Funding Source: 80% – FY2022 Hazardous Materials Emergency Preparedness Grant \$55,040.00 and 20% Local Match – Local Emergency Planning Committee Discretionary Fund \$13,760.00.

BC2024-781

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to DataSkill in the amount not-to-exceed \$15,939.77 for data analysis software support and maintenance services on the IBM i2 Analyst's Notebook for the period 7/1/2024 – 6/30/2027.
- b) Recommending an award and enter into Contract No. 4892 with DataSkill in the amount not-to-exceed \$15,939.77 for data analysis software support and maintenance services on the IBM i2 Analyst's Notebook for the period 7/1/2024 – 6/30/2027.

Funding Source: General Fund

BC2024-782

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Baldwin Wallace University in the amount not-to-exceed \$125,000.00 to provide funding for Drone as First Responders Pilot Project, effective upon signatures of all parties through project completion.
- b) Recommending an award and enter into Contract No. 4916 with Baldwin Wallace University in the amount not-to-exceed \$125,000.00 to provide funding for Drone as First Responders Pilot Project, effective upon signatures of all parties through project completion.

Funding Source: General Fund

BC2024-783

Department of Health and Human Services/Division of Children and Family Services, recommending an award and enter into Contract No. 4800 with Fun N Stuff Amusements, Inc. (173-3) in the amount not-to-exceed \$10,000.00 for rental of space, catering and related services for the 2024 National Adoption Day event being held on 11/23/2024.

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

BC2024-784

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to Contract No. 2502 with College Now Greater Cleveland, Inc. for the coordination of (3) out-of-state exposure field trips/college tours for the Closing the Achievement Gap Program for the period 8/3/2022 – 12/31/2024 to extend the time period to 7/31/2025, to change the number of field trips to (2), add Exhibit 3-A Budget, effective 1/1/2025 and for additional funds in the amount not-to-exceed \$72,917.82.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-785

Sheriff's Department, recommending an alternative procurement process which will result in various purchase orders to The MetroHealth System in the amount not-to-exceed \$250,000.00 for reimbursement of litigation and claims expenses for Jail Operations for the period 1/1/2024 – 12/31/2025.

Funding Source: General Fund

BC2024-786

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 County agencies and various providers referred by County agencies in the total amount not-to-exceed \$375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi-system needs in connection with Multi-System Youth Program for the period 7/1/2024 – 6/30/2025.

Funding Source: State Funds

D. – Consent Agenda

BC2024-787

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

Funding Source: Revenue Generating

BC2024-788

Department of Information Technology, on behalf of Department of Health and Human Services/Division of Children and Family Services recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of October 2024 in accordance with EA02012-0001

Funding Source: Revenue Generating

BC2024-789

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council submitting a Memorandum of Understanding with various County Agencies for the period 7/1/2024 – 6/30/2028 to define the terms and conditions for a state-level program to provide technical assistance and financial assistance to children, youth and families with complex multi-system needs:

- 1) Cuyahoga County Board of Developmental Disabilities

- 2) Cuyahoga County Court of Common Pleas/Juvenile Court Division
- 3) Cuyahoga County Department of Health and Human Services/Division of Children and Family Services
- 4) Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board

Funding Source: N/A

BC2024-790

Fiscal Department, presenting proposed travel/membership requests for the week of 10/28/2024:

Sheriff's Department, recommending to amend Board Approval No. BC2024-597, dated 08/12/2024, which authorized (2) staff to attend the IAHTI 13th Annual Conference sponsored by International Association of Human Trafficking Investigators to amend the total expenses as follows:

Dept:	Sheriff's Department							
Event:	IAHTI 13 th Annual Conference							
Source:	International Association of Human Trafficking Investigators							
Location:	Clearwater, FL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Hadam	9/3/2024 – 9/6/2024	\$499.00	\$209.00	\$435.00	\$140.00	\$300.00 \$697.50	\$1,583.00 \$1,980.50	Ohio University Grant

*Paid to host

**Staff reimbursement

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

Purpose:

To travel to Clearwater FL to attend the International Association of Human Trafficking 2024 conference. The mission of the conference is to provide a forum to disseminate their highest level of training, information and strategies to professionals who work human trafficking violations.

Sheriff's Department, recommending to amend Board Approval No. BC2024-597, dated 08/12/2024, which authorized (5) staff to attend the Internal Affairs Conference and Certification sponsored by Public Agency Training Council to amend the total expenses as follows:

Dept:	Sheriff's Department							
Event:	Internal Affairs Conference and Certification							
Source:	Public Agency Training Council							
Location:	Gatlinburg, TN							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Julie Coffman	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00 \$977.54	\$0.00	\$0.00	\$1,550.00 \$1,927.54	Continued Professional Training Fund
Steven Bartczak	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00 \$977.54	\$0.00	\$0.00	\$1,550.00 \$1,927.54	Continued Professional Training Fund
Jamie Bonnette	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00 \$977.54	\$0.00	\$0.00	\$1,550.00 \$1,927.54	Continued Professional Training Fund
Yashila Ray	9/15/2024 – 9/20/2024	\$650.00	\$300.00	\$600.00 \$977.54	\$0.00	\$0.00	\$1,550.00 \$1,927.54	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 Gatlinburg, TN to attend Internal Affairs Conference and Certification. This is a required training for the current position in the Internal Affairs Unit.

Dept:	County Executive’s Office							
Event:	2024 County Executives Roundtable							
Source:	National Association of Counties							
Location:	Boston, MA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	11/20/2024 – 11/24/2024	\$0.00	\$120.00	\$800.00	\$75.00	\$500.00	\$1,495.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The County Executive would travel to Boston to attend an invite-only gathering of county elected executives from major to midsize metropolitan areas. This is an opportunity to exchange ideas and build peer relationships with other county executives.

Dept:	Clerk of Courts							
Event:	Governing for Racial Justice: The 2024 GARE Membership Meeting							
Source:	Government Alliance on Race and Equity							
Location:	St. Louis, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Julia Garber	11/19/2024 – 11/22/2024	\$780.00	\$200	\$959.77	\$408.91	\$800.00	\$3,148.68	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Cuyahoga County Clerk of Courts was invited by the Citizens Advisory Council on Equity (CACE) to attend the GARE Conference on November 20-22, 2024. This event will bring together racial equity practitioners and government officials to explore the challenges and opportunities for advancing racial equity towards a just multi-racial democracy. The conference also provides attendees unprecedented access to resources, information, and collaborative opportunities geared towards advancing racial equity for all.

Special Assistant Julia Garber will attend all three days of the conference. Julia Garber will fly to St. Louis, MO on November 19, 2024, and will return home at the conclusion of the conference on November 22, 2024. The approximate cost of travel for Julia Garber to attend the conference including hotel and airfare is \$3,148.68.

Dept:	Sheriff’s Department							
Event:	2024 Offender Watch Symposium							
Source:	Offender Watch							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Padraig Devlin	11/10/2024 - 11/13/2024	\$700.00	\$290.00	\$876.00	\$600.00	\$356.00	\$2,822.00	Continued Professional Training Fund
Jay Hodge	11/10/2024 - 11/13/2024	\$700.00	\$290.00	\$876.00	\$600.00	\$356.00	\$2,822.00	Continued Professional Training Fund
Thomas Kanzig	11/10/24 - 11/13/24	\$700.00	\$290.00	\$876.00	\$100.00	\$356.00	\$2,322.00	Continued Professional Training Fund
Susan Dechant	11/10/24 - 11/13/24	\$700.00	\$290.00	\$876.00	\$100.00	\$356.00	\$2,322.00	Continued Professional Training Fund
Courtney Schoger	11/10/24 - 11/13/24	\$700.00	\$290.00	\$876.00	\$600.00	\$356.00	\$2,822.00	Continued Professional Training Fund
Roger Gibson	11/10/24 - 11/13/24	\$700.00	\$290.00	\$876.00	\$100.00	\$356.00	\$2,322.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Yearly Conference for Offender Watch, the company we use Sex Offender, Arson, and Violent Offenders for the entire County.

Training allows the opportunity for participants to get over 12 hours of Offender Watch user training, plus other workshops.

Networking includes meeting with others from your state, with others around the country, and keynote speakers.

Dept:	Public Safety & Justice Services							
Event:	Recovery Innovations Site visit							
Source:	Recovery innovations							
Location:	Raleigh, NC							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Brandy Carney	10/31/2024 – 11/01/2024	\$0.00	\$78.00	\$300.00	\$115.00	\$450.00	\$943.00	General Fund
Jill Smialek	10/31/2024 – 11/01/2024	\$0.00	\$78.00	\$300.00	\$115.00	\$450.00	\$943.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Allow stakeholders to tour and meet with current crisis center operators to ascertain lessons learned and best practice advice that can be adapted and/or replicated for local programming, Recovery innovations Raleigh location was identified by The Centers a nonprofit partner in a future county crisis center, comparable to what Cuyahoga County might be developing.

Dept:	Health and Human Services							
Event:	Child Welfare Leaders Wellness Collective							
Source:	Casey Family Programs							
Location:	Santa Monica, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jacqueline Fletcher	11/13/2024 – 11/16/2024	\$0.00	\$0.00	\$0.00	\$242.00	\$0.00	\$242.00	66% Health and Human Services Levy 34% Title IV-E

*Paid to host

**Staff reimbursement

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

**** All Expenses, except transportation to and from the airport and parking, will be paid by Casey Family Program.

- Registration-\$0.00
- Meals-\$240.00
- Lodging-\$1,273.05
- Ground TRN/Mileage-\$0.00
- Airfare-\$398.50
- Total: \$1,911.55

Purpose:

The Child Welfare Leaders Wellness Collective is an opportunity to network with other childcare professionals from around the country to build relationships and compare strategies.

BC2024-791

Department of Purchasing, presenting proposed purchases for the week of 10/28/2024:

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
24003879	(2) replacement stereomicroscope for the Medical Examiner’s Office	Department of Public Safety and Justice Services	Thomas Scientific Holdings LLC	\$11,928.92	American Rescue Plan Act Crime Lab Backlog Grant Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004344	Out-of-home placement services for the period 9/1/2024 – 9/30/2024*	Division of Children and Family Services	A Life’s Purpose	\$12,000.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24004358	Out-of-home placement services for the period 9/1/2024 – 9/30/2024*	Division of Children and Family Services	Royalty Roses LLC	\$11,250.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24004367	Out-of-home placement services for the period 8/20/2024 – 8/31/2024*	Division of Children and Family Services	Royalty Roses LLC	\$9,000.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24004368	Out-of-home placement services for the period 9/1/2024 – 9/30/2024*	Division of Children and Family Services	Alliance Summit Group	\$51,549.90	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
24004387	Out-of-home placement services for the period 9/17/2024 – 9/30/2024*	Division of Children and Family Services	The Ohio Teaching Family Association	\$7,070.00	66% Health and Human Services Levy Fund and

					34% Title IV-E Reimbursement Fund
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*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

Sheriff’s Department, submitting a Memorandum of Understanding among Cities of Cleveland, Cleveland Heights, East Cleveland, Euclid, Garfield Heights, Parma and Cuyahoga County for the City of Cleveland to serve as fiscal agent to allocate grant funds in the amount of \$100,000.00 for local Law Enforcement Agency assistance to support the Interoperable Communications Improvement Project in connection with the FY2024 Edward Byrne Memorial Justice Assistance Grant for the period 10/1/2023 – 9/30/2027.

Funding Source: FY2024 Edward Byrne Memorial Justice Assistance Grant

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the Ohio Emergency Management Agency for the FY2022 Emergency Management Performance Grant Program for the period 10/1/2021 – 3/31/2024 to extend the time period to 9/30/2024 and for additional funds in the amount of \$50,000.00.

Funding Source: This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management. The grant award does not include any additional county match funds or any obligations that the county contract with external service providers or vendors.

Item No. 3

Department of Public Safety and Justice Services, submitting a grant award from Department of Justice/Office of Community Oriented Policing Services (COPS Office) in the amount of \$2,000,000.00 for Cuyahoga County 911 System Upgrade in connection with FY2024 COPS Office Technology and Equipment Program Invitational Solicitation for the period 3/9/2024 - 3/31/2026.

Funding Source: FY24 COPS Technology and Equipment Program Invitational Solicitation

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 9480	Amend Contract No. 4218 (fka Contract No. 2686)	Legal Aid Society of Cleveland	for immigration and refugee services, to clarify and detail the unit cost rate for full representation and education, to change the terms of various payments and added Exhibit A to provide the billing and budget for the period 10/20/2024-10/19/2025, effective upon signatures of all parties	\$-0-	Department of Development	10/20/2022 – 10/19/2025	(Original) 85% General Fund - American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services 85% and 14% Economic Development Fund	10/15/2024 (Executive) Unknown (Law)
	Amend Contract No. 4055 (nka 4946)	Dory Power, LLC	To amend the purchase and sales agreement entered into on or about March 14, 2024 to extend the closing date to 10/31/2024 and to increase the amount of funds to be deposited with the Title Insurer from \$156,250.00 to \$181,250.00 and the deposit shall be non-refundable under no circumstances, effective date of signatures of all parties.	\$0	Department of Public Works	n/a	(Original) Revenue Generating	(Executive) On/or about 7/31/2024
	Amend Contract No. 4055 (nka 4946)	Dory Energy	for an assignment and assumption of the purchase and sale agreement from Dory Power, LLC (nka Contract	\$0	Department of Public Works	n/a	(Original) Revenue Generating	(Executive & Law) 10/18/2024

			No. 4946) to Dory Energy, effective upon signatures of all parties.					
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, October 21, 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 11:05 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Lisa Rocco, Director of Operation, Fiscal Office (Alternate for Michael Chambers)
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Levine Ross, County Council (Alternate for Pernel Jones, Jr.)
Councilmember Meredith Turner
Councilmember Dale Miller

II. – REVIEW MINUTES – 10/15/2024

Dale Miller motioned to approve the minutes from the October 15, 2024, meeting; Paul Porter seconded.
The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2024-688 held at the request of County Council

Court of Common Pleas/Juvenile Court Division,

- a) ~~Submitting an RFP Exemption, which will result in an award recommendation to Roetzel & Andress, LPA in the amount not to exceed \$105,720.00 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.~~
- b) ~~Recommending an award and enter into Contract No. 4741 with Roetzel & Andress, LPA in the amount not to exceed \$105,720.00 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

B. – New Items for Review

BC2024-751

Department of Public Works, submitting an amendment to Contract No. 4052 with KS Associates, Inc. for survey services for the Central Services Campus Project on a task order basis for the period 1/3/2024 through project completion for additional funds in the amount not-to-exceed \$100,000.00, effective upon signatures of all parties.

Funding Source: General Fund

Nichole English, Department of Public Works, presented. There were no questions. Paul Porter motioned to approve the item; Meredith Turner seconded. Item BC2024-751 was approved by unanimous vote.

BC2024-752

Department of Sustainability, recommending an award and enter into Contract No. 4858 with Canvaas Consulting, LLC (64-7) in the amount not-to-exceed \$25,000.00 for the development and implementation of an outreach campaign to educate residents and retailers about the Bring Your Own Bags initiative, effective upon signatures of all parties through 12/31/2025.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. Dale Miller commented I think this important work and I've been helping with this branding; when I go to the supermarkets I take the County bag and I tell the clerk that I have my own bag, the official County bag. Dale Miller motioned to approve the item; Meredith Turner seconded. Item BC2024-752 was approved by unanimous vote.

BC2024-753

Department of Information Technology on behalf of Department of Sustainability,

- a) Submitting an RFP exemption, which will result in an award recommendation to EnergyCAP, LLC in the amount not-to-exceed \$45,739.11 for a joint cooperative purchase of various energy management and energy accounting software products and services for the period 11/1/2024 through 10/31/2025.
- b) Recommending an award on Purchase Order No. 24004217 to EnergyCAP, LLC in the amount not-to-exceed \$45,739.11 for a joint cooperative purchase of various energy management and energy accounting software products and services for the period 11/1/2024 through 10/31/2025.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Meredith Turner motioned to approve the item; Dale Miller seconded. Item BC2024-753 was approved by unanimous vote.

BC2024-754

Department of Information Technology on behalf of Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$20,340.00 for a state contract purchase of (6) Medix T13 Medical Tablets for the Drug Chemistry Lab.

- b) Recommending an award on Purchase Order No. 24004223 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$20,340.00 for a state contract purchase of (6) Medix T13 Medical Tablets for the Drug Chemistry Lab.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Meredith Turner motioned to approve the item; Levine Ross seconded. Item BC2024-754 was approved by unanimous vote.

BC2024-755

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$63,815.21 for a joint cooperative purchase of (1) Gravwell Enterprise data and analytics platform subscription and professional support for a period of 12 months.

- b) Recommending an award on Purchase Order No. 24004249 to SHI International Corp. in the amount not-to-exceed \$63,815.21 for a joint cooperative purchase of (1) Gravwell Enterprise data and analytics platform subscription and professional support for a period of 12 months.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Dale Miller motioned to approve the item; Meredith Turner seconded. Item BC2024-755 was approved by unanimous vote.

BC2024-756

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TrustedSec in the amount not-to-exceed \$49,000.00 for the purchase of (140) hours of cybersecurity and compliance professional assistance services for a period of 12 months.

- b) Recommending an award on Purchase Order No. 24004306 to TrustedSec in the amount not-to-exceed \$49,000.00 for the purchase of (140) hours of cybersecurity and compliance professional assistance services for a period of 12 months.

Funding Source: General Fund

Matthew Hrubey, Department of Information Technology, presented. There were no questions. Meredith Turner motioned to approve the item; Levine Ross seconded. Item BC2024-756 was approved by unanimous vote.

BC2024-757

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for Substance Abuse Treatment Program services for Court-referred youth for the period 7/1/2021 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024 and for additional funds in the total amount not-to-exceed \$90,000.00.

- a) Contract No. 4911 (formerly Contract Nos. 2588 and 1794) Catholic Charities Corporation in the anticipated amount not-to-exceed \$24,000.00.
- b) Contract No. 4912 (formerly Contract Nos. 3002 and 1807) OhioGuidestone in the anticipated amount not-to-exceed \$54,000.00.
- c) Contract No. 4913 (formerly Contract Nos. 3003 and 1808) New Directions, Inc. in the anticipated amount not-to-exceed \$12,000.00.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Dale Miller motioned to approve the item; Meredith Turner seconded. Item BC2024-757 was approved by unanimous vote.

BC2024-758

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4930 (fka Contract Nos. 4014, 2975 and 1666) with Applewood Centers, Inc. for clinical case management services for the Coordinated Approach to Low-Risk Misdemeanors (CALM) Project for the period 7/1/2021 – 6/30/2024 to extend the time period to 6/30/2026, to replace the insurance requirements, effective 7/1/2024 and for additional funds in the amount not-to-exceed \$480,000.00.

Funding Source: Reclaim Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Paul Porter motioned to approve the item; Dale Miller seconded. Item BC2024-758 was approved by unanimous vote.

BC2024-759

Sheriff's Department,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Donald L. Leach in the amount not-to-exceed \$100,000.00 for Compliance Coordinator services in connection with

United States District Court, Northern District of Ohio Case No.: 1:18-cv-2929, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties for a period of 1 year.

- b) Recommending an award and enter into Contract No. 4919 with Donald L. Leach in the amount not-to-exceed \$100,000.00 for Compliance Coordinator services in connection with United States District Court, Northern District of Ohio Case No.: 1:18-cv-2929, Clay, et al. v. Cuyahoga County, et al., effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Dale Miller commented this makes sense because both the County and the Plaintiffs expressed confidence in Mr. Leach and a person that both sides are willing to recognize as a fair person to advise us on compliance. Dale Miller motioned to approve the item; Meredith Turner seconded. Item BC2024-759 was approved by unanimous vote.

BC2024-760

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4630 with Timeclock Plus, LLC (258-4) in the amount not-to-exceed \$8,878.38 for an online employee scheduling and workforce management system effective upon signatures of all parties for the period 9/30/2024 – 9/30/2027.

Funding Source: General Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Meredith Turner motioned to approve the item; Dale Miller seconded. Item BC2024-760 was approved by unanimous vote.

BC2024-761

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a Master Contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025, to change the terms, effective 6/1/2024; by changing the name of (2) providers; removing a provider and for additional funds through 9/30/2024 in the total amount not-to-exceed \$499,000.00:

No additional funds

- a) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- b) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- c) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- d) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- e) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- f) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services.
- g) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- h) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- i) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.
- j) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.

- k) Contract No. 3789 with Caring Hearts Health Services LLC; for Homemaker, Personal Care, Chore and Laundry services.
- l) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- m) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care services.
- n) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- o) Contract No. 4798 (fka Contract No. 3749) with Wash House Cle to change the name to Blue Heron Holdings, LLC for Laundry services.

Additional funds through 9/30/2024.

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services in the anticipated amount not-to-exceed \$4,000.00.
- b) Contract No. 3750 with XCEL Healthcare Providers, Inc. **for Homemaker and Personal Care Services** in the anticipated amount not-to-exceed \$61,000.00.
- c) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$216,000.00.
- d) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$44,000.00.
- e) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services in the anticipated amount not-to-exceed \$10,000.00.
- f) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals to change the name to Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$2,500.00.
- g) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services in the anticipated amount not-to-exceed \$10,000.00.
- h) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$151,500.00.

Remove a vendor effective 6/1/2024

- a) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services

Funding Source: Ohio Department of Aging - Healthy Aging Grant

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked if the 2 providers with the name change, are they the same provider; asked why the one vendor was removed. Meredith Turner motioned to approve the item; Levine Ross seconded. Item BC2024-761 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda item. Dale Miller motioned to approve Consent Agenda Item No. BC2024-762; Meredith Turner seconded. The Consent Agenda Item was approved by unanimous vote.

BC2024-762

Department of Purchasing, presenting proposed purchases for the week of 10/21/2024:

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
24004253	Renewal of (1) year subscription for VMWare Cloud Foundation Edge platform	Department of Health and Human Services	Carahsoft Technology Corporation	\$12,521.28	50% Health and Human Services Levy and 50% State and Federal Reimbursement
24004267	Annual order for dog food for the Animal Shelter	Department of Public Works	Medina Farmers Exchange Co. Inc.	Not-to-exceed \$40,000.00	General Fund
24004301	Lift equipment rentals on an as-needed basis for various County buildings	Department of Public Works	Sunbelt Rentals, Inc	Not-to-exceed \$25,000.00	General Fund
24003394	(3) License subscriptions to eDiscovery software for the period 9/1/2024 – 8/30/2025	Prosecutor’s Office	Nextpoint, Inc.	\$13,500.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004269	Factory Authorized – HVAC repairs at the Juvenile Justice Center*	Department of Public Works	Direct Air Systems, Inc.	\$6,161.00	General Fund
24004295	Factory Authorized – Street sweeper repairs*	Department of Public Works	Jack Doheny Company	\$13,517.20	Road and Bridge Fund
24004262	Out-of-home placement services for the period 8/1/2024 – 8/31/2024**	Division of Children and Family Services	McDowell Center for Children	\$31,000.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

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

**Approval No. 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

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to update funding allocations for current Departments, to add a new user Department, and to update a funding source in accordance with the Procurement Card Program Services section of the Master Services Agreement.

1) Existing user departments

- a) Cuyahoga County Board of Development Disabilities \$12,000.00
- b) Department of Public Works (County Airport) \$1,000.00
- c) Department of Public Works (Road & Bridge) \$2,500.00
- d) Department of Public Works (Sanitary) \$5,000.00
- e) Department of Health and Human Services/Division of Children and Family Services \$7,500.00
- f) Public Defenders \$13,000.00 with updated funding source

2) To add ~~(2)~~ (1) user Department

- a) Veterans Service Commission \$11,000.00

Funding Source:

General Fund 65%

Supreme Court of Ohio/Legal Representation Pilot Project Grant 17%

Road and Bridge 3%

Sanitary 6%

Health and Human Services Levy Fund 6%

Federal Title IV-E 3%

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant award from Camp HOPE America for the Camp HOPE America Readiness Grant Program for the period 3/1/2018 – 12/31/2024 to extend the time period to 12/31/2025, no additional funds.

Funding Source: Camp HOPE America and Verizon Foundation

Item No. 3

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant award from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$393,252.00 for the FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2024 – 9/30/2026.

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

Item No. 4

Department of Health and Human Services/Office of the Director, submitting a grant agreement with Ohio Department of Health in the amount not-to-exceed \$73,720.00 for the reimbursement of public health activities associated with the Tuberculosis Control Program for the period 7/1/2024 – 12/31/2024.

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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Dale Miller motioned to adjourn; Meredith Turner seconded. The motion to adjourn was unanimously approved at 11:23 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

BC2024-688

Title	CCJC Legal Services; Roetzel & Andress, LPA
Department or Agency Name	Cuyahoga County Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4741	Roetzel & Andress, LPA	01/01/2023- 12/31/2024	\$105,720.00	pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. To represent the Court in labor matters with Laborer's Local 860
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The vendor will provide legal services to assist the Court in labor negotiations with Laborer's 860. This engagement does not include representation by the vendor of individual employees or members of the court or employees or officials of the county, except where an individual or member of the court is named as a defendant in litigation covered by this contract in their individual capacity and the court determines under Ohio Revised Code ch. 2744 that it has an obligation to defend them.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Roetzel & Andress, LPA 1375 East 9th Street, Cleveland, Ohio 44114	Owner, executive director, other (specify): R. Todd Hunt - Shareholder
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County
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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 type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Payment Schedule: 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Ongoing litigation currently on appeal. Attorneys switched law firms.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	05/01/2023
Date documents were requested from vendor:	07/02/2024
Date of insurance approval from risk manager:	08/28/2024
Date Department of Law approved Contract:	07/24/2024
Date item was entered and released in Infor:	08/28/2024
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) Current litigation.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

B. – New Items for Review

BC2024-763

TITLE	Cuyahoga County: Municipal Empowerment for Clean Energy and Conservation
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
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				(PLEASE PROVIDE BOC MEETING DATE)	
ORIGINAL (O)	Cuyahoga County: Municipal Empowerment for Clean Energy and Conservation	10/1/2024 – 9/30/2029	\$129,396,997.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant will support Cuyahoga County, the City of Cleveland, and the City of Painesville in their transition from reliance on a coal-fired power plant in Northeast Ohio. The grant will fund the deployment of 63 megawatts (MW) of solar installations on five brownfield and previous landfill sites and 10 MW of battery storage. The grant funds will also support the restoration of natural habitats and expand tree coverage on a blighted brownfield site along the shoreline of Lake Erie and create pollinator habitats at the Cleveland and Cuyahoga solar sites.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Implementation of ambitious measures that will achieve significant cumulative greenhouse gas (GHG) reductions by 2030 and beyond.				
	Pursuit of measures that will achieve substantial community benefits, particularly in low-income and disadvantaged communities.				
	Pursuit of innovative policies and programs that are replicable and can be “scaled up” across multiple jurisdictions.				

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:	City of Cleveland 601 Lakeside Ave, Room 227 Cleveland, Ohio 44114
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Justin M. Bibb, Mayor
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$21,543,893.00

SUBRECIPIENT’S NAME AND ADDRESS:	City of Painesville 7 Richmond Street Painesville, Ohio 44077
LIST THE (OWNERS, EXECUTIVE DIRECTOR,	Doug Lewis City Manager

OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	\$83,690,500.00

SUBRECIPIENT'S NAME AND ADDRESS:	Manufacturing Works 3135 Berea Road Cleveland, OH 44111
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Adam Artman President and Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	3
DOLLAR AMOUNT ALLOCATED:	\$2,000,000.00

PROJECT COUNCIL DISTRICT:	2, 3, 7, 8
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Brooklyn, Cleveland, Garfield Heights

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Environmental Protection Agency - Climate Pollution Reduction Grant
	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.

BC2024-764

TITLE	Cuyahoga County Solar for Schools G2G 2024
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). <input checked="" type="checkbox"/> Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Cuyahoga County Solar for Schools G2G 2024	10/1/2024 – 9/30/2027	\$1,000,000.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant supports the Solar for Schools initiative, which will provide financial support to four (4) Northeast Ohio school districts in environmental justice communities to collectively install between 600 – 800 kW of solar, will create a procurement framework for future solar installations, and will support the development of renewable energy curriculum for K-12 science and high school career tech students.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Reduce electricity costs for schools as well as regional greenhouse gas emissions. Increase equitable access to clean, local renewable energy. Provide educational and career tech opportunities for K-12 students.				

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:	Cleveland Metropolitan School District 1111 Superior Ave E, Suite 1800 Cleveland, OH 44114
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Dr. Warren G. Morgan II Chief Executive Officer
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$204,933.00

SUBRECIPIENT’S NAME AND ADDRESS:	Euclid City School District 651 E. 222nd Street Euclid, OH 44123
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LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Christopher Papouras Superintendent
SUBRECIPIENT'S COUNCIL DISTRICT:	11
DOLLAR AMOUNT ALLOCATED:	\$204,933.00

SUBRECIPIENT'S NAME AND ADDRESS:	East Cleveland City School District 1843 Stanwood Road East Cleveland, OH 44112
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Dr. Henry Pettiegrew, II Superintendent & CEO
SUBRECIPIENT'S COUNCIL DISTRICT:	10
DOLLAR AMOUNT ALLOCATED:	\$204,933.00

SUBRECIPIENT'S NAME AND ADDRESS:	Maple Heights City School District 5740 Lawn Avenue Maple Heights, OH 44137
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Olympia Della Flora Superintendent
SUBRECIPIENT'S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$204,933.00

SUBRECIPIENT'S NAME AND ADDRESS:	Educational Service Center of Cuyahoga County 6393 Oak Tree Boulevard South Independence, OH 44131
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Bob Mengerink Superintendent
SUBRECIPIENT'S COUNCIL DISTRICT:	6
DOLLAR AMOUNT ALLOCATED:	\$80,000.00

PROJECT COUNCIL DISTRICT:	7, 8, 10, 11
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Cleveland, Maple Heights, East Cleveland, Euclid
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Environmental Protection Agency - Environmental Justice Government-to-Government (EJG2G) 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.

BC2024-765

Title	Housing and Community Development / Contract CM4890/ ERA2/ Contract for Eviction Prevention and Shelter Mediation Program
Department or Agency Name	Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4890	Cleveland Mediation Center	8/1/2024 – 4/30/2025	\$170,366.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Housing and Community Development is requesting approval of a contract, per the chart above, with Cleveland Mediation Center for Eviction Prevention and a Shelter Mediation Program.

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. Assist shelter residents and shelter staff to resolve issues that may arise during the provision of shelter
2. Utilize mediation services to promote housing stability for those who are at risk of homelessness

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Mediation Center 4515 Superior Ave, 2 nd Floor Cleveland, OH 44103	Danielle Cosgrove Executive Director
Vendor Council District: 7	Project Council District: county-wide
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. Due to the expertise that the Cleveland Mediation Center brings to this initiative it is neither necessary nor practical to conduct a new procurement for this service. *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:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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% Emergency Rental Assistance 2
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. HC350105 / 55130 / DV-21-ARP-ERA2
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.
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: The agreement is late as we had to decertify the contract Cleveland Mediation was a sub-recipient to before we could finalize the stand-alone agreement.
Timeline
Project/Procurement Start Date (date your team started working on this item): 9/16/2024
Date documents were requested from vendor: 9/24/2024
Date of insurance approval from risk manager: 10/9/2024
Date Department of Law approved Contract: 10/9/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

BC2024-766

Title	Fiscal Department Temporary Staffing Services
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 <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3321	Protiviti Government Services, Inc. Through Its Staffing Division Robert Half Government	05/01/2023 – 04/30/2024	\$250,000.00	05/22/2023	BC2023-322
A-1	3321	Protiviti Government Services, Inc. Through Its Staffing Division Robert Half Government	05/01/2024 – 12/31/2025	\$175,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Fiscal Department is requesting approval to amend CM 3321 Protiviti Government Services, Inc. Through Its Staffing Division Robert Half Government to extend the expiration date to 12/31/2025 and add funds in the amount of \$175,000.00. The amendment also includes the updated insurance requirements set by Cuyahoga County’s Law Department. Protiviti Government Services, Inc. Through Its Staffing Division Robert Half Government will provide temporary staffing services to address the current staffing needs in the Fiscal Department.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> - Provide immediate support of current and anticipated staffing shortages in the Fiscal areas - Provide temporary pre-screened skilled professionals

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):
Protiviti Government Services, Inc. Through Its Staffing Division Robert Half Government 1737 King Street, Ste 320 Alexandria, Virginia 22314	John Owens – Managing Vice President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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 continuation of services provided under an existing contract with Protiviti Government Services, Inc. through its staffing division Robert Half to provide temporary staffing services. *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:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - JCOP <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? <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. FS100100
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: At the time this contract ended, we did not expect the current staffing shortages. In July 2024 the Fiscal Department decided to amend the contract to handle the staffing shortages. There were delays in getting an approved contract due to multiple redline drafts and the vendor trying to change the contract terms after they submitted a signed copy. Additionally, the insurance requirements were changed from the original contract and there was a delay in getting an updated COI from the vendor that met the new requirements.
Timeline
Project/Procurement Start Date (date your team started working on this item): 07/24/2024
Date documents were requested from vendor: 07/26/2024
Date of insurance approval from risk manager: 09/30/2024
Date Department of Law approved Contract: 09/04/2024 and 09/26/2024
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2024-767

Title	Fiscal Department First Suburbs Consortium to provide Citizenserve online permitting and regionalized code enforcement software and maintenance
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 <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	4756	First Suburbs Consortium	08/27/2024 – 08/26/2025	\$251,750.00	08/26/2024	BC2024-614
A-1	4756	First Suburbs Consortium	08/27/2024-08/26/2025	\$200,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 This amendment is to add funds in the amount of \$200,000.00 with no change to the insurance requirements or timeframe of the contract. First Suburbs Consortium provides Citizenserve online permitting and regionalized code enforcement software and maintenance services. for various suburban communities. The additional funding will allow First Suburbs Consortium to provide fully funded software to up to 5 additional cities with a not to exceed amount of \$130,000.00 and partially funded software to 2-5 cities for the not to exceed amount of \$70,000.00.

BC2024-614 added
 Fairview Park
 Garfield Heights
 Maple Heights
 Bedford Heights
 Lyndhurst

The communities that would potentially receive funds had not been determined but we received interest from
 Richmond Heights
 Bratenahl
 Brecksville
 Rocky River
 Seven Hills
 North Royalton
 Brook Park
 Middleburg Heights

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: <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 for First Suburbs Consortium to add funds to provide Citizenserve online permitting and regionalized code enforcement software and maintenance.

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):
First Suburbs Consortium 165 Center Rd Bedford, OH 44146	Jennifer Kuzma, Director
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. This grant agreement will allow for the continuation and subsequent expansion of services from a 2016 RFQ issued by First Suburbs Consortium. The services from this RFQ were implemented in 2018 from a Cuyahoga County alternative procurement method. The alternative procurement was approved with BC2018-208 on 04/02/2018 with the final grant agreement being approved with BC 2018-570. Additionally, First Suburbs Consortium is the only entity that is procuring this product for the cities that will benefit. *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"/> 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?	<input checked="" type="checkbox"/> Contract Amendment - EXMT
	<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% Real Estate Assessment Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS305100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

BC2024-768

Title	Renewal of Various Cisco Licenses
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24003853 STAC	TEC Communications, Inc.		\$82,244.74	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with TEC Communications, Inc., for the Various Cisco Licenses for in the amount of \$82,244.74.</p> <p>This request is for licensure for various Cisco related services provided by the Department of Information Technology. The technology services as part of this renewal are the Server Management for the Voice Infrastructure, the Board of Elections Telephone Contact Center, Various remote VPN access licensure, and Firewall Security licensure. This is a renewal of existing service licensure that the County has in-place today and does not contain any increase in services being provided.</p> <p>Qty. 4 Cisco Hyperflex Data Platform Licenses Qty. 100 Cisco Contact Center Agents Qty. 2 Cisco Firepower 1140 Threat Defense Qty. 2 Cisco Firepower 2120 Threat Defense AFIS</p>

Qty. 1 Cisco Firepower 2110 Threat Defense Qty. 999 Cisco AnyConnect Licenses VPN Qty. 99 Cisco AnyConnect Licenses AFIS
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) Various Cisco License Renewals
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): This request is for licensure for various Cisco related services provided by the Department of Information Technology. The technology services as part of this renewal are the Server Management for the Voice Infrastructure, the Board of Elections Telephone Contact Center, Various remote VPN access licensure, and Firewall Security licensure. This is a renewal of existing service licensure that the County has in-place today and does not contain any increase in services being provided.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
TEC Communications, Inc. 20234 Detroit Road Rocky River, Ohio 44116	Melanie Schilling Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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. In addition to Cisco licenses being an approved IT standard, TEC Communications, Inc. is able to provide the County with Ohio State term schedule pricing under contract #534612, which expires June 30, 2025. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date Contract #534612, which expires June 30, 2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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 type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General 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. IT100165, IT100180, BE100125
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <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):

BC2024-769

Title	PO24004206JCOP-2024- Procurement of RunZero Asset Management Software Renewal		
Department or Agency Name	Department of Information Technology		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004206 JCOP	SHI International Corp	10.28.2024-10.27.2025	\$70,016.64	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with SHI International Corp for procurement of RunZero Asset Management Software renewal in the amount of \$70,016.64.

RunZero (Previously known as Rumble) is a network discovery platform that actively scans IT and OT environments to deliver an accurate asset inventory for teams who manage attach surface reduction and incident response 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):
 Renewal of:

RunZero, Inc - Part#: RZ-PLAT-STND
 Contract Name: Sourcewell- Technology Products & Solutions Contract #: 121923-SHI Coverage Term: 10/28/2024 – 10/27/2025

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Erica Flint Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. SHI is able to provide the County with Cooperative purchasing pricing under contract Name: Sourcewell-Technology Products & Solutions Contract #: 121923-SHI Expiration Date: 2.27.2028 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #: 121923-SHI Expiration Date: 2.27.2028
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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? <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. IT100135
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):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO23004139 JCOP	SHI International Corp	10.27.2023-10.27.2024	\$63,651.45	10.2.2023	BC2023-598

BC2024-770

Title	PO24004214JCOP -2024- Procurement of Solarwinds Licensing for Juvenile Court of Cuyahoga County
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004214 JCOP	SHI International Corp	2024	\$16,264.45	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp for procurement of Solarwinds Licensing in the amount of \$16,264.45 on behalf of Juvenile Court of Cuyahoga County.</p> <p>SolarWinds provides IT infrastructure management software to help manage their networks, systems, and IT infrastructure. Solarwinds software quickly detects, diagnoses, and resolves network performance problems and outages.</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</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Procurement of:</p> <ol style="list-style-type: none"> SolarWinds Database Performance Analyzer SQL Server, MySQL, Oracle SE, or PostgreSQL- License Upgrade SolarWinds - Part#: 29084 SolarWinds Storage Resource Monitor SRM1000 to SRM1500 – License SolarWinds - Part#: 8890 SolarWinds Virtualization ManagerVM64 to VM112 - License Upgrade SolarWinds - Part#: 14054

<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>
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Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Precilla Lin Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. SHI is able to provide the County with Cooperative purchasing pricing under contract Name: Sourcewell-Technology Products & Solutions Contract #: 121923-SHI Expiration Date: 2.27.2028 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #: 121923-SHI Expiration Date: 2.27.2028
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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? <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. JC100105
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):

BC2024-771

Title	Barracuda Advanced Threat Protections and Barracuda Energize Subscription Licenses
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004263 EXMT	MNJ Technologies Direct, Inc.	08/30/2024 – 02/28/2025	\$11,135.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the August 30, 2024 – February 28, 2025 for Barracuda Advanced Threat Protections and Barracuda Energize Subscription Licenses in the amount of \$11,135.00.
Qty. 1 Barracuda Advanced Threat Protection Subscription License
Qty. 1 Barracuda Energize Subscription License

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):
An approved IT standard, Barracuda Web Filter is a network security and management tool that helps organizations protect against web-based threats and misuse of bandwidth.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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 purchase is utilizing an exemption process as it is being submitted late. However, MNJ Technologies Direct, Inc. is still able to provide Cuyahoga County with the requested subscription using Ohio State Term Schedule pricing provided on contract #534354. All vendors awarded an Ohio state contract have gone

	through formal bidding processes and have been vetted by the State of Ohio prior to award. *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 type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100135
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.
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: Initially DoIT determined to decommission the Barracuda Web Filter due to use of the Palo Alto items. Due to increased VPN traffic at one of the datacenters, it has been discovered Barracuda is still needed to extend use for 6 more months.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/24/2024 (received by DoIT Purchasing)
Date documents were requested from vendor:	09/24/2024
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Subscription began August 30, 2024.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): This subscription was previously purchased with MNJ Technologies Direct using the IT Catalog master contract, dates 05/30/2024 – 08/29/2024, \$7,145.00

BC2024-772

Title	Cisco Smartnet Support Licenses
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004314 JCOP	SHI International Corp.		\$174,333.66	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with SHI International Corp., for Cisco Smartnet Support Licenses in the amount of \$174,333.66.

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 request is for the 2024 Cisco Smart Net Hardware Service and Support license subscription to cover critical pieces of network infrastructure owned by Cuyahoga County. Most of the equipment on this list is the Cisco hardware located in the datacenters or core components of the infrastructure that are major network distribution points within buildings.

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):
SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873	Mark Brum Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. A competitive process was completed through Sourcwell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcwell contract #121923. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcwell contract #121923, which expires February 27, 2028.
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?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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 IT100180 and IT100165
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input 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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-773

Title	PO24004337JCOP-2024- Procurement of Hardware Security Module (HSM)
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004337 JCOP	SHI International Corp	11/9/2024-11/8/2027	\$99,887.22	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with SHI International Corp for procurement of 3-year enhanced maintenance for the county's Hardware Security Modules (HSMs) in the amount of \$99,887.22.

Hardware Security Modules (HSMs) for County-wide encryption and disaster recovery continuity includes all mission critical county applications such as VoIP, financials, internal websites, code signing, and database encryptions. This is being purchased to assist with the enhancement of our security footprint and increase efficiency in management of cryptographic keys.

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):
Renewal of:
1. HSM, ENHANCED MAINTENANCE SERVICE,3-5 YEAR
Coverage Term: 11/9/2024 – 11/8/2027

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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SHI International Corp 290 Davidson Avenue Somerset, NJ 08873	Erica Flint Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. SHI is able to provide the County with Cooperative purchasing pricing under contract Name: Sourcewell-Technology Products & Solutions Contract #: 121923-SHI Expiration Date: 2.27.2028 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #: 121923-SHI Expiration Date: 2.27.2028
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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? <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. IT100135
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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO23004169 JCOP	SHI International Corp	11/1/2023-10/31/2024	\$154,950.72	10.23.2023	BC2023-652

BC2024-774

Title	PO24004362FTYR-2024- Procurement of Eaton UPS power supplies	
Department or Agency Name	Department of Information technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004362 FTYR	Advizex Technologies	2024	\$29,774.42	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology Plans to contract with Advizex Technologies, for procurement of Eaton UPS power Supplies in the amount of \$29,774.42 on behalf of the Board of Elections.

This request is for three Uninterruptable Power Supplies and twelve Power Distribution Units for the Board of Elections Early Voting Poll Worker Operations at the 1801 Superior facility. An uninterruptible power supply (UPS) is a device that provides backup power to protect equipment from damage when the main power source fails.

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):
 Procurement of:

1. Eaton 9PX UPS-uninterruptable power supply (UPS)-9PX6KUS- Quantity 3
2. Eaton 9PX EBM -extended battery Module-TAA 6 6KVA, 9PXEBM180RTUS – Quantity 3
3. Eaton 2 RM RAIL KIT FOR 5130, 9130- Quantity 4
4. Single-Phase Switched PDU 5/5.8kW 208/240V- Quantity 12
5. Shipping

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):
Advizex Technologies 6480 Rockside Woods Boulevard Independence, Ohio 44131	Keith McLeod 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) <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 request is for an exemption purchase. Advizex is able to provide Cuyahoga County with pricing that is better than what is offered on OMNIA partners R200803 and equivalent to Ohio State term pricing, which is considered lowest and best negotiated pricing for this purchase. Eaton UPS units have been designated as an IT standard. *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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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.
 PW600120 CFSUP0000101

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):

BC2024-775

Title	Human Resources; 2024; Contract with Clovers AI, Inc. for Text Analyzer Software resulting from an RFP for a 3-year period in the amount not-to-exceed \$140,400.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM4927	Clovers AI, Inc.	3-years	\$140,400.00		Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Clovers AI, Inc. will provide the County access to a cloud-based text analyzer software to be used to reduce biased language in County job postings, job descriptions, classifications, and other communications and documents. This solution is research-based and allows users to see and make changes based on weighted biased language scoring during text review. Current research shows that some language and terms can be biased when it comes to job postings and can discourage qualified candidates from apply due to those perceived biases.</p> <p>This agreement provides the County with access for unlimited users and will initially be utilized by the Department of Human Resources, Department of Equity and Inclusion, and Personnel Review Commission with the hopes to include more departments as best practices for the County are developed.</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 Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): The goals of this solutions are to reduce biased language in the County’s job postings and classifications which will encourage more candidates to apply, reduce or remove biases from County communications, and help staff learn which terms may be biased through the use of the solution.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Clovers AI, Inc. 10000 Washington Blvd, 6 th Floor, Culver City, California 90232	Scot Sessions Co-Founder/President
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# <u>14771</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: \$140,400.00</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 21 / 1</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p>

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0%) DBE (4%) SBE (0%) MBE (0%) 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? Clovers' proposal was the only received, though the annual cost was less than projected. The PRC had conducted research and viewed several proposals prior to the RFP.	<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: 9/12/2024
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. The vendor has stated the solution could be compatible with Infor integration via API though the County is not contracting for this option at this time. Expected usage is not language that goes through Infor so integrating would provide no benefit presently.	

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? <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. HR100100
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.
Implementation will begin after contract approval. The vendor and IT will work on integrating single sign-on as HR, DEI, and PRC receive training and prepare any necessary policies/procedures for usage.

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):

BC2024-776

Title	The Medical Examiner's Office request approval of Purchase Order No. 24004290 for \$8,192.00 to Phenomenex Inc. for order of specialized Strata Screens, and Tubes for testing and analysis for ME's Toxicology Labs.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO 24004290	Phenomenex Inc.		\$8,162.00	Pending	Pending

Service/Item Description (include quantity if applicable).
Standard drug chemicals for use in the ME's Toxicology Labs

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: <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): Research & development, analytical use.

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):
Phenomenex Inc. 411 Madrid Ave Torrance, CA 90501	Dr. Kaveh Kahen, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. Requesting an Exemption. Toxicology Lab has methods that were validated to use these items. The data was then used to put together our Standard Operating Procedures (SOPs) for each test. It is critical to follow the SOPs in place as cases are likely to be presented in court as findings.
	*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 ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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? <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. ME105105 52250 ME-Coroner Lab
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2024-777

Title	The Medical Examiner’s Office requests approval of Purchase Order No. 24004407-EXMT to Collaborative Testing Services Inc. for 2025 proficiency tests renewals, as part of accreditation and certification standards, for the amount of \$10,845.00.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <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	24004407 -EXMT	Collaborative Testing Services Inc.		\$10,845.00	Pending	pending

Service/Item Description (include quantity if applicable).
 Testing required annually for the ME’s various lab equipment, processes and procedures to maintain accreditation and certification standards, insuring accuracy in analysis, recording and reporting practices.

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):
 Maintain accreditation and certification standard.
 Ensure accuracy in analysis, recording and reporting practices.

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):
Collaborative Testing Services, Inc 21331 Gentry Drive Sterling, VA 20166	Jack Pugh Subscriber Services Manager
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. Requesting an Exemption for this Purchase Order due to the need annually for the testing services to comply with accreditation requirements and certification. *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 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? <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. ME105105 ME-Coroner Lab

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	23004063 IBID	Collaborative Testing Services, Inc.		\$15,424.00	9/18/2023	BC2023-580

BC2024-778

Title	The Medical Examiner's Office requests approval of Purchase Order No. 24004439-JCOP to Fisher Scientific Company LLC in the amount of \$8,708.96 as part of the Joint Cooperative Purchasing contract with Omnia Partners. Contract no. 2021002889, for various supplies for Medical Examiner's Toxicology Lab.
Department or Agency Name	Medical Examiner's Office

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004439 -JCOP	Fisher Scientific Company LLC		\$8,708.96	Pending	pending

Service/Item Description (include quantity if applicable).
 Joint Cooperative Purchase with Fisher Scientific Company LLC through Omnia Partners for general lab supplies – Contact No. 2021002889; provides cost savings and simplified procurement for items not commonly purchased or found through a competitive bid process.

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):
 Purchase of Supplies for the Medical Examiner’s Toxicology Laboratory for daily operations.

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

Vendor Name and address:	Owner, executive director, other (specify):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process. *See Justification for additional information.

<input type="checkbox"/> Formal Closing Date:	
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Omnia Partners/Fisher Scientific General Lab Supplies Contract Number: 2021002889 Initial Term: June 15, 2021 through June 30, 2025 Renewal Options: Option to renew for two (2) additional two-year periods through June 30, 2029
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 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? <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.

ME105105 ME-Coroner Lab

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):

BC2024-779

Title	The Medical Examiner’s Office plans to contract with Partners in Medical Education Inc. for the period 10/28/2024 thru 12/31/2024 for consulting services related to documentation review and site visit preparation for the upcoming follow-up Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025, for the amount not to exceed \$6,475.00.
Department or Agency Name	Medical Examiner’s Office
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.
0	CM#4964	Partners in Medical Education Inc.	10/28/2024 – 12/31/2024	\$6,475.00	Pending	Pending

Service/Item Description (include quantity if applicable). Consulting services related to documentation review and site visit preparation for the upcoming follow-up ACGME accreditation site visit in March of 2025.
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: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Develop the special review protocol based on best practices from the industry. Develop special review metrics based on the needs of the Medical Examiner's Office. Review of the organizational chart and recommend edits based on best practices.

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):
Partners in Medical Education Inc. 109 Brush Creek Road Irwin, PA 15642	Roberta (BJ) Schwartz 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. Requesting RFP exemption as the consulting services are relative to the Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025. *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 ().

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?	<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% 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. ME105105 / ME-Coroner Lab
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

BC2024-780

TITLE	Hazardous Materials Emergency Preparedness (HMEP) FY22 Year 3 Authority to
DEPARTMENT OR	Public Safety & Justice Services on behalf of the Local Emergency Planning Committee

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *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). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Hazardous Materials Emergency Preparedness (HMEP) FY22 Year 3	9/30/2024-9/30/2025	\$68,800.00	4/1/2024 – Authority to Apply	BC2024-252
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The purpose of the Hazardous Materials Emergency Preparedness (HMEP) grant is to protect against the risks to life, property, and the environment that are inherent in the transportation of hazardous material in intrastate, interstate, and foreign commerce (Title 49 U.S.C. 5101) The HMEP grant supports the emergency preparedness and response efforts of States, federally recognized Tribes, and Territories that deal with hazardous materials emergencies, specifically those involving transportation. This grant also aids grantees in meeting the requirements of 301 and 303 of the Emergency Planning and Community Right-to-Know Act of 1986 (Title 42
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	U.S.C. Chapter 116). Awarded funds will assist County Hazmat Teams with training and planning for emergency response
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Assist County hazmat teams with training and planning for emergency response

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	All
DOLLAR AMOUNT ALLOCATED:	\$68,800

PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Grant funds impact all Cuyahoga County municipalities.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration/passed through from the Ohio Emergency Management Agency
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input 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.
	This grant award total is \$68,800; Federal amount \$55,040 and Local match amount \$13,760. The local match amount will be provided by the Local Emergency Planning Committee (LEPC) discretionary fund.

BC2024-781

Title	2024 i2 Software Support and Maintenance For NEORFC With Dataskill Inc
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):
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Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4892	DataSkill	07/01/2024-06/30/2027	\$15,939.77	TBD	TBD

Service/Item Description (include quantity if applicable).
This purchase is to continue software maintenance and support for our I2 Analyst's Notebook software. The anticipated start-completion dates are 07/01/2024- 06/30/2027. The software is used for data analysis and investigation that facilitates information sharing and intelligence production. The software gives crime analysts the ability to conduct social network analysis, temporal analysis, geospatial analysis along with the ability to share work products and charts with others that do not have full copies of the software.

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

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

Project Goals, Outcomes or Purpose (list 3):
The primary goals of the project are:

- Intelligence Production
- Information Sharing.
- Higher-Level Analytics That Cannot Be Achieved by Traditional Statistical Software.

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):
DataSkill Inc 2190 Carmel Valley Road, Suite D, Del Mar, CA 92014	Nigel Hook - CEO
Vendor Council District:	Project Council District:
N/A – Out of State	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# _____ (Insert RQ# for formal/informal items, as applicable)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation: \$14,896.98	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (268/3)	<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? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input 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?	<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: 05/16/2024
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 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. 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. PJ100110
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: This procurement was expected to have been completed before the 07/01/24 start date. In fact, the original signed agreement was received from the vendor on 06/12/24. Unfortunately, delays were encountered involving the County's insurance requirements. These issues were resolved 09/04/2024. By this point, the County fell outside of the renewal period which would require it to repurchase the software and license. The vendor was able to obtain permission to extend the renewal period provided we enter into agreement by 10/20/24 at an increased cost (but far below the cost of a new license).

Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/3/2024
Date documents were requested from vendor:	6/4/2024
Date of insurance approval from risk manager:	9/4/2024
Date Department of Law approved Contract:	5/15/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <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.
O	1479	TommyTQL	07/01/2021-06/30/2024	\$12,900.00	6/21/2021	BC2021-296

BC2024-782

Title	PSJS: Baldwin Wallace University; Contract #4916 for Funding for Drones as First Responders: Pilot Program
Department or Agency Name	Public Safety & 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	4916	Baldwin Wallace University	Upon Execution through project completion	\$125,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Requesting approval of an agreement with Baldwin Wallace University in the amount of \$125,000.00 for one year.

The Drone as a First Responder (DFR) pilot in Cuyahoga County is a partnership between the Department of Public Safety & Justice Services and the NEOFIX office at Baldwin Wallace. The DFR pilot period is 12 months to introduce and evaluate state-of-the-art concepts in the use of drones for Public Safety as a pilot for roll-out regionally across Cuyahoga County.

The goals of this pilot are to demonstrate and collect data on efficacy to support the broader state and federal funding case as well as demonstrate specific value to Cuyahoga County residents.

The benefits of this pilot may include more effective public safety dispatch and response, faster overall service response, better support for operations such as search and rescue, reductions in unnecessary or inappropriate dispatch, de-escalation, critical infrastructure protection and counter-UAS detection capability and cost savings through the development of a coordinated regional program.

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):

- Ability to support dispatch with drone as a first responder capability, providing real-time incident intelligence that will improve response, reduce unnecessary dispatch, and de-escalate incidents.
- Ability to specifically support protection of critical infrastructure in particular through the detection component of counter-UAS;
- Ability to specifically support public safety search and rescue operations especially in water hazards or over large areas; and
- Ability to provide additional awareness for Burke Lakefront and Cleveland Hopkins related to potential drone incursions.

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):
Baldwin Wallace University 275 Eastland Rd. Berea, OH 44107	Valerie Beutel Director of Sponsored Programs & Research

Vendor Council District:	Project Council District:
District 5	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. PSJS partnership with Baldwin Wallace *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.	

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. PJ100105 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <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):

BC2024-783

Title	Department of Children and Family Services Event #5666 2024 Adoption Month Event- Fun N Stuff Amusements Inc
Department or Agency Name	Division of Children and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <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	4800	Fun N Stuff	11/23/2024	\$10,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). The Division of Children Family Services (DCFS) requesting Fun N Stuff Amusements Inc to host the 2024 Adoption Month Event on 11/23/2024. The purpose of the event is to increase the community's understanding of the need for permanency for the children of Cuyahoga County awaiting adoption. The anticipated cost is not to exceed \$10,000.</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 Age of items being replaced: N/A How will replaced items be disposed of? N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • To increase the community's understanding of the need for permanency for the children of Cuyahoga County awaiting adoption. • Have speakers and possibly media at event to promote the above. • To provide a thank you for families who have adopted children in conjunction with DCFS as well as those with permanent commitments to waiting children. • To provide adoptive families with information on post adoption services.

<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: 661 Highland Rd Macedonia, Ohio 44056</p>	<p>Owner, executive director, other (specify): Bob Switalski</p>
<p>Vendor Council District: N/A</p>	<p>Project Council District: N/A</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>Macedonia, Ohio</p>

<p>COMPETITIVE PROCUREMENT</p>	<p>NON-COMPETITIVE PROCUREMENT</p>
<p>RQ# (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 8/9/2024</p>	<p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p>
<p>The total value of the solicitation: \$10,000.00</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 15 / 3</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

<p>Participation/Goals (%): (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. N/A</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p> <ul style="list-style-type: none"> • Fun 'n' Stuff is the selected vendor. They have games for all ages, and will not charge for any unused tokens, therefore there is the potential that the charge for the event will be lower than what was quoted. Some games do not require tokens so children and families can play multiple times without extra fees. • Pinstripes only offers bowling and therefore younger children that may have been adopted will not be able to participate, so the event would restrict all families from participating. • Solon Rollhouse has limited time with their token for the power cards, which limits the amount of time children and families have to play games. Venue also may restrict media coverage 	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>34% Title IV-E; 66% Health and Human Services Levy</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):</p>

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

Accounting Unit HS215100

Account 56010

Activity UCH05510

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

Provide status of project. Recurring service

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.
0	3638	Fun N Stuff	11/2/2023	\$10,915.00	9/11/2023	BC2023-569

BC2024-784

Title	Coordination of Exposure Field Trips for Closing the Achievement Gap Program (CTAG)	
Department or Agency Name	Family and Children First Council	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2502	College Now Greater Cleveland	6/1/2022 – 12/31/2023	\$250,000.00	7/25/2022	BC2022-456
A-1	2502	College Now Greater Cleveland	1/1/2024 – 12/31/2024	\$125,000.00	12/4/2023	BC2023-786
A-2	2502	College Now Greater Cleveland	1/1/2025- 7/31/2025	\$72,917.82	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Family and Children First Council is requesting approval of contract amendment 2 with College Now Greater Cleveland Inc. for the Coordination of Exposure Field Trips for Closing the Achievement Gap Program in the amount of \$72,917.82 for the time period of 1/1/2025- 7/31/2025.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement N/A Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • To manage, monitor, and coordinate all out-of-state exposure field trips for the Closing the Achievement Gap program. • Coordination and student recruitment with CTAG

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):
College Now Greater Cleveland Inc. 1500 West 3rd Street, Suite 125 Cleveland, OH 44113	Lee Friedman
Vendor Council District:	Project Council District:
6	6, 10, 8, 7

If applicable provide the full address or list the municipality(ies) impacted by the project.	Bedford City School District Cleveland Heights-University Heights High School District Cleveland Municipal School District East Cleveland School District Garfield Heights School District Maple Heights School District Warrensville Heights School District
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, 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 checked="" type="checkbox"/> Contract Amendment – RFP7886/ CM2502 <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% Health and Human 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.
HS260300 55130 UCH08346 \$72,917.82

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

Provide status of project. Recurring service and/or purchase.

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

Reason: N/A

Timeline N/A

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) N/A

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

HISTORY (see instructions): See Chart Above

C.- Exemptions

BC2024-785

TITLE	2024-2025 METROHEALTH LITIGATION EXPENSES
DEPARTMENT OR	SHERIFF'S

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <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.
	N/A	

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Sheriff's Department is requesting an alternate procurement approval resulting in multiple NTE purchase orders to MetroHealth to cover litigation expenses from 1/1/24-12/31/25 for a total not to exceed \$250,000.0.</p> <p>This Alternate Procurement grants approval to the CCSD to:</p> <ol style="list-style-type: none"> 1. Create NTE POs for MetroHealth on an annual basis, after services have been provided. 2. Process all POs with no additional Board of Control approval. 3. Pay invoices as an expense. 4. Maintain a spreadsheet to track the PO/invoice amounts to ensure the amount spent/encumbered does not exceed \$250,000 through 12/31/2025. 5. Follow County Accounts Payable procedures for paying all medical invoices. 6. Amend the Alternate Procurement if the total amount requires an increase.
--	--

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.
	100% General Fund SH100140 - 55130

BC2024-786

TITLE	Multi-System Youth State Alternative Procurement 2024-2025
DEPARTMENT OR AGENCY NAME	Family and Children First Council

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <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.
	7/20/2020/7/21/2020	BC2020-415
	1/18/2021/1/19/2021	BC2021-20
	9/7/2021/9/8/2021	BC2021-495
	7/24/2023/7/25/2023	BC2023-467

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$375,000.00.</p> <ul style="list-style-type: none"> • 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. • 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.
--	--

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 – State Funds

D. - Consent Agenda

BC2024-787

TITLE	Department of Purchasing Requesting Approval of Surplus Property to be sold via
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe request approval to sell surplus items (from Department of Public Works) listed on the attached Exhibit "A" via GovDeals auction.
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Scope of Work Summary Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E). via GovDeals Inc. The anticipated start-completion dates will be fifteen days after BOC approval.</p> <p>The primary goal of the project is to sell said property via internet auction, to the highest bidder through GovDeals. The auction surplus list (Exhibit "A") is attached.</p> <p>There is no procurement method for this project. This is a revenue generating project.</p> <p>The items (Exhibit A) will be sold to the highest bidder; 12.5% of the total purchase price will be paid to GovDeals as a Buyer Premium by the Buyer and the department will realize 100% profit of the item sold, in accordance with the GovDeals contract. The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.</p> <p>The project planning has four (4) phases. Request Executive's approval to list the item on GovDeals; List & Sell to the highest bidder nationwide; Collect payment from GovDeals and transfer asset to Buyer upon confirmation of payment; Deposit the funds into the appropriate County agency fund.</p>
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Similar recent request	08/05/2024	BC2024-678
AMENDMENT (A)	n/a	n/a

Year	Make	Model	Serial / Vin	asset #	Condition	Value	Mileage / hrs	out of service reason	Index code
2014	Dodge	Caravan	2C4RDGBG6ER 416923	18-531	Poor	\$500.00	238,540	Needed \$8000 worth of repairs. Repairs exceed value	PW755105-90500-PW-Fleet-Fac
2005	Dodge	Caravan	1D4GP24R75B 166576	OD 5838	Poor	\$500.00	107,696	Repairs Exceed Value	PW755105-90500-PW-Fleet-Fac
2014	Freightliner	Jet/Vac	1FVHG5CY1EH FY0033	S-227	Poor	\$5,000.00	91,823	Excessive Repairs Needed - Budget Replacement	PW755105-90500-PW-Fleet-SAN
1998	Ford	Econoline 250 Van	1FTPE2423WH B62917	OH 3080	Poor	\$500.00	61,093	Poor condition. Parts no longer available. Unsafe	PW755105-90500-PW-Fleet-Fac
2003	Ford	F-150 4x2	2FTRX17L73CB 06550	OD 4522	Poor	\$500.00	105,246	Poor condition. Parts no longer available. Unsafe	PW755105-90500-PW-Fleet-Fac
2000	Chevy	2500	1GCGK24R2YR 209549	OD 8760	Poor	\$500.00	88,366	Poor condition. Parts no longer available. Unsafe	PW755105-90500-PW-Fleet-Fac
2008	Ford	F-250	1FTNF20548EB 85762	OF 5697	Poor	\$500.00	93,767	Poor condition. Parts no longer available. Unsafe	PW755105-90500-PW-Fleet-Fac
2006	Ford	Econoline	1FBNE31L66D B01826	18-500	Poor	\$500.00	129,389	Poor condition. Budget Replacement. Age and Mileage	PW755105-90500-PW-Fleet-Fac
2015	GMC	3500 Pass. Van	1GJZ71FG8F12 56234	18-507	Poor	\$500.00	212,415	Poor condition. Budget	PW755105-90500-PW-Fleet-Fac

								Replaceme nt. Age and Mileage	
2008	Ford	F-250	1FTNF20548EB 85762	OF 5697	Poor	\$500.00	93,931	Severe Rust. Parts No Longer Available. Unsafe	PW755105- 90500-PW-Fleet- SAN
2003	Ford	F450	1FDXF46P03ED 59053	03- 0232	Poor	\$500.00	198,977	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2006	Ford	1 Ton Dump F450	1FDXF46P86EA 33165	03- 0257	Poor	\$500.00	67,170	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2007	Ford	1 Ton Dump F450	1FDXF46P37EA 02634	03- 0259	Poor	\$500.00	75,419	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2005	Ford	1 Ton Dump F- 450 XL	1FDXF46PX5EA 16804	03- 0278	Poor	\$500.00	40,018	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2008	Ford	Crew Truck F-450 XL	1FDXW46R98E E33594	03- 0285	Poor	\$500.00	124,712	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2008	Ford	Crew Truck F-450 XL	1FDXW46R08E E33595	03- 0286	Poor	\$500.00	118,998	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR
2008	Ford	Crew Truck F450 XL	1FDXW46R28E E33596	03- 0287	Poor	\$500.00	117,255	Poor condition. Budget Replaceme nt. Age	PW755105- 90500-PW-Fleet- RBR

NON-VEHICLE ITEMS

Serial Number	Description	Value	Out of service reason	Index Code
11-0087	Baldor Electric Air Compressor - Serial Unknown	\$50.00	Came from Brookpark Road Yard and was never used	PW755105-90500-PW-FLEET-FAC

Unknown	Bradley 54 inch Motion Activated Wash Sink - SN2024-WA-0010	\$250.00	Removed from Fleet Shop wall and replaced with different sink	PW755105-90500-PW-FLEET-FAC
Not Apply	Various Unused Air and Oil Filters	\$50.00	Old filters from vehicles no longer in fleet	PW755105-90500-PW-FLEET-FAC
Not Apply	Various Police Light bars	\$50.00	Light bars from old police cars no longer in service	PW755105-90500-PW-FLEET-FAC

BC2024-788

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

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

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

County Returns

Make	Model	Type	Quantity
Cisco	7941/7942	Phones	100
Cisco	7961/7962	Phones	16
Cisco	7975	Phones	1

BC2024-789

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

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
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CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
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Original (O)	various	various	7/7/2020	BC2020-433
Amendment (A)	various	Various	7/24/2023	BC2023-466

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting approval of a MOU with various County vendors for the anticipated cost of the not-to-exceed \$375,000.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	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.
	To obtain approval of the MOU between Cuyahoga County Family and Children First Council, Board of Developmental Disabilities, Juvenile Court, Division of Children and Family Services, and the Alcohol, Drug and Mental Health Services Board to process the referrals for the MSY State funding.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	<p>CC Board of Developmental Disabilities 1275 Lakeside Ave. Cleveland, OH 44114</p> <p>CC Court of Common Pleas, Juvenile Division 9300 Quincy Ave. Cleveland, OH 44106</p> <p>CC Division of Children and Family Services 3955 Euclid Ave. Cleveland, OH 44115</p> <p>Alcohol, Drug, & Mental Health Services Board of Cuyahoga County 2012W. 25th Street Cleveland, OH 44113</p>
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	<p>Amber Gibbs, Superintendent Timothy McDeavitt, Court Administrator Jaqueline Fletcher, Director Scott Osicki, Director</p>
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	All of Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	

PROJECT COUNCIL DISTRICT (IF APPLICABLE):	
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REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	It took time to get the signatures from the various county directors/leaders for the MOU.
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	5/24/24
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	9/18/24

BC2024-790

(See related items for proposed travel/memberships for the week of 10/28/2024 in Section D above).

BC2024-791

(See related items for proposed purchases for the week of 10/28/2024 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	FY24 Edward Byrne Memorial Justice Assistance Grant (JAG) Memorandum of Understanding
DEPARTMENT OR AGENCY NAME	Sheriff

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *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). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Edward Byrne Memorial Justice Assistance Grant (JAG)	October 1, 2023 to September 30, 2027	\$630,689.00	9/11/2023	CON2023-93
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Sheriff's Department requesting approval of a Memorandum of Understanding with the City of Cleveland (Along with Garfield Heights, Euclid, Cleveland Heights, Parma) for a grant application in the amount of \$100,000.00.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Grant funds provided by the FY24 Justice Assistance Grant will be used as part of the Sheriff's Department's continuing effort to replace and update outdated and/or damaged equipment for law enforcement.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY24 Edward Byrne Memorial Justice Assistance Grant (JAG)
	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.
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Item No. 2

TITLE	FY2022 Emergency Management Performance Grant (EMPG) Supplemental
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services – Office of Emergency Management

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *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). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY2022 Emergency Management Performance Grant	10/1/2021-12/31/2023	\$294,663.00		CON2023-22
AMENDMENT (A-1)	FY2022 Emergency Management Performance Grant Supplemental Amendment #1	10/1/2021-3/31/2024	\$50,989.00	CON2023-22	CON2024-46
AMENDMENT (A-)	FY2022 Emergency Management Performance Grant Supplemental Amendment #2	10/1/2021-9/30/2024	\$50,000.00	CON2024-46	

DESCRIPTION/ EXPLANATION OF THE GRANT:	This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management. The grant award does not include any additional county match funds or, any obligations that the county contract with external service providers or vendors
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The purpose of the EMPG program is to provide federal funds to assist local governments in preparing for all hazards and to provide a system of emergency preparedness for the protection of life and property.
	Eligible personnel expenses in the Office of Emergency Management will be reimbursed at 50% up to a maximum of \$50,000.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	The Department of Homeland Security/Federal Emergency Management Agency passed through from the Ohio Emergency Management Agency.
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	PSJS; FY24 COPS Technology and Equipment Program Grant Application and Acceptance; Cuyahoga County 911 System Upgrade
DEPARTMENT OR	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *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). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 COPS Technology and Equipment Program Invitational Solicitation	3/9/2024-3/31/2026	\$2,000,000.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The goal of the program is to increase the community policing capacity and crime prevention efforts of law enforcement agencies. The objective is to provide funding for projects which improve police effectiveness and the flow of information among law enforcement agencies, local government service providers, and the communities they serve. The notice of award was received on September 30, 2024.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Prepare the County to join Ohio’s NG911 network.
	Improve 911 communications by moving from Enhanced 911, which is mostly voice and limited data, to NG911 which is internet based and has enhanced capabilities such as real-time text messaging and the ability to support images and videos.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" 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:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY24 COPS Technology and Equipment Program Invitational Solicitation
	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. 4

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 10/28/2024 In Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT