



**Cuyahoga County Board of Control Agenda
Tuesday, November 12, 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 – 11/4/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-812

Department of Development,

- a) Submitting an RFP exemption, which will result in a payment to Downtown Cleveland, Inc. in the amount not-to-exceed \$50,000.00 for support for the Downtown Retail Campaign for period 11/12/2024 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 24004478 to Downtown Cleveland, Inc. in the amount not-to-exceed \$50,000.00 for support for the Downtown Retail Campaign for period 11/12/2024 – 12/31/2024.

Funding Source: General Fund

BC2024-813

Department of Development, recommending an award on RQ14047 and enter into Contract No. 4974 with Vertex Computer Systems, Inc. (20-5) in the amount not-to-exceed \$174,000.00 for Salesforce Business Process Review and System Implementation effective upon signatures of all parties through 2/28/2026.

Funding Source: General Fund

BC2024-814

Department of Housing and Community Development, recommending an award and enter into Agreement No. 4839 with Village of Valley View in the amount not-to-exceed \$50,000.00 to complete the demolition of the Exchange Street Bridge in connection with the 2024 Community Development Supplemental Grant Program for the period 3/12/2024 - 2/28/2025.

Funding Source: Community Development Supplemental Grant 2024

BC2024-815

Department of Housing and Community Development, recommending an award on RQ14111 and enter into Contract No. 4943 with Community Housing Solutions (13-1) in the amount not-to-exceed \$500,000.00 to provide home repair grants and loans to eligible homeowners for the Homeowner Repair Program for the period 10/1/2024 – 9/30/2026.

Funding Source: Community Development Block Grant

BC2024-816

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Bugcrowd Inc. in the amount not-to-exceed \$28,000.00 for a 1 year subscription to BugCrowd’s Security Awareness Music and Spoken Video Training Library for (5,000) users effective upon signatures of all parties.
- b) Recommending an award on Purchase Order No. 24004176 to Bugcrowd Inc. in the amount not-to-exceed \$28,000.00 for a 1 year subscription to BugCrowd’s Security Awareness Music and Spoken Video Training Library for (5,000) users effective upon signatures of all parties.

Funding Source: General Fund

BC2024-817

Department of Information Technology on behalf of the Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to AdvizeX in the amount not-to-exceed \$150,609.14 for the purchase of (2) HPE Synergy 480 Gen11 servers, various accessories, and support for migration to State of Ohio Computer Center.
- b) Recommending an award on Purchase Order No. 24004646 to AdvizeX in the amount not-to-exceed \$150,609.14 for the purchase of (2) HPE Synergy 480 Gen11 servers, various accessories, and support for migration to State of Ohio Computer Center.

Funding Source: Health and Human Services Levy Fund

BC2024-818

Department of Information Technology on behalf of the Communications Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$17,817.00 for a joint cooperative purchase of (1) each MAC Mini, MacBook Pro, Mac Studio M2, various accessories and support services.
- b) Recommending an award on Purchase Order No. 24004653 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$17,817.00 for a joint cooperative purchase of (1) each MAC Mini, MacBook Pro, Mac Studio M2, various accessories and support services.

Funding Source: General Fund

BC2024-819

Department of Human Resources, recommending an award and enter into Purchase Order No. 24004444 with Cleveland State University in the total amount not-to-exceed \$15,100.00 for:

- a) Public Management Academy #14 for (2) employees for the period 10/3/2024 – 9/19/2025 in the amount not to exceed \$5,500.00.
- b) 37th Leadership Academy for (3) employees for the period 10/10/2024 – 8/15/2025 in the amount not to exceed \$9,600.00.

Funding Source: General Fund

BC2024-820

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems in the amount not-to-exceed \$5,242.95 for the purchase of various equipment, installation and programming services for (1) intercom button to be installed on the existing surveillance system located at the Justice Center Parking Garage, Level P-2.
- b) Recommending an award on Purchase Order No. 24004508 to Integrated Precision Systems in the amount not-to-exceed \$5,242.95 for the purchase of various equipment, installation and programming services for (1) intercom button to be installed on the existing surveillance system located at the Justice Center Parking Garage, Level P-2.

Funding Source: General Fund

BC2024-821

Sheriff's Department, submitting an amendment to Contract No. 3537 with Chagrin Valley Dispatch Council for Motorola Computer Automated Dispatch (CAD) Software and support services for the period 7/18/2023 – 1/18/2025 to extend the time period to 12/31/2026 and for additional funds in the

amount not-to-exceed \$32,000.00 in accordance with Schedule A, effective upon signatures of all parties.

Funding Source: Federal Equitable Sharing Account

BC2024-822

Sheriff's Department,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Practical Solutions for Public Safety in the amount not-to-exceed \$49,420.00 for staff analysis effective upon signatures of all parties for a period of 1 year for the Corrections Department.
- b) Recommending an award and enter into Contract No. 4877 with Practical Solutions for Public Safety in the amount not-to-exceed \$49,420.00 for staff analysis effective upon signatures of all parties for a period of 1 year for the Corrections Department.

Funding Source: General Fund

BC2024-823

Department of Public Safety and Justice Services, submitting a subaward agreement from Ohio Department of Youth Services for youth diversion programming services in the amount of \$190,000.00 in connection with the FY2024 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2024 – 12/31/2025.

Funding Source: Ohio Department of Youth Services, Title II Formula Block Grant Subaward

BC2024-824

Department of Public Safety and Justice Services, recommending an award and enter into Agreement No. 4976 with City of North Royalton in the amount not-to-exceed \$10,000.00 for the provision of local non-federal matching funds for the Operations and Safety Program in connection with the FY2023 Assistance to Firefighters Grant Program effective upon signatures of all parties through 11/14/2025.

Funding Source: General Fund

BC2024-825

Department of Health and Human Services, submitting an amendment to Contract No. 3960 with TEC Communications, Inc. for (5) Amazon Cloud Call Centers, licensing, and technical support for customer service hotlines for various agencies for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025, to expand the scope of services to add a chat functionality, to change the terms, and to replace the insurance requirements effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$176,100.00.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2024-826

Department of Public Works, submitting an amendment to Contract No. 3285 with Tri Mor Corporation for rehabilitation of Aprons D1, D2 and D3 at Cuyahoga County Airport located at 26340 Curtiss Wright Parkway, Richmond Heights for a decrease in the amount of (\$68,581.60); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: \$500,000.00 Ohio Department of Transportation Aviation Grant and \$157,875.00 General Fund

BC2024-827

Department of Purchasing on behalf of the Cuyahoga County Airport, 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

BC2024-828

Fiscal Department, presenting proposed travel/membership requests for the week of 11/12/2024:

Dept:	Sheriff's Department							
Event:	Resilient Minds for the Front Lines							
Source:	Resilient Minds							
Location:	Addison, IL							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Patricia Miller	12/9/2024 – 12/11/2024	\$0.00	\$178.00	\$345.00	\$482.40	\$0.00	\$1,005.40	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Resilient Minds for the Front Lines is Resiliency Training which will teach additional skills to better help and assist our department with our Wellness Unit. I will drive my personal car, and the cost of training is free. The only expense will be lodging and food.

Dept:	Department of Health and Human Services/Office of Child Support Services
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Event:	Saves All Grantee Meeting							
Source:	Saves Demonstration Grant							
Location:	Denver, CO							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jeffrey Bloom	12/3/2024 – 12/6/2024	\$0.00	\$191.00	\$482.67	\$100.00	\$456.95	\$1,230.62	Saves Demonstration Grant
Chaiyeh Davis	12/3/2024 – 12/6/2024	\$0.00	\$191.00	\$482.67	\$100.00	\$456.95	\$1,230.62	Saves Demonstration Grant

*Paid to host

**Staff reimbursement

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

Purpose:

The Safe Access for Victims’ Economic Security (SAVES) All Grantee Meeting focuses on transforming child support systems, prioritizing survivor safety, and incorporating lived experiences into systemic change. It includes sessions on innovative practices in child support, parenting, and paternity establishment, along with addressing vicarious trauma among frontline workers. The meeting also emphasizes the importance of research, evaluation, and documentation in advocacy and policy change. Interactive activities and grantee discussions aim to facilitate learning and action planning for effective change management in these areas.

BC2024-829

Department of Purchasing, presenting proposed purchases for the week of 11/12/2024:

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
24004665	Annual (1) year renewal subscription to Thinkst Canary software licenses	Department of Information Technology	Above & Beyond Electronics, LLC	\$10,848.97	General Fund
24004467	Purchase and installation of materials for the water line stop repair at Jail I in the Justice Center	Department of Public Works	RJ Stacey Pipeline Services	\$15,925.00	General Fund
24004623	(1) New, never titled 2023 Dodge Durango Pursuit AWD	Department of Public Works	Jim Shorkey Auto Group	\$41,334.00	General Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff’s Department, submitting a Medical Direction Services Agreement to outline the roles and responsibilities of University Hospitals of Cleveland Medical Center and the Cuyahoga County Sheriff’s SWAT Team required under Chapter 4765 of the Ohio Revised Code effective upon signatures of all parties for a period of 1 year.

Funding Source: N/A

Item No. 2

Department of Public Safety and Justice Services, submitting a subaward agreement with Ohio Department of Youth Services for grant administration services in the amount of \$10,000.00 in connection with the FY2024 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2024 – 9/30/2025.

Funding Source: Ohio Department of Youth Services, Title II Formula Grant Subaward

Item No. 3

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 42083	Amend Contract No. 2033	Advanced Server Management Group, Inc.	Print management operations, on behalf of Department of Public Works	\$-0-	Department of Public Works	1/1/2019 – 12/31/2024 to extend the time period to 3/31/2025	(Original) General Fund	10/31/2024 (Executive) 11/1/2024 (Law)
No RQ	Amend Contract No. 3991	Cleveland State University	Research and development of a comprehensive housing plan with metrics and recommendations	\$-0-	Department of Housing and Community Development	12/20/2023 – 10/31/2024 to extend the time period to 12/31/2024	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	10/31/2024 (Executive) 11/5/2024 (Law)

Various Department of Public Works Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0162	Loan Agreement – To finance a portion of the replacement of Rockside Road Bridge Nos. 3.23 and 3.32 over the Cuyahoga River in the City of Independence and Village of Valley View – Council District 6	\$12,000,000.00	N/A	\$14,400,000.00 – Ohio Department of Transportation/State Infrastructure Bank \$4,620,000.00 – Ohio Public Works Commission Grant \$1,980,000.00 – Road and Bridge Fund	10/28/2024 (Executive)

Item No. 4

Purchases Processed Not-to-Exceed \$5,000.00 for the period 10/1/2024 – 10/31/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “11/12/2024 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, November 4, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever) entered the room at 11:10 a.m.
Paul Porter, Director, Department of Purchasing
Joseph Nanni (Alternate for Pernel Jones, Jr.)
Levine Ross (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 10/28/2024

Leigh Tucker motioned to approve the minutes from the October 28, 2024, meeting; Dale Miller seconded.
The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-792

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Machinery Co. dba Ohio Peterbuilt in the amount not-to-exceed \$256,164.00 for a joint cooperative purchase of (1) replacement new 2025 Cab and Chassis with dump truck body for the Road and Bridge Division.
- b) Recommending an award on Purchase Order No. 24001939 to Ohio Machinery Co. dba Ohio Peterbuilt in the amount not-to-exceed \$256,164.00 for a joint cooperative purchase of (1) replacement new 2025 Cab and Chassis with dump truck body for the Road and Bridge Division.

Funding Source: Road and Bridge Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller asked can you guess what the old vehicle will bring at auction; commented certainly got your use out of it; asked how many miles on it; commented that's pretty low for 18 years. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-792 was approved by unanimous vote.

BC2024-793

Department of Public Works, submitting an amendment to Contract No. 4960 (fka Contract Nos. 1481 and 20002107) with Wiss, Janney, Elstner Associates, Inc. for general architectural engineering services for the period 8/5/2020 - 9/1/2024 to extend the time period to 3/31/2026 and for additional funds in the amount not-to-exceed \$271,500.00 effective upon signatures of all parties.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-793 was approved by unanimous vote.

BC2024-794

Department of Public Works, recommending an award on RQ14627 and enter into Contract No. 4928 with Relocation Specialists, Inc. (14-4) in the amount not-to-exceed \$265,895.00 for professional services for transition planning, move coordination and management services including but not limited to movement of furniture and fixtures from various County facilities, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-794 was approved by unanimous vote.

BC2024-795

Department of Public Works, recommending an award on RQ14293 and enter into Contract No. 4963 with The Osborn Engineering Company (57-3) in the amount not-to-exceed \$300,000.00 for parking garages general architectural-engineering and adjunct services as may be authorized on a Task Order basis, effective upon signatures of all parties for a period of 3 years.

Funding Source: Parking Services Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-795 was approved by unanimous vote.

BC2024-796

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Polarity.io, Inc. in the amount not-to-exceed \$26,400.00 for the renewal of (10) Polarity Client, (1) Polarity Server, and (1) Polarity Support Services subscriptions for the period 12/9/2024 – 12/8/2025.
- b) Recommending an award on Purchase Order No. 24004385 to Polarity.io, Inc. in the amount not-to-exceed \$26,400.00 for the renewal of (10) Polarity Client, (1) Polarity Server, and (1) Polarity Support Services subscriptions for the period 12/9/2024 – 12/8/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-796 was approved by unanimous vote.

BC2024-797

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the total amount not-to-exceed \$47,253.56 for a state contract purchase, installation and programming services for (1) recording server, various video surveillance products and related equipment, including licensing and support services for a period of 1-year.
- b) Recommending an award on Purchase Order No. 24004425 to Integrated Precision Systems, Inc. in the total amount not-to-exceed \$47,253.56 for a state contract purchase, installation and programming services for (1) recording server, various video surveillance products and related equipment, including licensing and support services for a period of 1-year:
 - 1) (3) Axis panoramic cameras with pole mount, to be installed in the parking lot located at 1629 Superior Avenue, Cleveland and cabling for 1801 Superior Avenue, Cleveland in the amount not-to-exceed \$11,954.80.
 - 2) (4) Axis panoramic cameras 3-with pole mount and 1-rooftop parapet mount to be installed in the parking lot located at 1506 Superior Avenue, Cleveland in the amount not-to-exceed \$37,376.36.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-797 was approved by unanimous vote.

BC2024-798

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp. in the amount not-to-exceed \$43,317.70 for a joint cooperative purchase of (170) hours of Smartsheet professional services for Deployments related to project management functionalities.
- b) Recommending an award on Purchase Order No. 24004527 to Carahsoft Technology Corp. in the amount not-to-exceed \$43,317.70 for a joint cooperative purchase of (170) hours of Smartsheet professional services for Deployments related to project management functionalities.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked any skills we can access by hiring someone. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2024-798 was approved by unanimous vote.

BC2024-799

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Agreement No. 4948 with University of Cincinnati Research Institute together with its authorized affiliate, the University of Cincinnati in the amount not-to-exceed \$44,500.00 for Cognitive Behavioral Interventions training, technical assistance and video conference coaching services for the period 7/1/2024 - 6/30/2026.

Funding Source: RECLAIM Grant

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-799 was approved by unanimous vote.

BC2024-800

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$27,900.00 for a state contract purchase for the renewal of (1) Wasabi Reserved Capacity Cloud Storage.
- b) Recommending an award on Purchase Order No. 24004128 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$27,900.00 for a state contract purchase for the renewal of (1) Wasabi Reserved Capacity Cloud Storage.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-800 was approved by unanimous vote.

BC2024-801

Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to VWR Funding Inc. dba VWR International LLC in the amount not-to-exceed \$14,629.34 for a state contract purchase of (160) cases of 10ml disposable centrifuge glass tubes for the Toxicology Lab.
- b) Recommending an award on Purchase Order No. 24004513 to VWR Funding Inc. dba VWR International LLC in the amount not-to-exceed \$14,629.34 for a state contract purchase of (160) cases of 10ml disposable centrifuge glass tubes for the Toxicology Lab.

Funding Source: General Fund

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-801 was approved by unanimous vote.

BC2024-802

Department of Public Safety and Justice Services, recommending an award on RQ 13121 and enter into Purchase Order No. 24004459 with Vasu Communications Inc. (36-4) in the amount not-to-exceed \$59,979.09 for the purchase of replacement P25 radios: (6) mobile, (12) portable and (1) 2-piece remote and various accessories for the Geauga County Sheriff’s vehicles.

Funding Source: FY2021 State Homeland Security Program – Law Enforcement Grant

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Dale Miller seconded. Item BC2024-802 was approved by unanimous vote.

BC2024-803

Department of Public Safety and Justice Services, recommending an award and enter into Agreement No. 4955 with City of Euclid in the amount not-to-exceed \$5,920.46 for the provision of local non-federal matching funds for the Operations and Safety Program in connection with the FY2023 Assistance to Firefighters Grant Program effective upon signatures of all parties through 11/14/2025.

Funding Source: ~~Public Safety Grants Administration~~ **General Fund**

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item as amended; Joseph Nanni seconded. Item BC2024-803 was approved by unanimous vote as amended.

BC2024-804

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office, submitting an Agreement with Cuyahoga County District Board of Health to outline the roles and responsibilities of the Medical Examiner’s Office for toxicologic testing services in connection with Overdose Data to Action Grant for the period 9/1/2024 - 8/31/2025 in the amount not-to-exceed of \$237,251.00.

Funding Source: ~~Center for Disease Control and Prevention: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)~~ **Cuyahoga County District Board of Health Subaward**

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item as amended; Nichole English seconded. Item BC2024-804 was approved by unanimous vote as amended.

C. – Exemptions

BC2024-805

Department of Health and Human Services, recommending an alternative procurement process, which will result in payments to Treasurer, State of Ohio for various invoices in the total amount not-to-exceed \$250,000.00 for technical support services to County employees in connection with the Tech Service Support Policy for the period 1/1/2025 – 12/31/2025.

Funding Source: Health and Human Services Levy

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2024-805 was approved by unanimous vote.

BC2024-806

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process, which will result in various award recommendations to various providers in the total amount not-to-exceed \$40,000.00 for non-emergency client transportation services for the period 1/1/2025 – 12/31/2025:

- a) ABC Taxi in the total amount not-to-exceed \$15,000.00
- b) Ace Taxi in the total amount not-to-exceed \$25,000.00

Funding Source: Health and Human Services Levy Fund fully reimbursable Medicaid NET Non-Emergency Transportation Federal

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2024-806 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2024-807 through BC2024-811; Dale Miller seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-807

Department of Purchasing on behalf of the Treasurer’s Office, 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

BC2024-808

Department of Information Technology on behalf of the Veterans Service Commission, 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

BC2024-809

Sheriff’s Department, submitting an amendment to Contract No. 4926 (fka Contract No. 3217) with Dr. Alice Vitello, PH.D., dba Dr. Alice Atalanta, Ph.D. LLC for law enforcement resilience training for the period 5/2/2023 - 8/31/2024 to extend the time period to 2/28/2025; no additional funds required effective upon contract signature of all parties.

Funding Source: FY22 Law Enforcement Mental Health and Wellness Act (LEMHWA) Program Funds

BC2024-810

Fiscal Department, presenting proposed travel/membership requests for the week of 11/4/2024:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Development	Fund For Our Economic Future of Northeast Ohio	\$34,000.00	10/1/24 - 09/30/25	General Fund

3rd installment of Phase 7 Commitment

Purpose of Membership:

The mission of the Fund for Our Economic Future is to provide a creative space for philanthropic funders and civic leaders to explore what matters and implement what works to achieve equitable economic growth, emphasizing systemic, long-term change. Their vision is to grow the Northeast Ohio economy by creating good jobs and rising incomes for everyone, regardless of race or place.

The membership supports the mission and vision of the FFEF to advance an inclusive economy. The work of the FFEF focuses on advancing growth in new industries, making workforce systems work better for people, building new wealth creation models, bringing jobs to people, and connecting people to jobs.

Dept:	Department of Purchasing
Event:	NASPO Exchange 2025
Source:	NASPO National Association of State Procurement Officials
Location:	Las Vegas, NV

Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Porter	3/3/2025 – 3/9/2025	\$0.00	\$64.00	\$0.00	\$100.00	\$500.00	\$664.00	10% General Fund 90% reimbursed by NASPO

*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 NASPO.

- Registration-\$900.00
 - Lodging-\$644.85
- Total: \$1544.85

Purpose:

The 2025 NASPO Exchange will include a variety of sessions related to public procurement, as well as 1:1 sessions with a number of vendors participating in the NASPO Value Point Cooperative Purchasing Agreement.

Dept:	County Executive’s Office							
Event:	Behavioral Care Center Site Visit							
Source:	Davidson County Sheriff’s Department							
Location:	Nashville, TN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Laurel Domanski Diaz	11/13/2024 – 11/14/2024	\$0.00	\$100.00	\$300.00	\$180.00	\$600.00	\$1,180.00	The George Gund Foundation

*Paid to host

**Staff reimbursement

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

Purpose:

This site visit will allow for an in-depth study of the BCC model to plan accurately for the future jail program. We will observe operations and have the day to speak with staff members about their roles, discuss opportunities and challenges and bring back the best practices to our community.

Dept:	Clerk of Courts							
Event:	Behavioral Care Center Site Visit							
Source:	Davidson County Sheriff's Department							
Location:	Nashville, TN							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Nailah Byrd	11/13/2024 – 11/14/2024	\$0.00	\$100.00	\$300.00	\$180.00	\$600.00	\$1,180.00	The George Gund Foundation

*Paid to host

**Staff reimbursement

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

Purpose:

This site visit will allow for an in-depth study of the BCC model to plan accurately for the future jail program. We will observe operations and have the day to speak with staff members about their roles, discuss opportunities and challenges and bring back the best practices to our community.

Dept:	Sheriff's Department							
Event:	USPIS National Awards Ceremony							
Source:	United States Postal Inspection Service							
Location:	Potomac, Maryland							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Twombly	10/30/2024 – 10/31/2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	United States Postal Inspection Service
Alfred Johnson	10/30/2024 – 10/31/2024	\$0.00	\$117.00	\$350.00	\$200.00	\$713.00	\$1,380.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Michael is receiving the United States Postal Inspection Service Task Force Officer of the Year award. The event will be held at the Bolger Center in Potomac Maryland. It is a national award, and Michael is allowed to bring one guest. Alfred Johnson will accompany him to receive this award.

Dept:	Public Safety Justice Services							
Event:	Payload Drone Training							
Source:	Cuyahoga County Local Emergency Planning Committee							
Location:	San Martin, CA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Ryan Myers (Fairview Park Firefighter)	11/12/2024 – 11/15/2024	\$1,167.00	\$240.00	\$525.00	\$350.00	\$855.00	\$3,137.00	Local Emergency Planning Committee
Scott Nemet (Bay Village Firefighter)	11/12/2024 – 11/15/2024	\$1,167.00	\$240.00	\$525.00	\$350.00	\$855.00	\$3,137.00	Local Emergency Planning Committee
Nick Boatman (Lakewood Firefighter)	11/12/2024 – 11/15/2024	\$1,167.00	\$240.00	\$525.00	\$350.00	\$855.00	\$3,137.00	Local Emergency Planning Committee

*Paid to host

**Staff reimbursement

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

Purpose:

This trip is to train regional technical rescue operators on our payload drone unit. The payload drone was purchased with the Local Emergency Planning Committee (LEPC) funds for use in hazardous materials responses, water rescues, technical rescues and law enforcement situations. The drone is a very technical piece of equipment and requires specific training to fly the drone. This trip is for 3 drone pilots to travel to the manufacturers’ facility to be trained for two full days.

BC2024-811

Department of Purchasing, presenting proposed purchases for the week of 11/4/2024:

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
24004435	Annual order for laundry and dishwashing supplies for use at the Animal Shelter	Department of Public Works	Alco-Chem, Inc.	Not-to-exceed \$8,000.00	General Fund
24004441	(1) HP 64" Latex Printer, (1) Graphtec 54" Plotter with ethernet kit and related accessories	Department of Public Works	Grimco, Inc.	\$21,102.76	50% Road and Bridge Fund and 50% General Fund
24004466	(1) New, never titled 2025 F-250 Super Cab Truck	Department of Public Works	Bob Maxey Ford, Inc.	\$48,980.00	Road and Bridge Fund
24004432	Forensic genetic testing services for the genealogy of unidentified DNA evidence	Prosecutor's Office	Othram, Inc.	\$9,999.00	FY2021 Department of Justice, Bureau of Justice Affairs, Prosecuting Cold Cases Using DNA Grant Fund
24004376	(5) Seclusion beds for inmates	Sheriff's Department	Professional Security Products Corp.	\$18,180.00	General Fund
24004473	(270) Replacement inmate mattresses	Sheriff's Department	Victory Supply, LLC	\$49,396.50	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004540	Factory Authorized – Engine repairs on 2017 Ford F50 Super truck*	Department of Public Works	Sarchione Ford of Alliance	\$22,630.74	Sanitary Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance ~~in the amount not to exceed \$500,000.00~~ for Cuyahoga County Central Booking Technology and Equipment Enhancement Initiative, in connection with the FY2022 Byrne Discretionary Funding Grant Program for the period 3/15/2022 – 9/30/2023 to extend the time period to 09/30/2025; no additional funds **required**.

Funding Source: FY2022 U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance Grant

Item No. 2

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No RQ	Amend Contract No. 3982	Ohio Department of Rehabilitation and Correction	Support services to assist formerly incarcerated individuals	\$-0-	Department of Health and Human Services/Community Initiatives Division/Office of Re-entry	12/12/2023 – 12/31/2024 to extend the time period to 12/31/2025	(Original) Health and Human Services Levy Fund	10/25/2024 (Executive) 10/24/2024 (Law)
RQ 6211 & 7102	Amend Master Contract – Assign Contract No.4749	Various providers	Out-of-home placement and foster care services; to add Providence House, Inc., effective upon contract signatures of all parties; no additional funds required	\$-0-	Department of Health and Human Services/Division of Children and Family Services	1/1/2022 – 12/31/2024	(Original) 67% Title IV-E Fund and 33% Health and Human Services Levy Fund	10/25/2024 (Executive) 10/24/2024 (Law)
RQ 6211 & 7102	Amend Master Contract – Assign Contract No.4872	Various providers	Out-of-home placement and foster care services; to add I Am Boundless, Inc., effective upon contract signatures of all parties; no additional funds required	\$-0-	Department of Health and Human Services/Division of Children and Family Services	1/1/2022 – 12/31/2024	(Original) 67% Title IV-E Fund and 33% Health and Human Services Levy Fund	10/25/2024 (Executive) 10/24/2024 (Law)

VI – PUBLIC COMMENT

There was no public comment.

Dale Miller asked is next Monday and the meeting is on Tuesday. Clerk responded that is correct.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Dale Miller seconded. The motion to adjourn was unanimously approved at 11:22 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-812

Title	Department of Development/ Downtown Cleveland, Inc./ Purchase Order 24004478 / Operating Support/ November 12, 2024 – December 31, 2024
Department or Agency Name	Department of Development
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	24004478	Downtown Cleveland, Inc.	11/12/2024 – 12/31/2024	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Development is requesting approval of a purchase order, per the chart above, for an Operating Support Payment to Downtown Cleveland, Inc. for the time period of November 12, 2024 – December 31, 2024 not to exceed \$50,000.00 for their Downtown Retail Campaign.

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):

Increase awareness of the storefront businesses in the urban core, with a specific focus on Heinen’s.

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

Vendor Name and address:	Owner, executive director, other (specify):
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Downtown Cleveland, Inc. 668 Euclid, Suite 101 Cleveland, OH 44114	Michael Deemer President, CEO
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Downtown Cleveland

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. Discretionary expenditure for operating support, procurement is Payment Special Request *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 type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Payment Special Request

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

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<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% Department of Development General Fund</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>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>DV100100 / 55140</p>
<p>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):</p>

<p>Provide status of project.</p>								
<p>Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission</p>								
<p>Reason:</p>								
<p>Timeline</p>								
<table border="1"> <tr> <td>Project/Procurement Start Date (date your team started working on this item):</td> <td> </td> </tr> <tr> <td>Date documents were requested from vendor:</td> <td> </td> </tr> <tr> <td>Date of insurance approval from risk manager:</td> <td> </td> </tr> <tr> <td>Date Department of Law approved Contract:</td> <td> </td> </tr> </table>	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:	
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:								
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:</p>								
<p>If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>								
<p>Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>								

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	21001886	Downtown Cleveland Alliance	6/28/2021 – 12/31/2021	\$14,188.00	6/28/2021	BC2023-308
O	22000613	Downtown Cleveland Alliance	2/23/2022 – 12/31/2022	\$100,000.00	2/22/2022	BC2022-103

O	23002865	Downtown Cleveland Alliance	6/27/2023 – 12/31/2023	\$100,000.00	7/5/2023	BC2023-408
O	24001192	Downtown Cleveland Alliance	3/25/2024 – 12/31/2024	\$130,000.00	3/25/2024	BC2024-236

BC2024-813

Title	Department of Development / Vertex Computer Systems / Contract # 4974/ RQ# 14047 / Configuration and Development of Salesforce
Department or Agency Name	Department of 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	4974	Vertex Computer Systems, Inc	Upon Signature (est 11/12/2024) – 2/28/2026	\$174,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Development is requesting approval of a contract, per the chart above, for the development and implementation of a Salesforce system for use by the Department of Development.

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):

- Create a “single pane of glass” dashboard designed to answer most questions immediately. Interacting with the dashboard would allow the user to “drill down” to obtain more specific information.
- Discover opportunities to import data from legacy (Portfol) CRM (and other data sources identified during discovery) to the newly configured Salesforce CRM and identify if Portfol can be fully replaced by Salesforce.
- Provide a universal CRM system for all the divisions within the department to use as the sole system of record so that data related to any business within the department is accessible via a dashboard off site.

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):
Vertex Computer Systems, Inc 6090 Royalton Road #343 North Royalton, OH 44133	Sharda Iyer, Principal
Vendor Council District: 5	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# 14047 (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:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$75,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 5	<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 (10%) SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Range of \$120.00 per hour of service to \$897,692.20.	<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:
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<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 6/22/2023
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. Department of Development 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. DV100100/55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): At completion of project benchmarks.

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):

BC2024-814

Title	2024 Department of Housing and Community Development; Village of Valley View; CDSG Grant – Demolition of Exchange Street Bridge
Department or Agency Name	Department of 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	4839	Village of Valley View	03/12/2024 – 02/28/2025	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Housing and Community Development is requesting approval of a contract with the Village of Valley View to complete the demolition of Exchange Street Bridge using an allocation of CDSG Funding for the time period of 03/12/2024- 02/28/2025 in the amount not to exceed of \$50,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

Completion of the demolition of Exchange Street Bridge

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):
Village of Valley View 6848 Hathaway Road, Valley View, OH 44125	Matthew March - Mayor
Vendor Council District: 6	Project Council District: 6
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. Unforeseen circumstances resulted in the project being delayed from the 2024 consideration. Project is now ready to move forward. *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% Community Development Supplemental Grant - 2024
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. HC223200 / 55130/ HC-24-CDSG - \$50,000.00
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: Due to the nature of the project and unforeseen circumstances, completion was not viable until this current grant period.

Timeline

Project/Procurement Start Date (date your team started working on this item):	8/29/2024
Date documents were requested from vendor:	9/3, 9/12, 9/20, 10/3, 10/17
Date of insurance approval from risk manager:	10/18/2024
Date Department of Law approved Contract:	10/29/2024

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

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

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

HISTORY (see instructions):

BC2024-815

Title	Housing and Community Development / Community Housing Solutions / Contract 4943 / RQ#14111 / 2-year contract for Residential Home Repair
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	4943	Community Housing Solutions	10/01/2024 – 09/30/2026	\$500,000.00	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 Community Housing Solutions providing Residential Home Repair assistance to low-income homeowners so that they can live independently in a safe, secure, healthy, and well-maintained environment. Also, to prevent them from becoming homeless.

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):	
<ul style="list-style-type: none"> • Provide home repair assistance to low-income homeowners. • Support low-income residents so that their home can remain a financial asset to the owners as well as an asset in their neighborhood. • Leverage home repair funding for deeper community impact. 	

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):
Community Housing Solution 12114 Larchmere BLVD. Cleveland, Ohio 44120	Pam Schuellerman Executive Director
Vendor Council District: 10	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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 5/20/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$1,100,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 13 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0%) DBE (0%) 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 ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Request for Proposals, not Bids	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Request for Proposals, not Bids	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Community Development Block Grant funding
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. HC223165 – 55100- HC-23-CDBG-PP
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: Contract was scheduled to start 10/01/2024, signed contract from the vendor was received 10/9/2024. Still has to go through the procurement process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/9/2024
Date documents were requested from vendor:	10/09/2024
Date of insurance approval from risk manager:	10/09/2024
Date Department of Law approved Contract:	10/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Contract was originally submitted on 10/18 and was disapproved because there was an issue with the Evaluation Scoring Summary. That was fixed and was resubmitted 10/29/2024	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Contract started 10/1/2024	
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	3184	Community Housing Solutions	6/1/2022 – 05/31/2024	\$1,700,000.00	09/13/2022	R2022-0246

BC2024-816

Title	BugCrowd Security Awareness Music and Spoken Video Training Library Subscription
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.
	24004176 EXMT	Bugcrowd, Inc.	12 Months	\$28,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Bugcrowd, Inc., for the 12 Months for BugCrowd Security Awareness Music and Spoken Video Training Library Subscription in the amount of \$28,000.00.</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 Department of Information currently uses the vulnerability and disclosure Bugcrowd platform. Access to this training library software will become a part of the Bugcrowd security awareness platform. Bugcrowd is cost-effective and provides Customizable content needed by the IT Security team.</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):

Bugcrowd, Inc. 300 California Street, Suite 220 San Francisco, CA 94101	Joel Carlson 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. The Department of Information currently uses the vulnerability and disclosure Bugcrowd platform. Access to this training library software will become a part of the Bugcrowd security awareness platform. Bugcrowd is cost-effective and provides Customizable content needed by the IT Security team. *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 Yes No. If yes, complete section below:

<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: CTO Approval 10/29/2024
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 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 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 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):

BC2024-817

Title	PO24004646EXMT-2024- Procurement of Server Blades for HHS
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):
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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.
	PO2400464 6EXMT	Advizex Technologies	2024	\$150,609.14	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology on behalf of the HHS plans to contract with Advizex Technologies, for procurement of Server blades for build at SOCC datacenter for HHS migration in the amount of \$150,609.14.

Server Blades are used to consolidate large workloads without compromising performance in the datacenters.

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. HPE Server blades: Quantity 2
2. Intel Xeon Processors: Quantity 2
3. HPE Smart Memory Kit: Quantity 16
4. HPE Drive Cage Kit: Quantity 2
5. HPE SAS Multi Vendor SSD: Quantity 4
6. HPE Capacitor: Quantity 2
7. HPE Module: Quantity 3
8. HPE Smart Kit: Quantity 24
9. Intel Xeon CPU: Quantity 6

And cont. Total of 44 line items.

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. *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 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% HHS Levy 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.

HS260110 UCH06100
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):

BC2024-818

Title	PO24004653JCOP-2024-Procurement of Various Mac Products
Department or Agency Name	The 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.
	24004653 JCOP	MNJ Technologies Direct	2024	\$17,817.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, for the procurement of Various Mac Products for Multimedia Communications and EUX teams in the amount of \$17,817.00.</p>

Mac Products are the industry standard, reliable, high performance tools to create, manage and deliver high-quality visual and written content. They are optimized for design, video editing, and multimedia production.

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. MAC MINI M2 PRO
2. MACBOOK PRO M3
3. MAC STUDIO M2
4. APPLECARE+ MAC STUDIO
5. STUDIO DISPLAY STANDARD GLASS VESA MOUNT ADAPTR
6. APPLECARE+ APPLE STUDIO DISPLAYS
7. MAGIC KEYBOARD TOUCH ID
8. MAGIC MOUSE BLACK MULTI-TOUCH SURFACE
9. Sony WF-1000XM5 Noise-Canceling Earbuds Black
10. ViewSonic Portable OLED Monitor Built-in Stand with Magnetic Cover

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):
1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using NCPA-01-148 contract pricing. All vendors awarded a NCPA-01-148 contract have gone through formal bidding processes and have been vetted prior to award. NCPA-01-148 Expires on 11.30.2025 *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 NCPA-01-148 Expires on 11.30.2025
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: 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. EX100105 - \$9,195.00 IT100150 - \$8,622.00
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):

BC2024-819

Title	Human Resources; 2024; Purchase Order with Cleveland State University for the Leadership and Public Management Academies in the Amount Not-To-Exceed \$15,100.00
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24004444 GOVP	Cleveland State University		\$15,100.00		PENDING

Service/Item Description (include quantity if applicable).
The County has restarted participation in the CSU Ohio Certified Public Manager (OCPM) Program. This program consists of two courses that must be completed through CSU; Leadership Academy and the Public Manager Academy. This certification is only available through CSU at this time. This purchase order will allow the County to send three (3) staff to the 37th Leadership Academy and two (2) to the 14th Public Management Academy which began in October.

The Leadership Academy is a public sector training program with 12 classes (online and in-person) to provide public sector employees tools for leadership including organization and personal development. The participating employees would then be able to disseminate the information learned to their peers within the County. The Public Management Academy takes place over the course of a year meeting every other week and teaches participants material ranging from leadership to public budgeting, project management, among other

useful skills for public sector employees. Completing both courses' results in becoming a Certified Ohio Public Manager.

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 goals of the project are to provide County leaders with the tools needed to succeed, enable those leaders to share the information learned with peers, and to provide the basis for some to complete the second course, allowing them to become Ohio Certified Public Managers.

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland State University 2121 Euclid Avenue Cleveland, OH 44115	Dr. Laura Bloomberg, President
Vendor Council District:	Project Council District:
District 07	District 04 On-site courses will be held at the Cuyahoga County Public Library (Parma-Snow Branch).
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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 government-government purchase as Cleveland State is a Public University. CSU has been the County's partner for previous Leadership Academy courses and is the only Ohio institution that can provide these courses at this time. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. 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. The 37 th Leadership Academy began in October with three County staff participating.
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: While attendance was approved by the Director of OED, the timing was last-minute and then further delay as one of the anticipated participants was pull off requiring a new quote/invoice.
Timeline

Project/Procurement Start Date (date your team started working on this item):	October 7 th (HR Fiscal notified)
Date documents were requested from vendor:	October 7
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)	
These courses have begun. Attendance was determined close to the start of the courses. OED is working on establishing a process for these courses moving forward to prevent last-minute registrations.	
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)	24001131	Cleveland State University	3/7/2024 – 2/7/2025	\$19,250.00	3/18/2024	BC2024-214
(O)	24001696	Cleveland State University	5/3/2024 – 4/11/2025	\$32,000.00	4/29/2024	BC2024-318

BC2024-820

Title	Protective Services/Integrated Precision Systems(IPS)/ Intercom System for Sheriff's P2 exit door
Department or Agency Name	Cuyahoga County Sheriff's Department/Protective Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004508 EXMT	Integrated Precision Systems(IPS)	10/21/24 – 12/31/24	\$5,242.95	Pending	

Service/Item Description (include quantity if applicable). Intercom System for Sheriff's Exit Door on P2 will be provided and installed by Integrated Precision Systems(IPS). The Department of Public Works will be running the cable to allow for the installation of the intercom.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
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): N/A

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Integrated Precision Systems 8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	Owner, executive director, other (specify): Rob Jackson, 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. IPS is the current vendor for the Cuyahoga County Security System. *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 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. 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.
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):	N/A
Date documents were requested from vendor:	N/A
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? No Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2024-821

Title	Sheriff's Department Record Management System
Department or Agency Name	Sheriff
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	3537	Chagrin Valley Dispatch	7/1/2023-12/31/2024	\$24,000.00	July 17, 2023	BC2023-449
A-1	3537	Chagrin Valley Dispatch	1/1/2025-12/31/2026	\$32,000.00		

Service/Item Description (include quantity if applicable).
 The Cuyahoga County Sheriff's Department (CCSD) Law Enforcement Division is requesting to amend contract 3537 with Chagrin Valley Dispatch for RMS (Record Management System) Software and Support extending for an additional 2 years until 12/31/2026 and an additional \$32,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Provide services for a Record Management System for the Sheriff's Department in conjunction with the Computer Automated Dispatch (CAD) and Mobile Data Terminal (MDT) Data.

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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Chagrin Valley Dispatch 88 Center Road, Suite B100 Bedford, OH 44146	Nick DiCicco, 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. *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 - (list original procurement) RFP Exemption <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:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Federal Equitable Sharing Account
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. SH100115
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): see chart above

BC2024-822

Title	CORRECTIONS STAFFING ANALYSIS
Department or Agency Name	SHERIFF’S CORRECTIONS DEPARTMENT
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <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	4877	PRACTICAL SOLUTIONS	12 months from the effective date	49,420.00	CURRENT ITEM	Pending

Service/Item Description (include quantity if applicable).

ANALYSIS TO BE COMPLETED FOR THE SHERIFF'S CORRECTIONS DEPARTMENT BY PRACTICAL SOLUTIONS FOR PUBLIC SAFETY.

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):

AS A CONDITION UNDER THE CLAY LAWSUIT AGREEMENT, A STAFFING PLAN HAS TO BE DEVELOPED 90 DAYS FROM THE EXECUTION OF THE AGREEMENT.

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):
PRACTICAL SOLUTIONS FOR PUBLIC SAFETY 315 QUEENS RD. MYRTLE BEACH, SC 29572	KAREN ALBERT, 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. Time constraints due to settlement. *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 FUNDS
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100140-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/20/24

Date documents were requested from vendor:	8/20/24
Date of insurance approval from risk manager:	8/29/24
Date Department of Law approved Contract:	9/9/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A

BC2024-823

TITLE	PSJS; Ohio Department of Youth Services; Request to Accept Grant Award for Title II Formula Grant, Juvenile Justice and Delinquency Prevention Block Award to Cuyahoga County for the period 10/1/24-12/31/25, in the amount not to exceed \$190,000.00
DEPARTMENT OR AGENCY NAME	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 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)	Title II Formula Grant, for Juvenile Justice and Delinquency Prevention	10/1/2024-12/31/2025	\$190,000.00	9/23/2024 11/20/2023	BC2024-695 CON2023-120
AMENDMENT (A-1)					

AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Title II Juvenile Justice and Delinquency Prevention (JJDP) Act Grant provides an annual grant to each state to improve its juvenile justice system and to support juvenile delinquency prevention programs. JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal standards for care and custody, while also upholding the interests of community safety and the prevention of victimization.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Positive Youth Development (PYD Programs that use a “prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive.				
	Positive Youth Development (PYD)Recognizes, utilizes, and enhances young people’s strengths/ and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on leadership strengths.				
	Racial and Ethnic Disparities (RED) programs that reduce and/or prevent a minority youth from engaging in delinquent behavior leading to subsequent contact with the juvenile justice system.				

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:	Burten, Bell Carr
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Joy Johnson, Executive Director
SUBRECIPIENT’S COUNCIL DISTRICT:	District 7
DOLLAR AMOUNT ALLOCATED:	\$75,000.00
PROJECT COUNCIL DISTRICT:	District 7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	7201 Kinsman Rd Suite 104, Cleveland, Ohio 44104
SUBRECIPIENT’S NAME AND ADDRESS:	Cleveland Rape Crisis Center
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Nicole McKinney-Johnson, Interim President & CEO
SUBRECIPIENT’S COUNCIL DISTRICT:	District 3
DOLLAR AMOUNT ALLOCATED:	\$75,000.00
PROJECT COUNCIL DISTRICT:	District 3

PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	2937 West 25 th St, Cleveland, Ohio 44113
SUBRECIPIENT'S NAME AND ADDRESS:	Jewish Family Service Association of Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan Bichsel, President & CEO
SUBRECIPIENT'S COUNCIL DISTRICT:	District 6
DOLLAR AMOUNT ALLOCATED:	\$40,000.00
PROJECT COUNCIL DISTRICT:	District 6
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	29125 Chagrin Blvd., Peper Pike 44122

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Youth Services
	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.

BC2024-824

Title	2024 Assistance to Firefighter Grant – City of North Royalton
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4976	City of North Royalton	Execution-11/14/2025	\$10,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
The Cuyahoga County Department of Public Safety and Justice Services is seeking to reimburse the required local cash match funds for the Assistance to Firefighters Grant (AFG) in the amount of \$10,000 to the City of North Royalton.

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): 1. Provide funds from the Assistance to Firefighters Grant to the City of North Royalton.	

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):
City of North Royalton 7000 Royalton Road North Royalton, Ohio 44133	Fire Chief Robert Chegan
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	All municipalities

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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 checked="" type="checkbox"/> Government Purchase Purchase between two government agencies.

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 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. New contract.
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):

BC2024-825

Title	Five Amazon AWS Call Centers	
Department or Agency Name	Department of Health and Human Services Division of Information Technology	
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	3960	TEC Communications	01/01/2024 – 12/31/2024	\$151,200.00	12/11/2023	BC2023-799
A	3960	TEC Communications	01/01/2025-12/31/2025	\$176,100.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Health and Human Services / Division of Information Technology County plans to amend contract number 3960 with TEC Communications, Inc., for January 1, 2025 – December 31, 2025 for Five Amazon AWS Call Centers and to add a chat functionality in the amount of \$176,100.00.

These Amazon AWS call centers are as follows: 7000/cares line, Senior and Adult Services, Kid's Hotline, IT Service Desk, OCSS (Child support).

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):

TEC Communications will manage all the HHS Call Centers.

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: District 1	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. Amendment to an existing contract. *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 - (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: 10/10/2024 (2024-TAC-081)
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 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. Health and Human Services

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.
HHS260110 / 55130 / UCH06100

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

Provide status of project.
Project is in currently in operation.

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): see above

C. - Consent Agenda

BC2024-826

Title	Cuyahoga County Airport Apron Rehab D1, D2, D3 AMD #3 FINAL	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3285	TRI MOR Corp.	N/A	\$657,875.00	05/23/2023	R2023-0136
A-1	3285	TRI MOR Corp.		\$6,300	12/11/2023	BC2023-794

A-2	3285	TRI MOR Corp.		\$37,800	2/27/2024	BC2024-146
A-3	3285	TRI MOR Corp.		-\$68,581.60	PENDING	

Service/Item Description (include quantity if applicable).
The project consists of Rehabilitate Aprons D1, D2, AND D3 at Cuyahoga County Airport will include pavement removal, clearing and grubbing, excavation and grading, pavement installation, storm drainage installation, NAVAID installation and electrical improvements. Anticipated dates are 6/1/2023-7/10/2023.

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):
See Above

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):
TRI MOR Corporation 8530 Boyle Pkwy Twinsburg, OH 44087	Neille Vitale
Vendor Council District: N/A	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __11900__ (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: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$875,969.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 2 / 2	<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 (%10) SBE (%19) MBE (%5) 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: This was the Low Bid	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Equal	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. The project is funded by ODOT Aviation Grant (\$500,000.00) and General Fund (\$157,875.00).
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. PW600135
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): SEE ABOVE

BC2024-827

TITLE	Department of Purchasing Requesting Approval of Surplus Property to be sold via GovDeals
DEPARTMENT OR	Cuyahoga County Airport

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 Cuyahoga County Airport) listed on the attached Exhibit "A" via GovDeals auction.
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>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>The project is mandated</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.</p> <p>The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.</p>
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	<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> <p>There is no cost for this process. The project is a revenue generating project.</p>
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Similar recent request	02/13/2024	BC2024-117
AMENDMENT (A)	n/a	n/a

EXHIBIT A								
Year	Make	Model	Serial/Vin	Asset #	Condition	Value	Mileage/hrs	Out of Service Reason
1988	Ford	F350 4x4	F38G1KCA26642		Fair	\$5,000.00	14,738	Obsolete
2004	John Deere	5520	LV5520C450006		Fair	\$5,000.00	6,085	Replace with new John Deere 6105E
?	MSA	H30	?		Fair	?	?	Obsolete

BC2024-828

(See related items for proposed travel/memberships for the week of 11/12/2024 in Section C above).

BC2024-829

(See related items for proposed purchases for the week of 11/12/2024 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

	Sheriff's Department Medical Direction Services for SWAT Agreement
DEPARTMENT OR AGENCY NAME	Sheriff

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)	University Hospitals Cleveland Medical Center	Effective date for 1 (one) year		
Amendment (A)				

STATUS OF PROJECT:	<input checked="" type="checkbox"/> New Agreement <input type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	Agreement with University Hospitals Cleveland Medical Center and the Sheriff's Department for Medical Direction Services for SWAT Team's emergency medical services operations.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Supervise and advise on quality improvement activities of the SWAT Team. Provide regularly scheduled educational programs including updates on new therapies, drugs, and updates on patient care protocols. Develop and implement patient care protocols. Review drug treatment therapies and sign annual drug license application(s) for the Ohio Board of Pharmacy. Oversight of online medical control. Providing an assigned medical director for the SWAT Team.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	University Hospitals Cleveland Medical Center
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Stathis Antoniadis, President
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	

DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	
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Item No. 2

TITLE	PSJS; Ohio Department of Youth Services; Request to Accept Grant Award for Title II Formula Grant, Juvenile Justice and Delinquency Prevention Administrative Award to Cuyahoga County for the period 10/1/24-09/30/25, in the amount not to exceed \$10,000.00
DEPARTMENT OR AGENCY NAME	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 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)	Title II Formula Grant, Cuyahoga County 2024-2025 Planning Grant	10/1/2024-9/30/2025	\$10,000.00	9/23/2024 11/20/2023	CON2024-89 CON2023-119
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety and Justice Services is the Regional Planning Unit (RPU) responsible for the administration of the Title II Juvenile Justice and Delinquency Prevention Act Administrative grant in Cuyahoga County. There is one Senior Grants Coordinator and one Fiscal Specialist who will be responsible for the programmatic and fiscal oversight of the 2024 JJDP block grant.
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PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Administer the block award funding that is allocated to subrecipients to provide direct services to minority youth.
	Submit quarterly financial reports to the State for reimbursement of encumbered County funds.
	Provide programmatic management and oversight to subrecipients of block funding to ensure grant policies and guidelines are adhered to.

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:	\$10,000.00

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.
	Ohio Department of Youth Services
	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

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 11/12/2024 in Section V. above).

Item No. 4

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 10/1/2024 – 10/31/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT